

# Time to Talk Evaluation Report

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## Executive Summary

- 1027 older people with sight loss signed up to take part in Time to Talk telephone groups
- 4108 hours of peer support contact provided
- 166 groups and 664 individual sessions have been delivered by staff and volunteers
- Over 200 people took part in the evaluation

### Intended Outcomes:

#### Knowledge

1. Greater access and uptake of services across the sector
2. Participants have increased knowledge of services and support available

#### Wellbeing

3. Participants are able to identify their own needs
4. Behaviour change from passive to active

#### Peer support

5. Participants are able to share and help others

### Ultimate goals:

The project had the 4 following ultimate goals:

- Increased independence
- Increased empowerment
- People feel more positive about their situation
- Increased self-worth

## Increased Knowledge of Services and Support

Participants felt more knowledgeable about the services and support available to help them live with sight loss as a result of involvement in Time to Talk. The Time to Talk sessions led to an increase in the uptake of services with 46% of participants reporting that they had made use of the services mentioned in Time to Talk and 70% said that they intended to use the services.

People felt more knowledgeable about:

- Organisations, technology and equipment (77%)

- National organisations that aim to help people live with sight loss (80%)
- Local organisations that aim to help people live with sight loss (75%)
- How to access low vision services (72%)

## **Time to Talk led to an increase in Wellbeing**

As a result of the Time to Talk sessions, the wellbeing of group participants increased in all areas. Participants reported increased confidence, positivity, and feelings of self-worth (72% reported feeling more positive about the future).

People felt inspired by hearing other people's attitudes and experiences, which led to an increase in people's levels of confidence and the ability to seek further support.

As a result of the Time to Talk sessions people feel more empowered; 75% of participants feel more able to seek support for themselves and 78% of participants feel more able to discuss their sight loss in the future.

## **Peer Support**

The peer support element of the project was a key element to its success. People felt more able to share and help others as a result of the sessions, and 84% of participants felt that it was helpful to discuss their sight loss with their peers. Sharing tips, experiences, and coping mechanisms with each other is one of the key successes of the project. Through sharing experiences with each other, people felt inspired to act upon information by the actions of others.

Isolation can be a central factor in people's experience of sight loss, both emotionally and physically. The telephone based method of service delivery was very well received by participants who expressed feeling more comfortable and able to share with peers over the telephone, which was inclusive to those with mobility issues.

## **About the Programme**

In September 2014, Talk and Support received generous funding from NESTA to co-produce, develop and deliver a series of telephone group sessions for older people living with sight loss. Following a successful pilot of the 'Being There' project that began in December 2015, participants renamed the project 'Time to Talk,' which launched in February 2015 and ran until March 2016. The overall aim of the project was to provide older people who are affected by sight loss with a safe space and opportunity to discuss their situation with others through a semi-structured, facilitated peer support group. Participants also received an average of 5-15 minutes of signposting information from the facilitator to enable them to access help and support. The groups comprised of four telephone information and discussion sessions lasting 1 hour on average with room for flexibility. Participants were recruited to the project via the RNIB membership scheme as part of a 9 month free trial membership promotion, the service was later extended to other existing members. The service was available to those affected by sight loss aged 65 and over, which included both individuals who were newly diagnosed and those with long term sight loss. Participants in the groups may also have other complex health issues in addition to sight loss. 1160 RNIB members were referred to Time to Talk, (drop-out rate between sign up and conversion of approximately 14%). 1027 older people with sight loss took part in Time to Talk telephone groups and received over 4108 hours of peer support contact. As part of the project, 166 groups and 664 individual sessions have been delivered by staff and volunteers.

## **Peer Support**

There is an increasing focus on the potential of peer support to enhance people's physical and emotional wellbeing. As a recent NESTA report highlights, 'peer support involves people drawing on shared personal experience to provide knowledge, social interaction, emotional assistance or practical help to each other, often in a way that is mutually beneficial. Peer support is different from other types of support because the source of support is a similar person with relevant experience' (2015: 3). Studies have shown that peer support can be found to:

- Improve psycho social outcomes, behaviour, health outcomes and service use among people with long-term health conditions
- Be most effective when delivered by trained peers
- Work well over the telephone, face to face, or online and work well in a range of venues

With these proven outcomes in mind, the Time to Talk project established the 4 following ultimate goals:

- Increased independence
- Increased empowerment
- People feel more positive about their situation
- Increased self-worth

## **Session Content**

### **Session 1**

- Participants share their own sight loss story
- Receive signposting information around how to access support about eye conditions, treatment and eye health

### **Session 2**

- Participants share experiences of any practical support offered or received, their thoughts and feelings about using a white cane, and making others aware of their sight loss
- Signposting information is given on low vision, help and support available from social services, quality of life checks (available from RNIB) and mobility training

### **Session 3**

- Participants share information about the products, equipment, and technology they find useful and any barriers
- Information is provided on how to find out and source products and equipment, sources of help and support including training to make the most of products and technology, and information about products and technology

### **Session 4**

- Participants share information about their social activities and the range of services that they access, reflect upon their experience of taking part in the group, and how useful it has been to connect with peers

- Information is given on a range of organisations providing useful support and services. These include both sight loss and mainstream organisations e.g. The British Red Cross hospital transport service. Information is also provided about some of the ways participants can continue to connect with peers: e.g. Talk and Support Tele Befriending, Action Living with Sight and RNIB Membership

### **Evaluation objectives**

The evaluation of the Time to Talk project was designed using a Logic Model and a Theory of Change (see appendix 1) that were developed by the project staff to provide a roadmap of the thinking that underpinned the programme and the intended outcomes and impacts.

### **Intended outcomes**

The intended outcomes of the Time to Talk project are:

#### Knowledge

1. Greater access and uptake of services across the sector
2. Participants have increased knowledge of services and support available

#### Wellbeing

3. Participants are able to identify their own needs
4. Behaviour change from passive to active

#### Peer support

5. Participants are able to share and help others

In sum, the intended outcomes are that people feel both more knowledgeable of the support available and empowered to ask for the support. In order to analyse the success of the intended outcomes, this report will be structured under 3 key headings: wellbeing, knowledge, and peer support.

### **Methodological approach**

The evaluation included both formative and summative elements and is based on a mixed methods research design that incorporates both qualitative and quantitative research.

Quantitative methods were used to monitor the numbers of people engaged with the project and to measure the intended outcomes. Qualitative methods were used to gather lessons to inform programme development and delivery. They were also used to provide in-depth understanding of the extent to which intended outcomes were achieved.

### **Control group**

| Survey    | Timing of survey  | Fieldwork dates      | Number of respondents |
|-----------|---|----------------------|-----------------------|
| Baseline  | When joining RNIB Members, refused offer of RNIB Time to Talk | Jan 2015 – Oct 2015  | 128                   |
| Follow up | 4 months after baseline completed                             | July 2015 – Feb 2016 | 116                   |

### **Time to Talk participants**

| Survey                        | Timing of survey   | Fieldwork dates        | Number of respondents |
|-------------------------------|--|------------------------|-----------------------|
| Baseline                      | When joining, RNIB Members before session 1                | Feb 2015 – Oct 2015    | 100                   |
| 2 <sup>nd</sup> questionnaire | Up to 1 month after session 1                              | April 2015 – Dec 2015  | 100                   |
| 3 <sup>rd</sup> questionnaire | 3 months after completion of 2 <sup>nd</sup> questionnaire | June 2015 – March 2016 | 100                   |

The 100 respondents were those who answered all 3 questionnaires – this method was used to chart the journey of these 100 individuals

### **Quantitative data collection**

Management information was collected in order to establish the numbers of people engaged with the project.

- A total of 1740 members were referred to Time to Talk, of those 1160 signed up to take part in groups and of those 1027 took part (14% of those signed up dropped out between sign up and the group starting)

- An estimated 337 men and 579 women took part in the sessions<sup>1</sup>
- The breakdown of ages: 246 (65-70 year olds), 173 (71-75), 194 (76-80), 229 (81-85), 133 (86-90), 46 (91-95), 4 (96-100)

The quantitative outcome measurement consisted of two groups of RNIB members: beneficiaries of the project and a control group of those who did not take part. Those who took part in the sessions were interviewed before their first session (baseline), a second time (within a month after their final session 2<sup>nd</sup> questionnaire), and a third follow up interview three months later (3<sup>rd</sup> questionnaire). The control group were interviewed twice over the same period of time. The control group were recruited from new RNIB members who were given the offer to join Time to Talk, but refused and agreed to be part of the evaluation. They were given a baseline survey at the point they joined RNIB and again four months later. The purpose was to compare the levels of wellbeing and increased knowledge of services and support available of new RNIB members who took part in the Time to Talk sessions with new RNIB members who did not take part. Those involved in the research (both participants and the comparison group members) had some form and level of sight loss, therefore all interviews and surveys were conducted over the phone to ensure that there was no accessibility barrier to data collection. This final report draws from the body of evidence gathered across the course of the evaluation.

The quantitative data was reported as percentages rather than changes in average scores over time in order to demonstrate transparency about the proportion of people showing positive outcomes from the programme.

### **Qualitative data collection**

In order to capture learning around the strengths of the project and to identify areas for improvement, in-depth interviews were carried out with key stakeholders, including: project staff (face to face), volunteer facilitators (telephone interviews), membership staff

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<sup>1</sup> This total figure is different from the total number of age breakdown as participants did not always give their gender (and Dr and Professor were not counted as gender was not specified)

(telephone interviews), and 20 participants of the telephone groups (telephone interviews). Interviews took place at different stages of the project to ensure that we captured learning and were able to make relevant changes as a result. Six interviews were carried out directly after the pilot group and the remaining 30 were carried out towards the end of the project (November 2015-February 2016), all interviews were carried out with different people. The final findings of the evaluation will be used to scale up the project, widen the remit, and broaden reach.

### **Limitations of the methodology**

Due to issues relating to resources and capacity, a number of interviews were conducted outside of the appropriate time frame for each of the participant surveys. Therefore, 39 participants were removed from the survey data total. All participants were asked if they would like to take part in the evaluation. Due to the issues encountered, the final number of survey participants was lower than initially expected. It was decided that in order to most accurately show distance travelled, only those who completed all 3 surveys would be included in the final data, the number of those who completed all 3 was 100 participants.

Whilst the research compares the answers of participants to a control group, the members of the control group were also new members to RNIB and were in receipt of some level of information provision and support from RNIB. The control group consisted of new RNIB members who declined the invitation to take part in the Time to Talk sessions for various reasons; therefore, their characteristics as a control group may have affected some of their responses. For all wellbeing measures, the control group scored higher at baseline than the Time to Talk session participants, which suggests that the control group did not feel that they required the intervention due to existing higher levels of wellbeing.

### **Process**

The process evaluation objectives are:

- To identify learning and develop best practice to enable wider dissemination of the Time to Talk service

- To explore the project delivery processes and how they were developed in order to meet the project objectives
- To monitor the number of volunteers recruited and trained to facilitate Time to Talk sessions and any barriers to this

This analysis will be split into the following sections: telephone delivery, group mixture, training and delivery, and session content.

### **Telephone delivery**

Each week participants were personally called by a member of the Talk and Support team and connected to the group. Many participants expressed the importance and benefit of the telephone method of service delivery as, in addition to sight loss, other health conditions affected people's mobility and their ability to access local services.

'If I've got to go somewhere my wife has to accompany me and the chances are she has to pick me up again, it reminds me of picking the kids up from school. There's a limit to what one can do. It's an excellent idea to have these projects over the phone,' male, 78, blind, in-depth interview.

'My husband has health problems and I care for him...that is why these sessions were ideal as I could do them at home,' female, 73, partially sighted (PS), in-depth interview.

Further, this method of delivery was not reliant on people's financial situation and was therefore more inclusive. For some, this weekly contact was key to reducing feelings of isolation as a result of mobility issues. Isolation can be a central factor in people's experience of sight loss, both emotionally and physically. The sessions gave people the opportunity to address both forms of isolation. People noted that they felt comfortable taking part over the phone in their own homes as they were in control of the situation and could put the phone down at any time if they felt uncomfortable.

'I felt freer taking part over the phone,' male, 68, blind, in-depth interview.

'I would rather do it over the phone than face to face, I feel a bit more relaxed in my own environment, my own comfort zone,' female, 65, blind, in-depth interview.

### **Face to face / local offer**

Some people expressed that they would prefer the option to have face to face support in order to increase their sense of community and reduction in physical isolation, especially in situations where the local service offer is limited.

'I think it would have been more useful for the sessions to have been more localised because then you could even mix with some of the people,' male, 68, PS, in-depth interview.

Several participants expressed the desire for more on-going support, which may be easier to gain from face to face support in the local area or clearer processes for post-session contact exchange.

'The facilitator asked if anyone wants to keep in touch and I was interested but I didn't know what the whole process was, I wouldn't want to offend anyone,' male, 88, PS, in-depth interview.

### **Recommendation:**

- RNIB membership has evolved into RNIB Connect; led and shaped by members at a regional, local level. The identified need for more face to face support presents new opportunities for RNIB Connect to establish peer based localised activities and support

### **Mixture of groups**

Qualitative interviews and observations conducted during the pilot phase of the project (Nov/Dec 2014) provided key learning for the project team on what was working well and which areas needed further development in preparation for the programme roll out from January 2015 onwards. Interviews and observations were undertaken with a number of key stakeholders and results fed back to the programme delivery group. The original plan was to recruit people who had recently been diagnosed, as the assumption was that these people would be most in need of the service and

information and support. Learning from the pilot, and the co-production of the sessions with blind and partially sighted people, highlighted that the need for support and information occurs around critical events; when coping becomes difficult or in the context of changing personal circumstances, such as the loss of a partner, ageing, additional health concerns, etc. Feedback from the pilot and steering groups showed that length of diagnoses was not the primary motivation behind people's desire to join a Time to Talk group, which lends weight to the design of mixed diagnosis groups. As such, project staff changed the wording of session content to acknowledge the involvement and needs of those who had experienced sight loss for a long time, or had been blind since birth.

'When it first happened to me [Age related Macular Degeneration AMD diagnosis] I had a husband, I had a social life, then he died...I wanted tips out of the project, to learn how other people cope...This project came at the right time for me,' female, 79, PS, in-depth interview.

'My eye sight is getting worse [over the last 6 years], I'm trying to re-learn how to live with sight loss,' male, 67, PS, in-depth interview.

For some participants who were not new to sight loss, they saw Time to Talk as a way to refresh their knowledge of services and to update their information in response to technological advances.

'There were some aspects that were good to be refreshed on...it's good to be reminded and as a result of Time to Talk I went out and got a CCTV camera for reading books. The sessions encouraged me to go to RNIB and have another look for new equipment,' male, 67, PS, in-depth interview.

Most participants mentioned that the mixture in the groups of different levels of sight loss and conditions lent itself to a richer and wider discussion of experiences and tips.

'The 'diversity [of the groups] is the key to success' (N23 pilot)

'I think the mixture was good, it's like Talk and Support...everyone is at a different level, I was the only one with no sight, I think you learn from each other,' female, 65, blind, in-depth interview.

However, whilst most agreed that the mixture was good, some felt differently, with some participants expressing the view that the sessions were more suited to newly diagnosed people and of less use to those who have lived with sight loss for a longer time.

'The sessions are useful for the recently blind,' female, 83 PS, survey participant.

'I think I would have got more from it if they were new to losing their sight and coming to terms with it like me,' female, 69, blind, survey participant.

Further, some noted that they would prefer to discuss the topics with people with a similar diagnosis. Some expressed discomfort due to their relative level of sight loss compared to others in the group. Talking with others about their lives with sight loss enables participants to put their own sight loss and situation into context. In this situation, participants often compare themselves more favourably to other group members. As a result, it is not uncommon for participants to feel that they are in some way a fraud in the group on the basis that they feel their own situation is more positive than other group members.

'I know I can't see but other people's problems are far worse. I'm a bit of a fraud,' female, 82, PS, survey participant.

Although the majority of people expressed the view that the mixture of types and lengths of diagnoses was beneficial to the sessions, some felt that the sessions were more suitable to newly diagnosed people as the information was of an introductory nature. Participants who have had sight loss for longer noted that they felt useful in being able to share their knowledge with others, whilst newly diagnosed participants felt that they gained from listening to other members of the group; the mixture benefits people at different stages of sight loss in different ways. More evidence shows that the mixture of the groups is the key to success,

supporting each other through sharing hints, coping mechanisms, and experiences; this is reflected in the quantitative data with 84% of respondents reporting that they felt the sessions were a useful space to think and talk about their lives with sight loss.

**Recommendation:**

- The sign up call ought to clarify the exact nature and mixture of the groups to ensure that people are aware of what to expect

**Training and delivery**

Interviews with volunteer facilitators, project staff, and the volunteer trainer demonstrate the thorough training and feedback procedures put in place for facilitators. Facilitators were given detailed training guides, alongside a series of 6 hour long sessions whereby volunteers were trained in different hypothetical scenarios. As one facilitator commented ‘the training guides are well written, [the trainer] does a road map around various things that could happen, you feel very prepared for floods and fire, the fact that you’ve talked about it makes you feel confident that you can deal with it,’ volunteer facilitator 1. The feedback procedures ensured that facilitators felt confident in the project staff to deal with any safeguarding concerns.

The overwhelming feedback from participants suggested that the facilitation of sessions was excellent; the round table approach of bringing individuals into the conversation is effective and people appreciate the inclusivity of this approach. Such feedback demonstrates effective training of facilitators.

‘They were professional, very good and I don’t know what training you put them through but they were brilliant,’ male, 67, PS, in-depth interview.

‘She brought us all in and it wasn’t a case in a group sometimes you get a dominant person but no she managed to curb that,’ female, 77, PS, in-depth interview.

The length of session was also noted as a suitable amount of time and participants felt that the option for flexibility of the length of sessions (where needed) was beneficial. As one participant

explained 'sometimes we would extend the amount of time we had, sometimes when there were less people we would reduce the time' (male, 68, blind). Another stated that 'the good thing was that she could turn around to the time keeper and ask for more time, another 15 minutes,' (male, 71, blind, in-depth interview).

The facilitators have received training in how to respond to dominant members, however, a minority of participants felt that some members dominated the group. 'There was one person who was quite vocal in the group, quite dominant, the facilitator was very polite but in the sessions that person dominated about 30% of the time,' male, 78, blind, in-depth interview.

### **Recommendation:**

- Ensure that all facilitators are trained and confident in using the round table approach when dealing with dominant members

### **Recruitment of volunteers**

The project was initially designed to replicate the Talk and Support model, which is facilitated by volunteers. However, recruitment of volunteer facilitators for the Time to Talk project proved harder than envisaged. Project staff felt that this was due to a lack of accessibility built into the role and the volunteer's emotional resilience to the issues discussed due to their own experiences of sight loss. One staff member added 'we've never had a role so difficult to recruit for; I could have 12 volunteers in training now if accessibility hadn't been an issue.'

In January 2016, a further 8 volunteers with a variety of sight conditions were recruited, despite no change to the advertisement of the role. People expressed different motivations for why they wanted to become facilitators of the project, such as:

'I have always wanted to get involved with facilitating, and with other commitments this was something that was more realistic and a better fit with other commitments.'

One participant found the groups so informative and inspiring that he felt empowered to become a facilitator for future groups and is currently in training to begin leading groups in the coming months.

'I found the Time to Talk sessions that I took part in were very good and a lot of hard work had gone into the session itself and it made me wonder if I could help to lead a group. It's made me more confident, I'm sure it has,' male, 65, PS, in-depth interview.

In order to address the accessibility barrier, project staff have trialled new methods to deliver the information, which would make the role accessible to all regardless of the level of sight loss. One staff member notes that 'we have done a trial, we have pre-recorded the information delivery sections and then played in the recordings, still facilitating the discussion but playing in the information, it has worked. With future volunteers we will provide that as an option. It's about finding the right option for the individual.'

### **Recommendation:**

- Accessibility must be built into the design of the project from the start in order to improve the recruitment process

### **Session content**

Feedback around session content was largely positive and many felt that the content provided a suitable and varied range of topics for discussion. Many suggested that the session content was correct and the balance between information giving and discussion was well designed.

'It was a good ratio between time to speak and information giving from the facilitator,' female, 73, PS, in-depth interview.

Some participants would have liked less information and more space to discuss amongst themselves.

'Half of the time was spent on the facilitator imparting information...I would rather spend a longer time sharing experiences and views and talking to other people,' male, 69, blind, in-depth interview.

Some suggested that the content was 'too RNIB heavy' and they would have liked more information on other organisations or space

to discuss non-RNIB topics and services. Others expressed the desire to discuss issues around creativity rather than practicality, such as hobbies, wellbeing etc.

‘There wasn’t much space to discuss hobbies,’ female, 77, blind, in-depth interview.

Although there were mixed views around the session content, the majority of participants felt that the session content was appropriate and provided a well balanced mixture of information and space to talk. Participants are also made aware that there are social groups run by Talk and Support if they would like to continue engaging with peers in a different and unstructured setting.

### **Recommendation:**

- The initial offer of what the project consists of must be made clear during the sign up process. The sign up process currently informs people that there will be a ‘small amount of information provided by the facilitator.’ In order to manage expectations this should be clarified; ‘between 5-15 minutes of information will be provided by the facilitator each session’
- Further, several people mentioned that they had hoped to discuss a cure for their eye condition; it should be made clear that discussions about treatment are not about curing the eye condition

### **Post group information pack**

The post group information pack is more likely to be used when sent out in a promptly manner after the sessions end. Directly after the sessions, people feel inspired and have the impetus to act on the information; when this information does not arrive or arrives weeks later, some of this motivation is lost. This reflects learning identified by the project staff regarding referrals. Project staff noted that when people are referred and subsequently followed up to join a Time to Talk group promptly, they are more likely to join. Some participants either did not receive the post group information pack, or received it many weeks later than expected. As one person explained, ‘I had to chase this up, I emailed them and have now got it,’ female, 65, blind, in-depth interview.

### **Recommendation:**

- Ensure that the post-group information pack is sent out promptly

### **Assessment of needs and expectations**

A set of questions that assess needs and expectations were asked at the baseline and follow up surveys that are used to: a) determine what people hope to gain from the project and b) allow people to reflect on what they have gained from the service. These expectations are then measured against the outcomes achieved by the project.

### **Motivations for joining Time to Talk**

When asked at the baseline questionnaire, people expressed the desire to learn from each other through sharing hints and coping mechanisms.

‘That I’m not alone, that other people have similar experiences. To share and learn from others would be quite good,’ female, 66, PS.

People also hoped to expand their knowledge of technology and to learn more about support available. Additionally, they expressed the desire to share experiences with their peers as a way to reduce isolation and gain perspective and to help each other.

‘If I can help anyone that would be marvellous,’ female, 82, PS.

‘I expect to gain more knowledge about the products available,’ female, 78, PS.

## **Outcomes**

### **Knowledge**

1. Greater access and uptake of services across the sector
2. Participants have increased knowledge of services and support available

### **Increased knowledge of services and support available**

One of the key outcomes of the project is increased knowledge of services and support available, and where to find more information. There were two parallel methods by which participants

were able to increase their knowledge of services and support: information given by the facilitator, and by harnessing the experience and knowledge of other participants. As the below quotes demonstrate:

‘There was a lady who wondered how her congenital condition was passed down the family...I knew about this so I could tell her about it and it’s quite rewarding when you can help in discussions like that,’ male, 67, PS, in-depth interview.

‘I was interested in gadgets, a lady in the group had talking books, they all had equipment...I’m going to follow that up,’ male, 70, PS, in-depth interview.

‘In each case the 6 people had something that you hadn’t heard about and vice versa as we were able to exchange lots of tips and information, it was useful in that way,’ male, 81, PS, in-depth interview.

‘I shared a wonderful aid called an elastic band for locating things...in the following session people told me that they had tried it!’ Female, 79, PS, in-depth interview.

Findings from the qualitative interviews suggest that Time to Talk increased participant’s knowledge of services, support available, and products. This is supported by the survey findings.

### **Increase in knowledge of organisations, technology and equipment:**

- **71% stated that ‘I know how to use the products, equipment and technology available to help me with my sight loss:’** 33% increase from baseline (51%) to 2<sup>nd</sup> questionnaire (60%) to 3<sup>rd</sup> questionnaire (scoring 7-10 on the scale). The control group increased 9% (62%)
- **77% stated that ‘I know about the products, equipment and technology available to help me with my sight loss:’** increase from baseline to 3<sup>rd</sup> questionnaire of 26% (scoring 7-10 on the scale). The control group increased 4% (68%)
- **80% stated that ‘I know about national organisations that aim to help people live with sight loss:’** 3% increase from

baseline to 3<sup>rd</sup> questionnaire. The control group decreased 12% (68%)

### **Increase in knowledge of eye conditions:**

- 65% of participants have access to all the information they need about their eye condition. This is an 8% increase from baseline to 3<sup>rd</sup> questionnaire. The control group decreased by 6% (72%)
- 78% of participants stated that 'I feel confident that I can care for my eyes in the way I've been advised:' (scored 7-10) in the baseline, which decreased to 48% in the 2<sup>nd</sup> questionnaire and rose to 70% in the 3<sup>rd</sup> questionnaire.<sup>2</sup> However this may reflect the nature of the sessions, which had a greater emphasis on signposting rather than education about self-care. 1% increase in control group (81%)

### **Local service offers are different**

Participants have reported that sharing experiences about the different levels of service provision across the country has empowered them to demand better service provision in their own areas. It has encouraged them to revisit avenues of support that they believed were no longer available to them, such as low vision assessment, benefits, and local authority services.

- **72% of participants stated that 'I know how to access low vision services:'** 25% increase from baseline to 3<sup>rd</sup> questionnaire. The control group decreased 7% (68%)

'The support from each local authority is pot luck, but do people ask for the support? It's about people feeling able to ask for the support,' male, 65, PS, in-depth interview.

- **60% stated that 'I know how to access rehabilitation services:'** 13% increase from baseline to 3<sup>rd</sup> questionnaire. The control group decreased 1% (45%)

'There were more services available in certain areas, and we lack that here in Wales and some parts of Scotland, it was informative to learn about what was available in other areas, because then you

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<sup>2</sup> N/A accounted for 23% in 2<sup>nd</sup> questionnaire and 18% in the 3<sup>rd</sup>.

learn about what you can ask for. Social services ask what you would like to know but unless you hear about it...then you can ask for it once other people tell you what's in their areas. If you don't know, you can't ask for it!' Female, 79, PS, in-depth interview.

- 75% stated that 'I know about organisations in my local area that aim to help people live with sight loss:' 7% increase from baseline to 3<sup>rd</sup> questionnaire. The control group decreased 1% (66%)

'Some people might feel disadvantaged if they're not getting many services compared to other people that have loads of services...but it's about saying you can take some action – go to your local authority and say "I know someone who is getting such and such and I'm not getting that so can I have it,"' facilitator 3.

## **Uptake of services**

Many participants have taken up services, sought more support and information as a result of Time to Talk. For those who were already knowledgeable before the sessions, some saw the project as an opportunity to refresh their knowledge, and others experienced the sessions as a 'boost to confidence' to access services again. Some participants had not previously accessed services and the sessions were the first time they were made aware of the support available. The uptake of services (and the intended uptake) demonstrates a behaviour change from passive to active; participants are empowered to identify their own needs and to act on seeking support.

'I've put myself forward for the befriending course following the Time to Talk sessions because I enjoyed them so much and I enjoyed supporting people,' female, 78, blind, survey participant.

A total number of 121 referrals were made to RNIB services, 28 people asked for more than one referral. Referrals from Time to Talk to RNIB services suggest that participants have actively taken up services. One of the key outcomes of the project was to signpost to the information and to empower people to actively take up services and support. This is reflected in the quantitative data:

- **46%** said they **had made use of the services and support** mentioned in 'Time to Talk' (3rd questionnaire)

### **Reassurance that support is available when participants are ready to access services**

People are not always ready to take up services; one of the reoccurring reasons behind why people were not ready to access services was other health or family problems. However, people expressed feeling reassured to know that the support would be available when the time was right for them to seek help.

- **70%** said they **intended to make use of the services and support** mentioned in 'Time to Talk' (3<sup>rd</sup> questionnaire)

'For me it's very reassuring to know services are there even if I'm not taking them up at the time,' female, 73, PS, in-depth interview.

'My sight is going to get worse and to know there is backup, that there are people to support you, I find that reassuring,' male, 67, PS, in-depth interview.

### **Conclusion**

Both the quantitative and qualitative data demonstrate that participants show an increase in their knowledge of services and support available to help them live with sight loss. The data also demonstrates that through the information shared within the sessions, people have actively accessed services and support. There was a marked increase in the percentage of people who stated that they knew more about the products, technology, and equipment and how to use them, which suggests that people acted upon the information they received and shared within the sessions. By sharing experiences of the different service provision in people's local areas, some participants felt empowered to revisit services provided by their local authority, or make a new claim for benefits that they believed they were not entitled to.

For those who have not acted on information on services and products (for reasons of health, care responsibilities etc.), many felt reassured to know that the support would be available to them when they were ready to access help.

## **Wellbeing**

Outcomes:

3. Participants are able to identify their own needs
4. Behaviour change from passive to active

### **Increased positivity about participant's own situation and the impact of perspective**

One of the most notable areas of impact for beneficiaries was hearing other people's experiences and situations, how they cope, and the local service offers in different areas, which has helped people to put their situation into perspective and to feel more positive. Whilst many people commented that they felt better hearing other people's situations, nobody stated that hearing other people's situations made them feel worse about their own. As one participant noted 'I was the only one who was totally blind...I ended up feeling a lot luckier than them as I knew more about how to deal with getting help,' (female, 72, blind, survey participant). This evidence supports the idea of mixed diagnosis groups as people are able to gain perspective from comparing the difference between situations. Participants commented that:

'I enjoyed it very much and listening to other people's problems was interesting. I like comparing them to my own, which are not insurmountable. It was a great help,' male, 83, blind, survey participant.

'There were two blind women and I thought "wow they're living with being blind" but listening to them it was as if they had a cold and I thought "if they can do that then I can do this," male, 70, PS, in-depth interview.

This **increase in positivity** as a result of sharing experiences with peers is reflected in the quantitative data as participants reported feeling more optimistic, relaxed, and positive about the future:

- **53% of participants felt more optimistic about the future**, which showed a 5% increase<sup>3</sup> from baseline to 3<sup>rd</sup> questionnaire.<sup>4</sup> The control group decreased by 9.5% (46%)
- **63% felt more positive about the future** after the sessions,<sup>5</sup> which rose to **71%** in the 3<sup>rd</sup> questionnaire.<sup>6</sup> This was not measured in the control group.
- **56.5% stated that they felt relaxed** reporting either 'often' or 'all of the time:' 3.5% increase in feeling relaxed from baseline (2<sup>nd</sup> questionnaire = 59%) to the 3<sup>rd</sup> questionnaire. The control group decreased by 10% (51%)

'I have only recently been diagnosed with sight loss and I was afraid of most things. After speaking with the group...it has really boosted my confidence and made me realise that I may have lost my sight, I still have my hearing, can still touch...and there are people who will help you. I was very independent and I can still be independent, it has helped me more than I ever thought it would.'" Female, 72, PS, survey participant.

'I thought it was marvellous! I don't think there was anything I didn't enjoy. Listening to other people's experiences was enjoyable. I really enjoyed it,' female, 78, PS, survey participant.

## Inspiration

**Sharing tips, experiences, and coping mechanisms** with each other is one of the key successes of the project. Through sharing experiences with each other, people felt inspired to act upon information by the actions of others. People noted feeling inspired by others after hearing their stories:

'People who are pro-active will say "I've gone and done this, I've got this service and I've asked for that – why don't you do that?" And other people say "oh I didn't know that I could ask for that or get that" and the others say "yes you can! You can get mobility benefits,' facilitator 3.

<sup>3</sup> All percentage increases are reported as percentage point increases

<sup>4</sup> For those reporting either 'often' or 'all of the time'

<sup>5</sup> For those scoring 7-10 on a scale of 1-10 with 1 being the lowest/negative and 10 being the highest/positive

<sup>6</sup> This question was added into the 2<sup>nd</sup> questionnaire, there is no baseline

'It makes you realise that you're not alone, if they can do it, I can do it,' Female, 78, PS, survey participant.

'Hearing his experience was amazing, listening to him was amazing, I never learnt Braille or typing but this man said he was using computers and everything, he had bank statements on the computer!' Male, 68, blind, in-depth interview.

'There was a totally blind lady and I was impressed with her, she was singing in a local choir, I used to but I don't know how I would handle it now, but I felt inspired by her,' male, 78, blind, survey participant.

### **People feel more able to ask for help**

Feeling inspired by other people's attitudes and experiences has led to an increase in people's levels of confidence and the ability to seek further support, thereby demonstrating a behaviour change from passive to active.

- **65%** of participants felt that as a result of the sessions they are now **more able to seek further support for themselves** (scoring 7-10), this figure rose to **75%** in the 3rd questionnaire.<sup>7</sup>
- **Dealing with problems well: 70%** for those reporting either 'often' or 'all of the time:' 11% increase from baseline to the 3<sup>rd</sup> questionnaire. The control group decreased by 15% (61%)

'It gave me a bit more confidence to go out and find help. I haven't had any help so I feel more confident knowing where to go to find out more information. Thank you!' Female, 81, PS, survey participant.

'I had become very insular with everything that had happened to me, I was depressed but I think that after the Time to Talk course I became inclined to more readily go to the RNIB for support; I will tend to rely on them more,' male, 67, PS, in-depth interview.

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<sup>7</sup> There was no baseline for this question; this question was added to the 2<sup>nd</sup> questionnaire.

'Since Time to Talk I have rung the helpline a few times and spoken to someone about a new phone, I've now got a new phone as a result of the sessions. I've also met loads of friends since I joined different groups,' female, 79, PS, in-depth interview.

'It has given me more confidence to ask for information, whereas before I was a bit shy of asking. I feel more confident now, it gave me a boost,' female, 79, PS, in-depth interview.

- **Able to make my own mind up: 82%** reported feeling able to make their own mind up either 'often' or 'all of the time'. This demonstrated a decrease from the baseline of 86%. Some noted that they prefer to 'listen to advice,' which may suggest the change in response. The control group decreased by 3% (89%)
- **Thinking clearly: 75%** for those reporting either 'often' or 'all of the time:' 3% increase from baseline to 3<sup>rd</sup> questionnaire. The control group decreased by 9% (79%)

## Conclusion

As highlighted by both the qualitative and quantitative data, many participants demonstrated an increase in positivity regarding their own situation. Sharing coping mechanisms and experiences with peers allowed people to develop new perspectives about their lives with sight loss, which lends weight to the design of mixed diagnosis groups as many felt that the range of experiences were educational. Further, through sharing experiences and ideas participants reported feeling inspired by hearing their peers successfully accessing support, using technology, and demanding services. In turn, people reported feeling more able to seek further support for themselves and an increase in levels of confidence as a result of this. Participants who already felt informed about services and information also felt that they benefitted from the sessions as they were able to share and help others, therefore feeling useful as a result. Compared to the control group, participants reported increased wellbeing for all measures, whilst the control group reported a decrease across all measures despite having received some form of intervention from RNIB as new members. This underlines the positive impact that Time to Talk has had on participant's wellbeing.

## Peer Support

5. Participants are able to share and help others

### Space to talk and peer empathy

The Time to Talk project was named by participants in the pilot groups as they felt that the sessions provided a safe and supportive space to talk to peers who have experienced similar issues. As the Time to Talk project manager highlighted, ‘the most important thing was for people to be able to talk and explore issues together.’ For some, this was the first time they had discussed their sight loss with anyone else aside from medical staff.

‘I knew nothing about sight loss before this project! I thought “if you don’t admit it, you don’t have it.” Time to Talk gave me the opportunity to understand sight loss and realise that there was something wrong and that there were people like you there to help me and I wasn’t alone. It was absolutely brilliant for me because I’d had no contact whatsoever with anyone who had sight loss, the other people understand you because they have sight loss too,’ female, 78, PS, in-depth interview.

For others, this was an opportunity to think about the future and how to respond to their changing circumstances.

- 78% of participants reported that they felt better able to discuss their sight loss in the future as a result of the sessions (often or all of the time)

‘I’ve never discussed my sight condition with people before...people who have lived with sight loss since birth don’t talk about it,’ female, 66, blind, in-depth interview.

- 84% of participants said they found the space to think and talk about their lives with sight loss ‘helpful’

‘It was a space that I could express myself and how I felt...it was good to talk to people with similar problems to you,’ male, 70, PS, in-depth interview.

'I always enjoy talking to other people and learning about their situations and how we can learn from each other and care for each other in a sense. Although you don't know the people beforehand, you feel like you do by the end of the group,' female, 68, blind, survey participant.

Participants were asked if they would like to exchange contact details with others in the group, as project staff noted that there was a desire for people to stay in contact; this was integrated into the sessions in September 2015. Between September and February, 95 people requested to swap contact details with 98 other participants (multiple requests).

### **Able to share and help others**

Some participants felt informed prior to the sessions, they were therefore able to share their knowledge with others. Peer to peer sharing of experiences has been beneficial to participants and has led to increased feelings of self-worth. By helping each other through sharing experiences, people have reported feeling more useful:

- **52% stated they felt more useful** (those either 'often' or 'all of the time'). This was a 3% growth from baseline (49%) to 3rd questionnaire. The figure rose to 59% in the 2<sup>nd</sup> questionnaire, which reflects the post-group boost in wellbeing, which may not be as sustainable in the long-term from this form of short intervention. The control group decreased by 14% (51%)

'I've been blind all of my life and it was good to be able to share ideas and support others who are new to losing their sight,' female, 65, blind, survey participant.

'I gained and enjoyed giving other people help, I could offer advice,' male, 67, blind, survey participant.

'I felt that I helped those who haven't had sight loss as long as me,' male, 71, blind, survey participant.

## **Joint offer of confidence building**

The NESTA report entitled 'Peer support – what is it and does it work?' highlighted that more work is required around the question of what type of support people prefer. As both the qualitative and quantitative data has shown, the Time to Talk sessions have been effective in achieving the intended outcomes, however, some people would prefer the option of face to face support. RNIB and Action already offer Living with Sight Loss courses in people's local areas, which may provide more opportunities to create localised peer support groups. Therefore, the future of the business as usual model will scale up the success of the project by ensuring that there is a joint offer of confidence building services, both over the phone and face to face where available. This will ensure that the organisation is able to provide support across the UK regardless of mobility, financial situation, a lack of blind and partially sighted peers in certain geographical locations, isolation etc. It will be important in the future to ensure that the referral routes within the organisation to the joint offer are clear and widely known.

## **Isolation**

Sight loss can be physically and emotionally isolating. For many, the sessions provided a much needed space to connect with peers and reduce feelings of isolation, bringing people together to create a sense of community.

'There were others just like me and I realised that I wasn't alone,'  
female, 71, blind, survey participant.

By connecting with peers, participants formed bonds through sharing experiences, tips, and coping mechanisms, thereby feeling closer to people.

- **70% of participants reported feeling close to other people.** There was a 6% increase from the baseline to the 3rd questionnaire for those answering either 'often' or 'all of the time.' The control group decreased by 14% (71%)

'When I came off the phone, I would think 'ahh how good has that been' I'm learning every week, it's like we all knew each other. When we put the phone down at the end we were often close to

tears because it was like we all knew each other, it was lovely,' female, 81, PS, survey participant.

'I've met loads of friends since I joined everything [Time to Talk and Telebefriending],' female, 79, PS, in-depth interview.

## **Suggestions - learning for future delivery of Time to Talk**

A toolkit is being created by the Time to Talk project staff for use by other organisations to apply the learning of this project in peer support programmes; learning from this evaluation report will feed into this toolkit. In order to strengthen delivery and ensure effective scaling up of the programme for the future, the evaluation has recommended the following areas of learning for consideration.

### **Emotional resilience**

Project staff noted that due to the emotional impact of the role the support provided by project staff was important, such as feedback forms, breaks between sessions, regular meetings etc. The volunteer trainer states that he 'canvassed for a break of 2 weeks between each group that meets because I was concerned about the emotional impact on volunteers.' During the project, volunteers were asked if they would be willing to facilitate more groups without the 2 week break due to high demand for the project, which they reported that they were happy to do and that this did not have a negative emotional impact upon them.

'I'd be happy to just carry on [without a break], but I appreciate that I probably makes you fresher to have some time off in between,' volunteer facilitator 1.

'I've been put under no pressure to do groups without a break, but I'm very happy to do that. I don't feel any burn out doing it that way, I know that [the volunteer trainer] feels that people need a break between groups but I don't think that's necessary for all facilitators,' volunteer facilitator 2.

## **Recommendation**

- The programme may have to consider the emotional impact on volunteers and how they can be supported. This may not have to be a time break, however, the option should be available in addition to alternative support mechanisms

## **Expansion of the service to different age groups**

When asked what improvements to the service people would like to see, several participants and project staff stated that they would like to see the project developed for different age groups, such as young people, and people of working age. Research recently conducted by RNIB entitled 'My Voice' provides evidence that suggests a support need that could be tailored and provided by Time to Talk to an array of age groups.

'Perhaps you could do these groups with younger people, they have different insights and things to discuss; they have their own worries,' female, 79, PS, in-depth interviews.

'I think it could be used for people who are younger as well, they get targeted less as a demographic in RNIB,' Membership officer 1.

## **Recommendation:**

- Explore options to expand the project to different age groups using alternative methods of service delivery, such as: online live messaging through RNIB Connect or Skype
- Ensure the content is co-produced with people living with sight loss

## **Conclusion**

Time to Talk has provided a much needed space for people to discuss their feelings and experiences related to sight loss with peers, thereby reducing social isolation and increasing wellbeing. The project has also played a key role in signposting and providing information about support available to help people live with sight loss, which has led to increased levels of knowledge about products, equipment, technology, and services offered. Many newly diagnosed participants reported being unsure of where to find the information they needed initially and expressed the regret

that they had not found the information out sooner. Those who have had sight loss for longer found the sessions a useful refresher of information and a supportive space to talk and share experiences with their peers. In sum, participants gained in a variety of ways from the project, demonstrated the intended outcomes and were grateful to the project staff for providing the information, support, and time to talk.

# Appendix 1 - Theory of Change

The document below outlines the Theory of Change for the Time to Talk project.

A Theory of Change process is a planning process that can be done at the beginning of any project or programme.

Building a Theory of Change (or project plan) can help you see where the activities you are delivering link with the outcomes you want to achieve. It helps to make clear how different parts of a project link together and why.

There are four common parts of a Theory of Change

- 1) Activities – these are often main elements of the project you are delivering
- 2) Assumptions – these are actions that need to happen to ensure that a project works in the way it is expected to
- 3) Intended outcomes – these are the changes experienced by service users or beneficiaries
- 4) Ultimate goal – this is the change you want to see in service users or beneficiaries

A Theory of Change is commonly developed in a diagrammatic form. The diagram includes building blocks of the four common parts outlined above. Within the diagram there are arrows which link each building block and part of the process together.

The following is a summary of the Theory of Change for the Time to Talk project.

The part of the theory of change outlines the activities. In total there are 14 different activities which need to occur in order for the project to be successful.

Each activity links to another, and some can only be completed on the basis that others are successfully completed first.

The outline below explains the activities and how they link to one another.

## **Activities**

The first activity chain is: peer lead design of sessions, leads to participant input feedback, this then leads to facilitator feedback, which leads on to good quality curriculum this finally leads onto the last activity on this strand which is good quality facilitation.

The second activity chain is: Facilitator recruitment, this leads to, sufficient training, which leads to, continued facilitator support. Again the final activity for this strand is good quality facilitation.

The third activity chain: accurate assessment of need on joining up group, this leads to, deliver groups, this then leads to the final activity for this chain which is good quality facilitation.

The fourth activity chain: service administration, which leads to mix of groups from a range of referral routes into a project, this leads onto appropriate referral to downstream services (if needed), this then leads to good quality facilitation.

The fifth activity chain: effective recruitment/project monitoring which leads to good facilitation.

## **Assumptions**

The assumptions below are what are needed to make sure that the project runs as it is expected to

1. All participants attend and participate
2. There is a continued demand for the service
3. There is good quality peer facilitation
4. There is appropriate support outside of the groups
5. The point of need, not diagnosis is when people join the service
6. Appropriate technology is available to deliver the service
7. There is capacity of external services to support people effectively

## 8. Effective peer support

The final assumption, effective peer support, links direct to the second activity chain.

### **Intended outcomes**

The intended outcomes are what you expect the beneficiaries of the Time to Talk sessions to have once they have experienced the support.

All of the intended outcomes link directly to the third activity chain, which starts facilitator recruitment and links to the assumption that there is effective peer support provided.

The intended outcomes for Time to Talk beneficiaries are:

1. Greater access and uptake of services across the sector
2. Participants increased knowledge and skills of services and support available
3. Participants are able to identify their own needs
4. Participants able to share and help others
5. Behaviour change – passive to active

### **Ultimate goals**

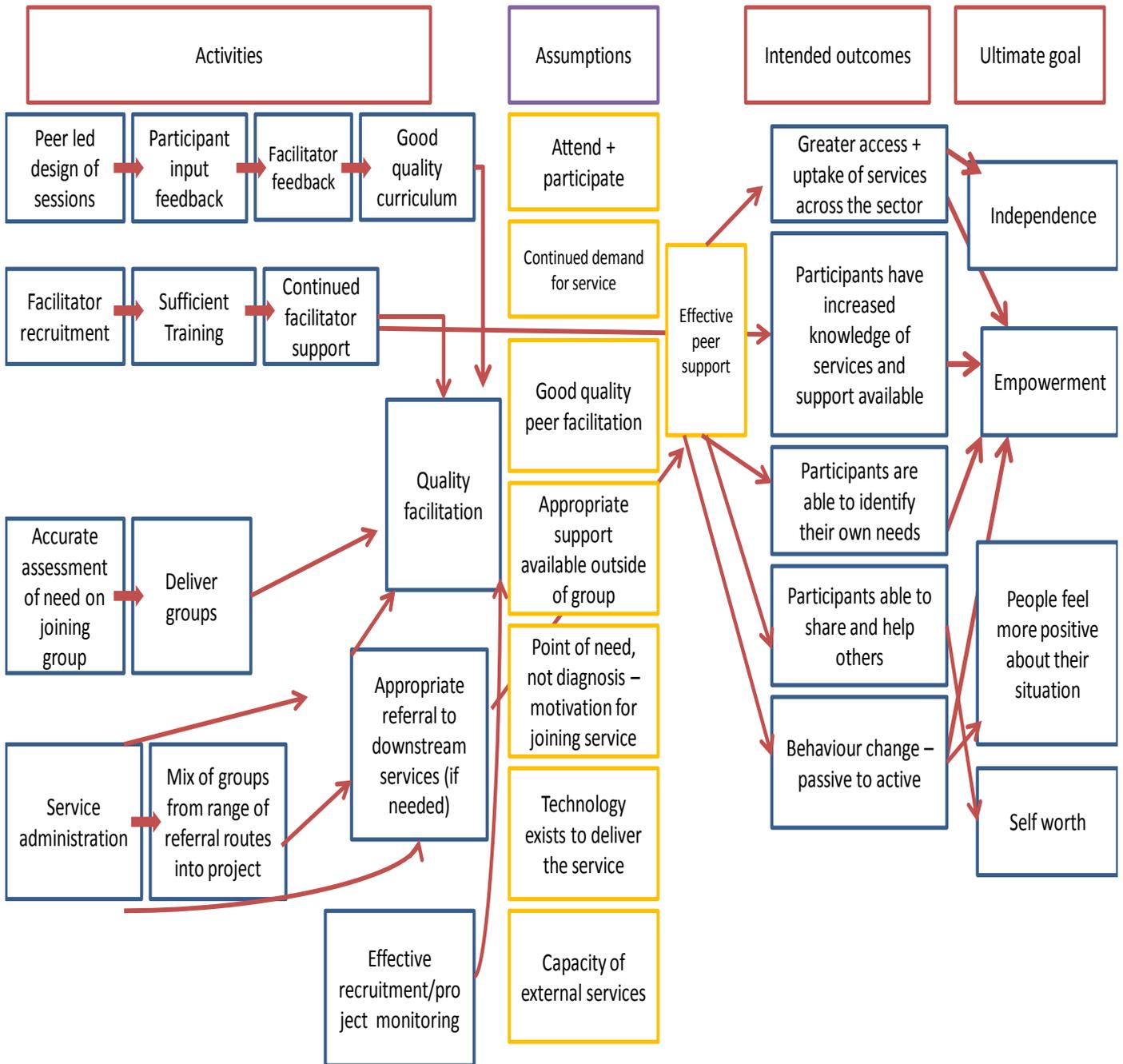
There are four ultimate goals which we expect beneficiaries to experience. All of the intended outcomes are linked to these in some way.

The first ultimate goal is increased independence of beneficiaries. Intermediate goal one links to this

The second ultimate goal is increased empowerment of beneficiaries. Intermediate goals one, two, three and five are linked to this ultimate goal.

The third ultimate goal is that people feel more positive about their situation. Intermediate goal five is linked to this.

The fourth ultimate goal is increased self worth. Intermediate goal 4 is linked to this.



## Appendix 2 - Comparison group baseline

“I understand that you do not want to be part of the telephone information sessions, but as a valued member of the RNIB we would like to ask if you have five minutes to answer a short questionnaire. We want to shape services and support around what members need and want, so this questionnaire will help us do that”.

“This questionnaire is part of a wider project which includes new RNIB members, some of whom are taking part in telephone befriending services and others, like yourself, who or are not”.

“Would this be something you have some time to help out with now?”

IF YES – explain the following:

“Your responses will be kept anonymous and they will be combined with a set of responses from other new members who have completed the same questionnaire. These responses will then be used to understand the differences between those people who have taken part in the telephone befriending services and those who have not”.

Participant information

Name of participant:

Date of baseline interview:

Date of follow-up interview:

Section one: Eye condition and caring for my eyes

**Prompt: Please answer the following questions on a scale of 1 to 10, where 1 is strongly disagree and 10 in strongly agree**

1. I have access to all the information I need **about my eye condition(s)**

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

2. I feel confident that I can **care for my eyes** in the way I have been advised

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |
| N/A                    |   |   |   |   |   |   |   |   |                      |

**Prompt: Please answer the following questions YES or NO**

3. I know how to access **local low vision services**?

Definition of low vision service: A low vision service helps you make the most of your eyesight and visual function to achieve maximum potential. The service provides support which is not possible by conventional spectacles, contact lenses or medical intervention.

|  |  |
|--|--|
| Yes, I know how to access a low vision service       |  |
| No, I do not know how to access a low vision service |  |

4. I know how to access local **rehabilitation services**?

Definition of a rehabilitation service: A rehabilitation service helps you to learn new skills, provides mobility training, re-ablement for independence and supports you with adaptations.

|  |  |
|--|--|
| Yes, I know how to access a rehabilitation service       |  |
| No, I do not know how to access a rehabilitation service |  |

5. I know about organisations in my local area which aim to specifically help people with sight loss.

|     |  |
|-----|--|
| Yes |  |
| No  |  |

6. I know about National organisations outside of my area which aim to specifically help people with sight loss.

|     |  |
|-----|--|
| Yes |  |
| No  |  |

**Prompt: Please answer the following questions on a scale of 1 to 10, where 1 is strongly disagree and 10 is strongly agree**

7. I know **about** the products, equipment and technology that is available to me to help me with my sight loss

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

8. I know **how to use** the products, equipment and technology that is available to me, to help me with my sight loss

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

Section two: Well-being measures

**Below are some statements about feelings and thoughts.**

**Please give an answer from a set of responses I read out which best describes your experience of each statement over the last 2 weeks.**

9. I have been feeling optimistic about the future

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

10. I have been feeling useful

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

I have been feeling relaxed

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

11. I've been dealing with problems well

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

12. I've been thinking clearly

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

13. I've been feeling close to other people

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |

|                  |  |
|------------------|--|
| Some of the time |  |
| Often            |  |
| All of the time  |  |

14. I've been able to make my own mind up about things

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

Thank you and follow-up

“Thank you very much for taking the time to complete the questionnaire”.

We would like to hear from you again in a few months time to continue to understand your awareness of services and support for blind and partially sighted people.

It will involve a volunteer at RNIB calling you on the phone. The questionnaire will ask a similar set of questions and will not take you longer 5-10 minutes to complete”.

“Are you happy to be re-contacted in four months time?”

IF YES – asking the following:

“A RNIB volunteer will call you up in four months time and ask you to complete the questionnaire again”

“Thank you for taking the time to talk to me today”.

## Appendix 3 - Comparison group follow up

“Hello I am \_\_\_\_\_ and I am calling from the Membership team at RNIB”.

“You may remember completing a short questionnaire over the telephone a few months ago about your awareness of services and support for blind and partially sighted people”.

“This questionnaire is part of a wider project which includes new RNIB members, some of whom are taking part in telephone befriending services and others, like yourself, who or are not”.

If the participant does not remember the questionnaire please read out the below:

“The questionnaire will have asked you a set of short questions about your knowledge of services and support. This would have been completed over the telephone with someone from the Membership team”.

“At the end of the questionnaire we mentioned that we would like to call you again in four months time to complete another questionnaire”.

“We would now like to complete this questionnaire with you. This will take no more than 10 minutes to complete”.

“Do you have time to complete the questionnaire now?”

IF YES – complete the questionnaire

IF NO – ask them when is convenient to call back and note this down in the log

“Your responses will be kept anonymous and they will be combined with a set of responses from other new members who have completed the same questionnaire. These responses will then be used to understand the differences between those people who have taken part in the telephone befriending services and those who have not”.

Name of participant:

Date of baseline interview:

Date of follow-up interview:

Section one: Eye condition and caring for my eyes

**Prompt: Please answer the following questions on a scale of 1 to 10, where 1 is strongly disagree and 10 in strongly agree**

**15. I have access to all the information I need **about my eye condition(s)****

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

**16. I feel confident that I can **care for my eyes** in the way I have been advised**

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |
| N/A                    |   |   |   |   |   |   |   |   |                      |

**Prompt: Please answer the following questions YES or NO**

**17. I know how to access **local low vision services**?**

Definition of low vision service: A low vision service helps you make the most of your eyesight and visual function to achieve maximum potential. The service provides support which is not possible by conventional spectacles, contact lenses or medical intervention.

|  |  |
|--|--|
| Yes, I know how to access a low vision service       |  |
| No, I do not know how to access a low vision service |  |

18. I know how to access local **rehabilitation services**?

Definition of a rehabilitation service: A rehabilitation service helps you to learn new skills, provides mobility training, re-ablement for independence and supports you with adaptations.

|  |  |
|--|--|
| Yes, I know how to access a rehabilitation service       |  |
| No, I do not know how to access a rehabilitation service |  |

19. I know about organisations in my local area which aim to specifically help people with sight loss.

|     |  |
|-----|--|
| Yes |  |
| No  |  |

20. I know about National organisations outside of my area which aim to specifically help people with sight loss.

|     |  |
|-----|--|
| Yes |  |
| No  |  |

**Prompt: Please answer the following questions on a scale of 1 to 10, where 1 is strongly disagree and 10 is strongly agree**

21. I know **about** the products, equipment and technology that is available to me to help me with my sight loss

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

22. I know **how to use** the products, equipment and technology that is available to me, to help me with my sight loss

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

Section two: Well-being measures

**Below are some statements about feelings and thoughts.**

**Please give an answer from a set of responses I read out which best describes your experience of each statement over the last 2 weeks.**

23. I have been feeling optimistic about the future

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

24. I have been feeling useful

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

25. I have been feeling relaxed

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

26. I've been dealing with problems well

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

27. I've been thinking clearly

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

28. I've been feeling close to other people

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

29. I've been able to make my own mind up about things

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

"Thank you very much for taking the time to complete the questionnaire".

"Your views will help to make sure we offer the right support to our members".

"Thanks again for taking the time to talk to me today".

## Appendix 4 - Participant group baseline

“RNIB is always seeking to make sure that our services are meeting the needs of our members”.

“In order for us to understand whether the telephone group sessions you have signed up to are working for members, we are undertaking an evaluation of the service”.

“Your involvement in the evaluation will help RNIB to ensure that the services we deliver are shaped in the right way, and are meeting the needs of all of our members”.

“If you were to take part in the evaluation it is important to explain that everything you say will be held confidentially and all answers reported back will be done so anonymously and combined with other members’ responses”.

“So after hearing a bit about the evaluation does this sound like something you would be interested in supporting us with?”

IF YES – explain the following:

“Thank you very much for agreeing to be part of the evaluation. I am now going to explain a little more about your involvement”.

“All members who take part in the evaluation will be asked to complete a short telephone questionnaire at three points during your involvement in the sessions”

“The questionnaire will last no more than 8-10 minutes”.

“We would like to complete the first questionnaire with you over the telephone now”.

“Would you be happy to complete the questionnaire now?”

IF YES – complete the questionnaire

“Before we start it is important to make you aware that all of the information you provide us as part of the evaluation will be kept confidential. Any information you provide us will be reported anonymously and will be combined with other participants’ results”.

Participant information

ID number:

Name of participant:

Date of baseline interview:

Date of first telephone group session:

Section one: Eye condition and caring for my eyes

**Prompt: Please answer the following questions on a scale of 1 to 10, where 1 is strongly disagree and 10 is strongly agree**

**30. I have access to all the information I need about my eye condition(s)**

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

**31. I feel confident that I can care for my eyes in the way I have been advised**

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |
| N/A                    |   |   |   |   |   |   |   |   |                      |

**Prompt: Please answer the following questions YES or NO**

**32. I know how to access local low vision services?**

Definition of low vision service: A low vision service helps you make the most of your eyesight and visual function to achieve maximum potential. The service provides support which is not possible by conventional spectacles, contact lenses or medical intervention.

|  |  |
|--|--|
| Yes, I know how to access a low vision service       |  |
| No, I do not know how to access a low vision service |  |

33. I know how to access local **rehabilitation services**?

Definition of a rehabilitation service: A rehabilitation service helps you to learn new skills, provides mobility training, re-ablement for independence and supports you with adaptations.

|  |  |
|--|--|
| Yes, I know how to access a rehabilitation service       |  |
| No, I do not know how to access a rehabilitation service |  |

34. I know about organisations in my local area which aim to specifically help people with sight loss.

|     |  |
|-----|--|
| Yes |  |
| No  |  |

35. I know about National organisations outside of my area which aim to specifically help people with sight loss.

|     |  |
|-----|--|
| Yes |  |
| No  |  |

**Prompt: Please answer the following questions on a scale of 1 to 10, where 1 is strongly disagree and 10 is strongly agree**

36. I know **about** the products, equipment and technology that is available to me to help me with my sight loss

|               |   |   |   |   |   |   |   |   |                |
|---------------|---|---|---|---|---|---|---|---|----------------|
| 1<br>Strongly | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly |
|---------------|---|---|---|---|---|---|---|---|----------------|

|          |  |  |  |  |  |  |  |  |       |
|----------|--|--|--|--|--|--|--|--|-------|
| disagree |  |  |  |  |  |  |  |  | agree |
|          |  |  |  |  |  |  |  |  |       |

37. I know **how to use** the products, equipment and technology that is available to me, to help me with my sight loss

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

Section two: Well-being measures

**Below are some statements about feelings and thoughts.**

**Please give an answer from a set of responses I read out which best describes your experience of each statement over the last 2 weeks.**

38. I have been feeling optimistic about the future

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

39. I have been feeling useful

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

I have been feeling relaxed

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

40. I've been dealing with problems well

|                  |  |
|------------------|--|
| None of the time |  |
|------------------|--|

|                  |  |
|------------------|--|
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

41. I've been thinking clearly

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

42. I've been feeling close to other people

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

43. I've been able to make my own mind up about things

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

Section three: Needs and Expectations

44. Can you please tell me what you hope and expect to gain from the telephone groups?

.....

.....

.....

Thank you and follow-up

“Thank you very much for taking the time to complete the questionnaire”.

“As explained earlier we would like to ask you the same set of questions again on two more occasions”.

“The second questionnaire will be completed once you have completed all four telephone group sessions and the final questionnaire will be completed three months after you have completed the telephone sessions”.

“A member of the talk and support team will be in touch again and will complete the second and third questionnaire with you”

“I will include an information sheet about the evaluation and your involvement along with the advice pack I am going to send out to you today”.

## Appendix 5 - Participant group 2<sup>nd</sup> questionnaire

Questions highlighted in **YELLOW** were added to the questionnaire after the steering group meeting in June 2015

“Hello I am \_\_\_\_\_ and I am calling from the Talk and Support team at RNIB about your involvement in the Time to Talk sessions”.

If the participant does not remember the Time to Talk sessions please read out the below:

“You took part in four telephone group sessions along with a group of other RNIB members. The groups met every week over a four week period. In these groups you discussed your experiences of services and support available to help you live with sight loss”.

Do you now remember the Time to Talk sessions I am referring to?

IF YES continue

IF NO explain you were calling specifically about the sessions, if they still cannot remember terminate call.

“Before taking part in the Time to Talk sessions, you may remember completing a short questionnaire, as part of the evaluation”.

If the participant does not remember the questionnaire please read out the below:

“The questionnaire will have asked you a set of short questions about your knowledge of services and support. This would have been completed over the telephone with a member of the Time to Talk team”.

“At the end of the questionnaire we mentioned that we would like to conduct a follow-up call and another questionnaire once you have completed all of your sessions”.

“We would now like to complete this questionnaire with you. This will take no more than 10 minutes to complete”.

“Your involvement in the evaluation will help RNIB to ensure that the services we deliver are shaped in the right way, and are meeting the needs of all of our members”.

“Do you have time to complete the questionnaire now?”

IF YES – complete the questionnaire

IF NO – ask them when is convenient to call back and note this down in a the log

“Before we start it is important to make you aware that all of the information you provide us as part of the evaluation will be kept confidential. Any information you provide us will be reported anonymously and will be combined with other participants’ results”.

Participant information

ID number [this should be taken from the evaluation spreadsheet] :

Name of participant [this should be taken from the evaluation spreadsheet]:

Date of baseline interview:

Date of first telephone group session [this should be taken from the evaluation spreadsheet]:

**1. As a result of the Time to Talk sessions, do you feel more knowledgeable about where to find the information you need about your sight condition:**

**2. As a result of the Time to Talk sessions, do you feel more knowledgeable about where to find the information you need about products and technology?**

**3. As a result of the Time to Talk sessions, do you feel more knowledgeable about where to find the information you need about practical help and support?**

**4. As a result of the Time to Talk sessions, do you feel more knowledgeable about where to find the information you need about national and regional services?**

Section one: Eye condition and caring for my eyes

**Prompt: Please state how much you agree with the following statements on a scale of 1 to 10, where 1 is strongly disagree and 10 in strongly agree**

**6. I know how to find out more about my eye condition and how to access information.**

Comments

**45. I have access to all the information I need about my eye condition(s)**

| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
|                        |   |   |   |   |   |   |   |   |                      |

7. If applicable, I feel more confident about how to care for my eyes

46. I feel confident that I can **care for my eyes** in the way I have been advised

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |
| N/A                    |   |   |   |   |   |   |   |   |                      |

47. I know **about** the products, equipment and technology that is available to me to help me with my sight loss

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

48. I know **how to use** the products, equipment and technology that is available to me, to help me with my sight loss

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

**Prompt: Please answer the following questions YES or NO**

I know **more about** how to use the products, equipment and technology that is available to me, to help me with my sight loss.

49. I know how to access **local low vision services**?

Definition of low vision service: A low vision service helps you make the most of your eyesight and visual function to achieve

maximum potential. The service provides support which is not possible by conventional spectacles, contact lenses or medical intervention.

|  |  |
|--|--|
| Yes, I know how to access a low vision service       |  |
| No, I do not know how to access a low vision service |  |

50. I know how to access local **rehabilitation services**?

Definition of a rehabilitation service: A rehabilitation service helps you to learn new skills, provides mobility training, re-ablement for independence and supports you with adaptations.

|  |  |
|--|--|
| Yes, I know how to access a rehabilitation service       |  |
| No, I do not know how to access a rehabilitation service |  |

51. I know about organisations in my local area which aim to specifically help people with sight loss.

|     |  |
|-----|--|
| Yes |  |
| No  |  |

52. I know about National organisations outside of my area which aim to specifically help people with sight loss.

|     |  |
|-----|--|
| Yes |  |
| No  |  |

Section two: Well-being measures

**Below are some statements about feelings and thoughts.**

**Please give an answer from a set of responses I read out which best describes your experience of each statement over the last 2 weeks.**

53. I have been feeling optimistic about the future

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

54. I have been feeling useful

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

55. I have been feeling relaxed

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

56. I've been dealing with problems well

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

57. I've been thinking clearly

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

58. I've been feeling close to other people

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

59. I've been able to make my own mind up about things

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

**21. In the group, you were prompted to discuss how you think, and feel about your life with sight loss. Did you find this helpful? Please explain**

Comments

**22. I feel better able to talk about my life with sight loss in the future?**

Comments

Section three: Views on the Time to talk sessions

**Prompt: Please state how much you agree with the following statements on a scale of 1 to 10, where 1 is strongly disagree and 10 in strongly agree**

60. "After taking part in the Time to Talk sessions, I feel more able to find and seek out support and/or services myself"

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

61. "After taking part in the Time to Talk sessions, I feel more positive about the future"

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

62. Can you please tell me what you felt that you gained from being part of the Time to Talk group?

.....

.....

.....

Thank you and follow-up

"Thank you very much for taking the time to complete the questionnaire".

"As explained at the beginning of the telephone call, we would like to ask you the same set of questions again on one more occasion".

"The final questionnaire will be completed in approximately three months time".

"Are you still happy to continue to be part of the evaluation?"

IF YES – please note on the spreadsheet

A member of the talk and support team will be in touch again and will complete the third and final questionnaire with you”

“It is important to mention that you are able to withdraw from the evaluation at any point. If you would like to do this, please contact Adrian on 020 7874 1305 or email [Adrian.Hare@rnib.org.uk](mailto:Adrian.Hare@rnib.org.uk)”.

IF NO – please state on spreadsheet that participant would like to be removed from the evaluation.

## Appendix 6 - Participant group 3<sup>rd</sup> questionnaire

“Hello I am \_\_\_\_\_ and I am calling from the Talk and Support team at RNIB about your involvement in the Time to Talk sessions”.

If the participant does not remember the Time to Talk sessions please read out the below:

“You took part in four telephone group sessions along with a group of other RNIB members. The groups met every week over a four week period. In these groups you discussed your experiences of services and support available to help you live with sight loss”.

Do you now remember the Time to Talk sessions I am referring to?

IF YES continue

IF NO explain you were calling specifically about the sessions, if they still cannot remember terminate call.

“Before taking part in the Time to Talk sessions, and then after you had finished the sessions, you may remember completing a short questionnaire, as part of the evaluation”.

If the participant does not remember the questionnaire please read out the below:

“The questionnaire will have asked you a set of short questions about your knowledge of services and support. This would have been completed over the telephone with a member of the Time to Talk team”.

“At the end of the second questionnaire, the one we completed after you had finished all of your sessions, you agreed that we could ask you the same set of questions again on one more occasion”.

“We would now like to complete this questionnaire with you. This will take no more than 10 minutes to complete”.

“Your involvement in the evaluation will help RNIB to ensure that the services we deliver are shaped in the right way, and are meeting the needs of all of our members”.

“Do you have time to complete the questionnaire now?”

IF YES – complete the questionnaire

IF NO – ask them when is convenient to call back and note this down in a the log

“Before we start it is important to make you aware that all of the information you provide us as part of the evaluation will be kept confidential. Any information you provide us will be reported anonymously and will be combined with other participants’ results”.

Participant information

ID number [this should be taken from the evaluation spreadsheet] :

Name of participant [this should be taken from the evaluation spreadsheet]:

Date of baseline interview:

Date of first telephone group session [this should be taken from the evaluation spreadsheet]:

Date of follow-up interview after sessions had finished:

Section one: Eye condition and caring for my eyes

**Prompt: Please state how much you agree with the following statements on a scale of 1 to 10, where 1 is strongly disagree and 10 in strongly agree**

**63.** I have access to all the information I need **about my eye condition(s)**

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

**64.** I feel confident that I can **care for my eyes** in the way I have been advised

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |
| N/A                    |   |   |   |   |   |   |   |   |                      |

**65.** I know **about** the products, equipment and technology that is available to me to help me with my sight loss

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

**66.** I know **how to use** the products, equipment and technology that is available to me, to help me with my sight loss

|               |   |   |   |   |   |   |   |   |                |
|---------------|---|---|---|---|---|---|---|---|----------------|
| 1<br>Strongly | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly |
|---------------|---|---|---|---|---|---|---|---|----------------|

|          |  |  |  |  |  |  |  |  |       |
|----------|--|--|--|--|--|--|--|--|-------|
| disagree |  |  |  |  |  |  |  |  | agree |
|----------|--|--|--|--|--|--|--|--|-------|

**Prompt: Please answer the following questions YES or NO**

67. I know how to access **local low vision services**?

Definition of low vision service: A low vision service helps you make the most of your eyesight and visual function to achieve maximum potential. The service provides support which is not possible by conventional spectacles, contact lenses or medical intervention.

|  |  |
|--|--|
| Yes, I know how to access a low vision service       |  |
| No, I do not know how to access a low vision service |  |

68. I know how to access local **rehabilitation services**?

Definition of a rehabilitation service: A rehabilitation service helps you to learn new skills, provides mobility training, re-ablement for independence and supports you with adaptations.

|  |  |
|--|--|
| Yes, I know how to access a rehabilitation service       |  |
| No, I do not know how to access a rehabilitation service |  |

69. I know about organisations in my local area which aim to specifically help people with sight loss.

|     |  |
|-----|--|
| Yes |  |
| No  |  |

70. I know about National organisations outside of my area which aim to specifically help people with sight loss.

|     |  |
|-----|--|
| Yes |  |
| No  |  |

Section two: Well-being measures

**Below are some statements about feelings and thoughts.**

**Please give an answer from a set of responses I read out which best describes your experience of each statement over the last 2 weeks.**

71. I have been feeling optimistic about the future

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

72. I have been feeling useful

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

73. I have been feeling relaxed

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

74. I've been dealing with problems well

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

75. I've been thinking clearly

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

76. I've been feeling close to other people

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

77. I've been able to make my own mind up about things

|                  |  |
|------------------|--|
| None of the time |  |
| Rarely           |  |
| Some of the time |  |
| Often            |  |
| All of the time  |  |

Section three: Views on the Time to talk sessions

**Prompt: Please state how much you agree with the following statements on a scale of 1 to 10, where 1 is strongly disagree and 10 in strongly agree**

78. "After taking part in the Time to Talk sessions, I feel more able to find and seek out support and/or services myself"

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

79. "After taking part in the Time to Talk sessions, I feel more positive about the future"

|                        |   |   |   |   |   |   |   |   |                      |
|------------------------|---|---|---|---|---|---|---|---|----------------------|
| 1<br>Strongly disagree | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10<br>Strongly agree |
|                        |   |   |   |   |   |   |   |   |                      |

80. Have you made use of any of the services and/or support mentioned in the Time to Talk sessions?

|     |  |
|-----|--|
| Yes |  |
| No  |  |

IF YES GO TO SECTION TWO  
IF NO ASK Q 12

81. Do you intend on making use of any of the services and/or support mentioned in the sessions?

|     |  |
|-----|--|
| Yes |  |
| No  |  |

82. Can you please tell me what you felt that you gained from being part of the Time to Talk group?

.....

.....

.....

Thank you

"Thank you very much for taking the time to complete the questionnaire".

“Your involvement in the evaluation will help RNIB to ensure that the services we deliver are shaped in the right way, and are meeting the needs of all of our members”.

“Thanks again for taking the time to talk to me today”.