



GOGGL

Evaluating the acceptability, added value and perceived benefit of a digital domestic abuse recovery programme in NHS, domestic abuse and referrer services.

Assessing the acceptability of a digital platform to directly influence clinical outcomes for users/patients experiencing domestic abuse, within existing NHS pathways.

Introduction

The challenge

The health impacts of domestic abuse (DA) on victims both physical and psychological are often complex and long lasting (1). This translates into financial costs for the NHS which are estimated to be £2.3 billion and growing (2,3).

NHS referral pathways for patients who are victims of domestic abuse are heavily reliant on third sector service providers (domestic abuse charities and other non-NHS organisations) to provide interventions and recovery support (4,5).

Current DA support pathways

NHS Health services including Primary Care are now required to spot and refer people who are experiencing domestic abuse or its aftermath (6).

The NHS currently have no standard pathway for domestic abuse victims and refer into a variety of services including mental health or specialist domestic abuse services, both of whom are experiencing demand and capacity issues (5).

Both the DA charity sector and other sector organisations face long term funding challenges particularly around providing talking therapies and counselling services which are costly to run and are a finite resource (7, 8). Provision of these services is also often locally based and council funded which can mean that provision can be variable, and waiting for funded counselling or therapy are often long with limited session availability for 1 to 1 sessions (generally between 8-12 sessions) (9, 10,11). Long waiting times have been linked to increased suicide risk and additional demand for emergency and mental health crisis services (12).

Services provided by charities and other DA sector organisations are often heavily based at crisis point in the patient's journey (escape/just left) and it is often a challenge to provide cost effective recovery support in the long-term (13,14). This also creates a gap in services for people who may have experienced abuse in the

past but are left with psychological challenges, potentially creating further demand for mental health services (15).

Digital solutions

Studies into digital solutions have demonstrated that they can be effective in many areas of health (16). They can empower people to be in control of their own recovery and can provide flexible, long term and cost-effective solutions to support this (17, 18, 19).

There are at present few digital options available for domestic abuse victims and those that are available ([Freedom Project](#), [Myplan](#), [Brightsky](#)) are focused on the point of crisis i.e. escape from abuse or the immediate aftermath of leaving (20).

Currently there is no provision and no long-term digital health solution in NHS DA pathways and so patient perceptions of acceptability and added value are not understood. The acceptability of technological solutions for users is acknowledged to be critical to the success of digital solutions and this is especially pertinent in this area where patient trust is a known issue (21, 22, 23).

Get Out Get Love programme

The [Get Out Get Love programme](#) (GOGL) has been developed as a digital recovery programme for people who have experienced domestic abuse. Previous research has been carried out into the user experience of the digital programme. The current service evaluation sought to assess the acceptability of GOGL for those in DA pathways.

Specifically, the aims of the study were:

- To understand whether the GOGL programme is acceptable to service users in DA pathways (charity providers, primary care services).

Method

Study design

A mixed methods study was designed to be delivered with commissioned service delivery partners:

- 1 x domestic abuse refuge.
- 1 x regional domestic abuse support service (helpline, referrals and counselling).
- 1 x domestic abuse counselling service.
- 3 x NHS Primary Care mental health services.
- 1 x NHS Primary care based social prescribing service.

Processes for recruitment, engagement and safeguarding (PHQ9 identified suicide risk) for service users, and engagement of service staff were co-designed with service partners and a stakeholder group consisting of diverse service professionals and people with lived experience (PWLE).

Participants

Recruitment

Service delivery partners identified DA clients that they felt would benefit from the GOGL programme and provided these clients with information on how to access the programme, if they chose to.

People joining the digital programme were later invited to participate in the service evaluation.

Participation in the service evaluation was optional and people could continue to access the programme without participating.

Materials

User acceptability and usability survey

Technology acceptability for the purposes of this study were defined as per the Technology Acceptance Model, (TAMv2) and the Unified Theory of Acceptance and Use of Technology (UTAUT2) (24, 25). The questions were adapted from items used in the TAMv2 and UTAUT2 measures, due the language of some questions not meeting the context of this evaluation.

Several qualitative questions were included to allow for participants to expand their answers and to steer service design, if required.

The survey was delivered online via MS 365 Forms. All participants were provided the option to provide contact details to be reimbursed for their time. These

contact details were deleted afterwards, with all survey data stored as anonymous.

Focus groups and Interviews

Participants in the programme were invited to focus groups and/or individual interviews to discuss their experience of using the GOGL programme as part of their service pathway. A semi-structured interview schedule was designed using 4 themes identified from the technology acceptability literature:

1. Is it appropriate to be referred to a digital app in a healthcare journey.
2. What it was like using the technology.
3. Is this technology particularly appropriate/useful for people recovering from domestic abuse.
4. Would people like proactive mental health support through GOGL.

Interviews were facilitated by an assistant psychologist.

Service partner interviews

We invited a representative from each partner service to be interviewed about their service's experience of offering the programme to their service users/patients. These interviews were recorded, with consent, for future analysis.

GOGL Programme

Participants were provided access to the GOGL programme via the website on desktop or phone and /or through a mobile app available on android and apple app stores (www.getoutgetlove.com).

Access to the programme via the website was through a service specific page with a corresponding access code to provide free access to the programme and allow for identification of which service participants were referred. The user journey to access the programme was generally found to be manageable (9), however 1 participant found it difficult to navigate and 1 other participant needed technical support.

The GOGL programme is a 22-module recovery programme, over 200+ steps (estimated completion time 6-9 months).

Service specific page

Get what we all want...
power, freedom &
self-love.

**PRIMARY CARE
SERVICE USERS**

From abusive ex to
personal understanding, control
and a whole new approach to your
life!



Access the programme

**A powerful journey that
replaces shame, guilt and
fear...
with a feeling of Power and
Self-Worth!**

Experience **BIG** changes in
how you feel & live!

The golden 'Aha' realisations

Repeated moments where your past makes sense, your
ex makes sense and your recovery makes sense. We call
them 'Aha' moments, they feel both a relief and
empowering.

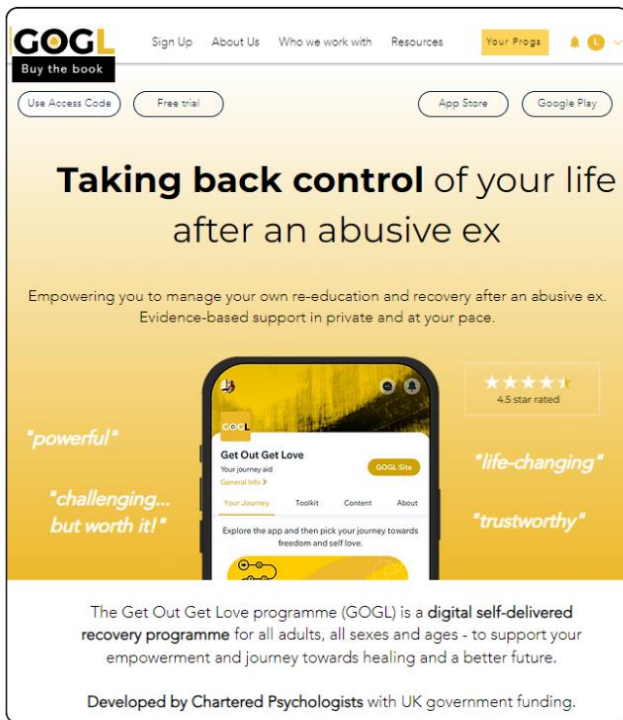
A true sense of closure & freedom

With the journey comes closure on your past relationship
- shame, guilt, fear, regret... all gone!

Self-worth, love, esteem...

Whatever you call it... that feeling of being valuable.





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Taking back control of your life after an abusive ex

Empowering you to manage your own re-education and recovery after an abusive ex. Evidence-based support in private and at your pace.

"powerful"

"challenging... but worth it!"

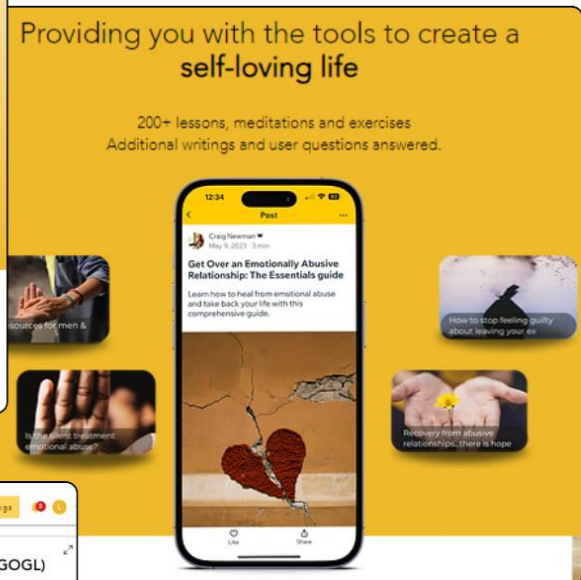
4.5 star rated

"life-changing"

"trustworthy"

The Get Out Get Love programme (GOGL) is a digital self-delivered recovery programme for all adults, all sexes and ages - to support your empowerment and journey towards healing and a better future.

Developed by Chartered Psychologists with UK government funding.



Providing you with the tools to create a self-loving life

200+ lessons, meditations and exercises
Additional writings and user questions answered.

12:34 Post

Craig Newman May 9, 2022 3:00

Get Over an Emotionally Abusive Relationship: The Essential's guide

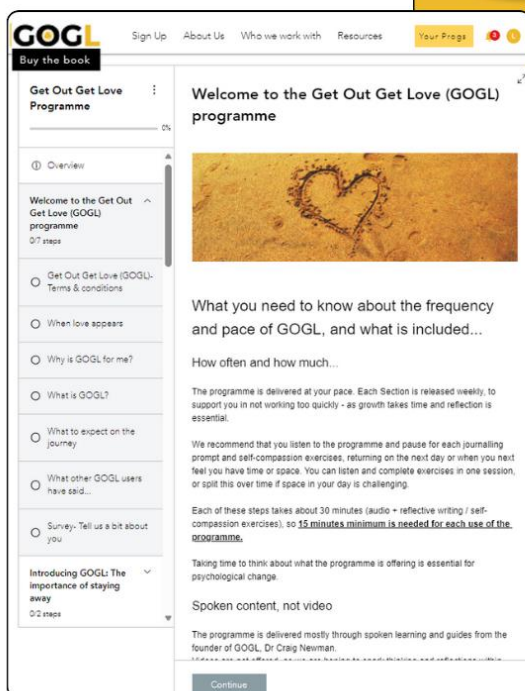
Learn how to heal from emotional abuse and take back your life with this comprehensive guide.

resources for men & women

How to stop feeling guilty about leaving your ex

Healing from emotional abuse

Recovery from abusive relationships: there is hope



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Get Out Get Love Programme


Overview

Welcome to the Get Out Get Love (GOGL) programme 0/7 steps

- Get Out Get Love (GOGL) Terms & conditions
- When love appears
- Why is GOGL for me?
- What is GOGL?
- What to expect on the journey
- What other GOGL users have said...
- Survey: Tell us a bit about you

Introducing GOGL: The importance of staying away 0/2 steps

Welcome to the Get Out Get Love (GOGL) programme



What you need to know about the frequency and pace of GOGL, and what is included...

How often and how much...

The programme is delivered at your pace. Each Section is released weekly, to support you in not working too quickly - as growth takes time and reflection is essential.

We recommend that you listen to the programme and pause for each journaling prompt and self-compassion exercises, returning on the next day or when you next feel you have time or space. You can listen and complete exercises in one session, or split this over time if space in your day is challenging.

Each of these steps takes about 30 minutes (audio + reflective writing / self-compassion exercises), so **15 minutes minimum is needed for each use of the programme.**

Taking time to think about what the programme is offering is essential for psychological change.

Spoken content, not video

The programme is delivered mostly through spoken learning and guides from the founder of GOGL, Dr Craig Newman.

Continue

Samples from the GOGL website pages and programme

Results

From 68 people who joined the programme during the 4-month recruitment window, 11 completed the acceptability survey.

Service pathway

The 11 participants who completed the survey were referred by:

- Primary Care (36%).
- Domestic abuse support / counselling service (37%).
- Refuge (27%).

Service users that completed the survey were at different points in their DA service pathway and in receipt of differing levels of support. Figure 1 indicates the stage in their pathway ('no support' indicates those participants who have not yet accessed or received any specialist support to date).

Figure 1: Level of support service at point of entry to GOGL (n=11).

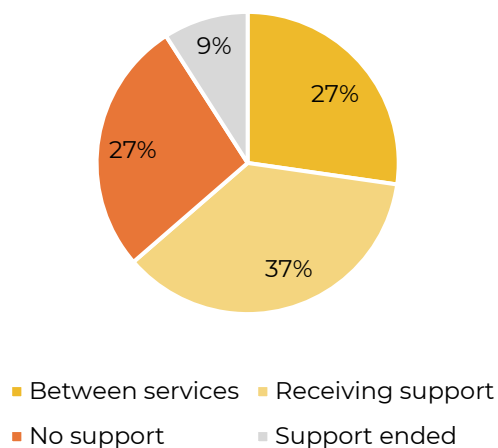
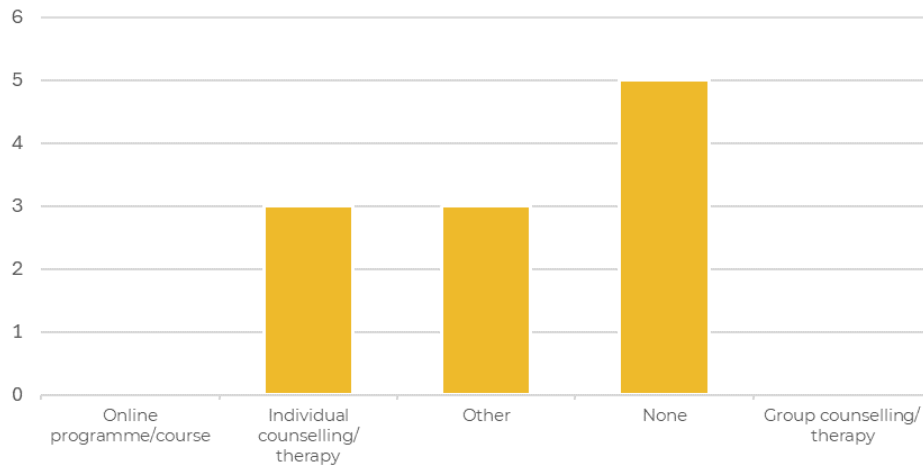


Figure 2 indicates what support participants had received, prior to the GOGL programme in respect of their DA recovery needs.

Figure 2: Other support being received whilst using the GOGL programme (n=11).



Those who indicated 'other' specified that their support was from: Family (1), Homestart & IDVA (1) and support from a GP based mental health practitioner (1).

Diversity and Inclusion

Participants were asked to indicate their gender, sexuality, ethnicity and age. 10 female and 1 male service users completed the survey. 10 identified as heterosexual with 1 participant preferring not to identify. Figure 3 indicates the ethnicity of the 11 participants:

Figure 3: Service users by ethnicity (n=11).

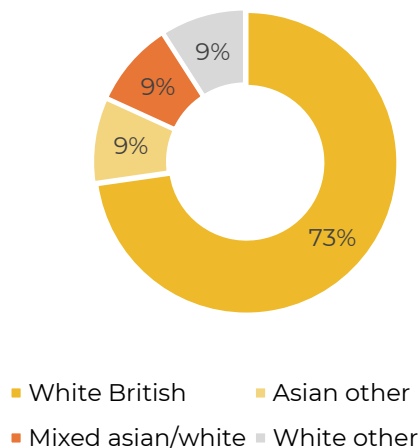
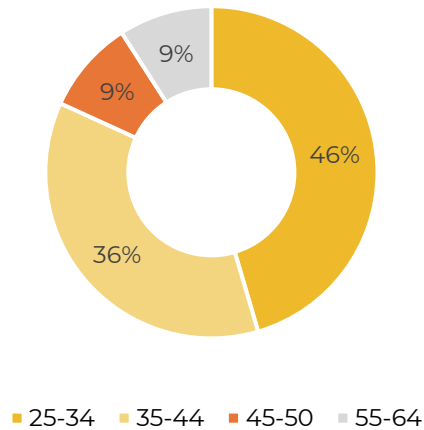


Figure 4 shows the spread of ages of the participants. The survey pool did include anybody under 25 or over 64.

Figure 4: Service users by age (n=11).



Acceptability of the GOGL digital programme for users in a service pathway

Participants were asked if it felt helpful to be given access to the GOGL programme at this point in their recovery. 100% responded yes.

2 participants expanded their answers:

“I have made use of the GOGL book and looked to progress onto the course. It has been helpful so far.”

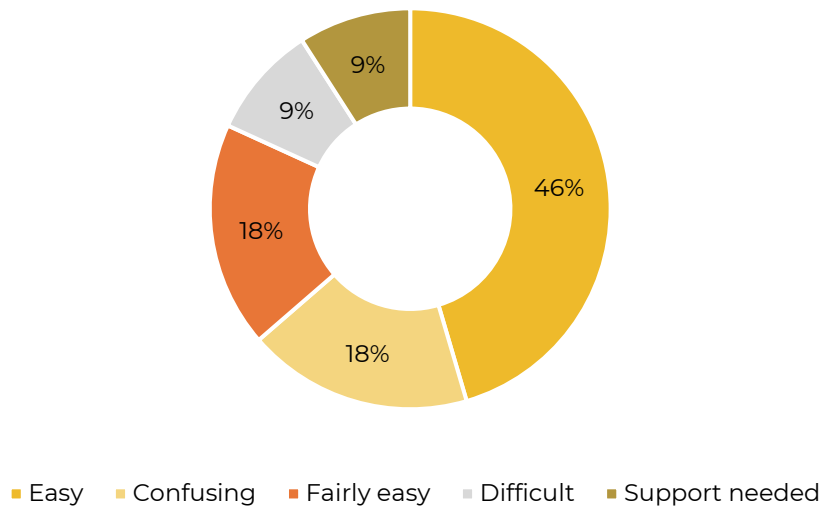
“Yes, but I wish I had it much earlier”

Despite a relatively short amount of time for service users to interact with the programme all 11 survey participants felt they had enough time to understand what the programme is and what it offers.

Perceived ease of use.

Figure 5 indicates the self-reported ease of use of the access journey, from referrer to onboarding into the GOGL programme - for all service users. 2% reported some difficulties in accessing GOGL from a service referral, 64% found the journey to be accessible.

Figure 5: User experience of access journey for GOGL (n=11)



Usability feedback was provided in relation to these experiences, including:

“Easy as you can do it whatever you want no limitation of time.”

“Slightly confusing when registering as it wasn’t clear that you didn’t need to provide your card details if you had the referral code and I ended up pressing forward too quickly by accident and being charged. I was fully refunded though”

“It was quite easy considering I’m not great with technology”

“Difficult on phone, easier on laptop”

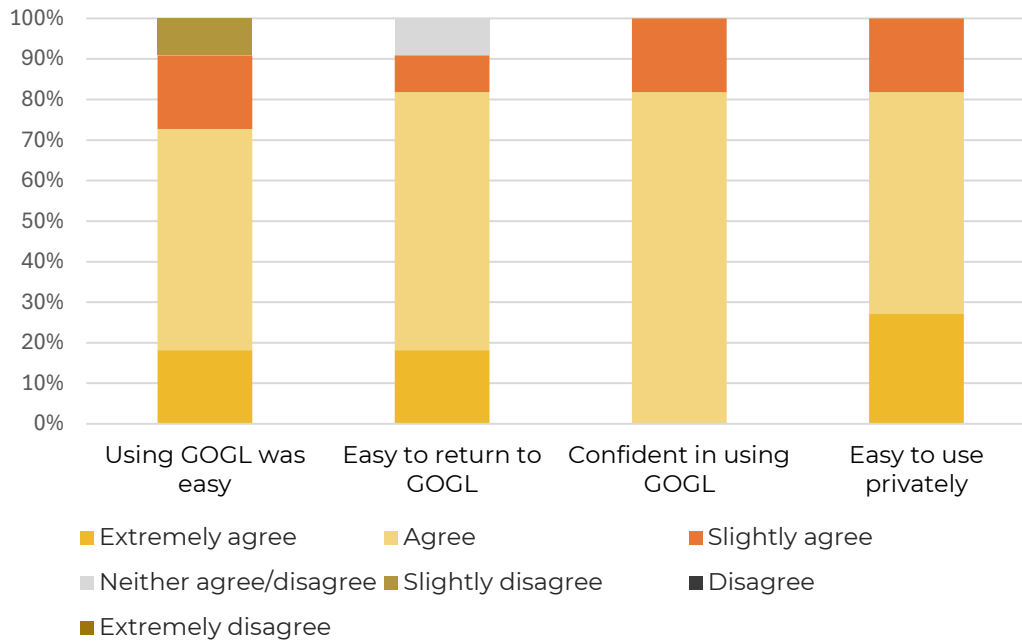
“I had a code but it wouldn’t work. I emailed for support. I was then able to register”

Participants were asked about the ease of use of the platform. Participants generally agreed that GOGL was easy to use except for 1 person who slightly disagreed. 1 person neither agreeing or disagreeing that it was easy to return to the programme. Participants felt confident in the use of the programme and found it easy to use privately.

- 91% of participants stated that GOGL was easy to use.
- 91% of participants stated that GOGL was easy to return to and navigate within.
- The 9% (N=1) who did not confirm ease of use, chose to neither agree nor disagree with this statement – offering a neutral response.
- 100% reported being confident in using GOGL.
- 100% stated that GOGL was easy to use, privately.

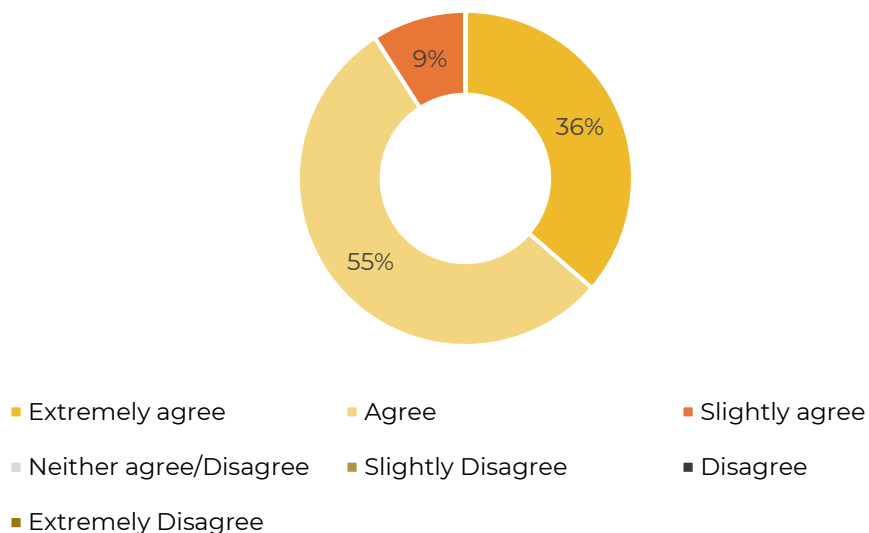
As shown below, in Figure 6:

Figure 6: Perceived ease of use of the GOGL platform (n=11).



Participants were asked to rate how easy they found the programme to use without support from a staff member (i.e. therapist, counsellor, mental health practitioner). Figure 7 shows that 100% of participants found the programme easy to use without support.

Figure 7: GOGL was fine to use without any support from a staff member (n=11)



8 participants provided further detail on their perception of the 'ease of use' of the GOGL platform. Their feedback included:

"Easy to set up."

"Easy to navigate."

"In times of distress and with some of the content being difficult to process, I find one to one support beneficial. I really missed this interaction to help understand, motivate and support me."

"I wouldn't ask for help regardless, I don't like speaking to strangers."

"Easy to use."

"The browser version is very easy to navigate, there's very little reading and I can just tap play."

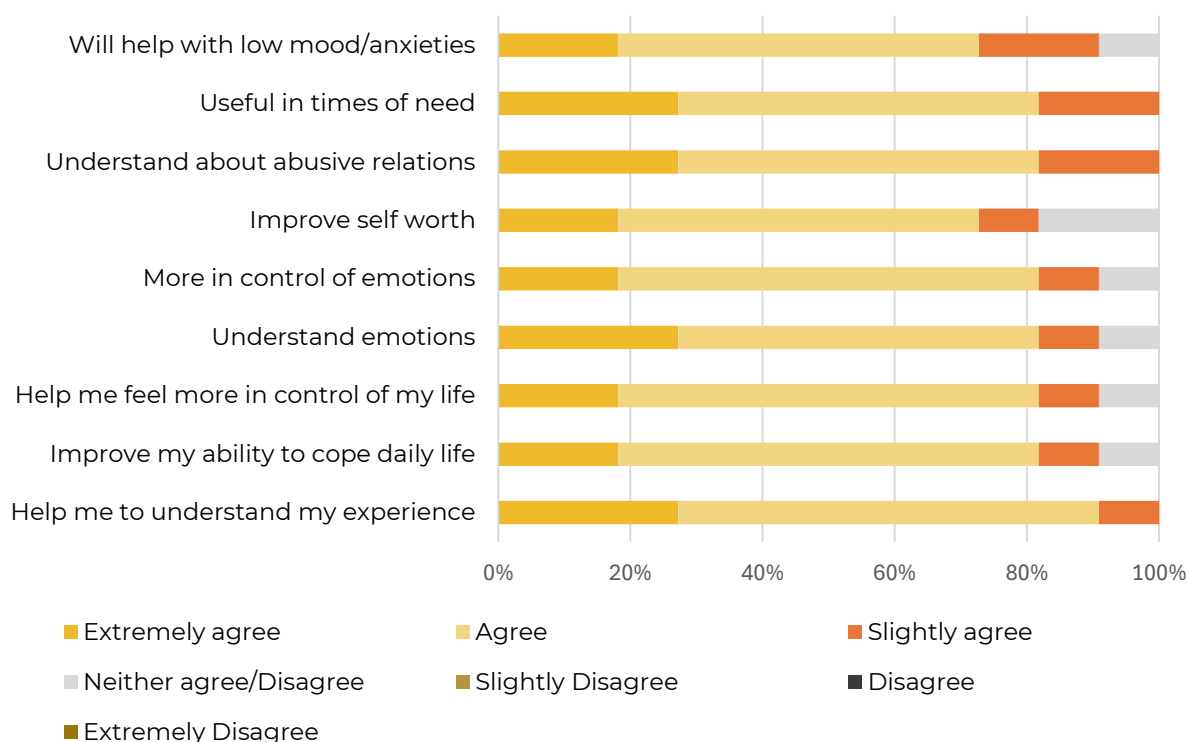
"I didn't know support was available but I'm ok with it."

"I could use it independently."

Perceived usefulness

Figure 8 indicates the self-reported levels of agreement of how the GOGL programme positively impacts on their own recovery.

Figure 8: Perceived Usefulness of GOGL over time (n=11)



Appropriateness of referral

Participants were also asked if they felt they were in the right place in their lives to use GOGL. All 11 participants responded 'yes', irrespective of their stage in the service pathway.

Accessibility of GOGL content

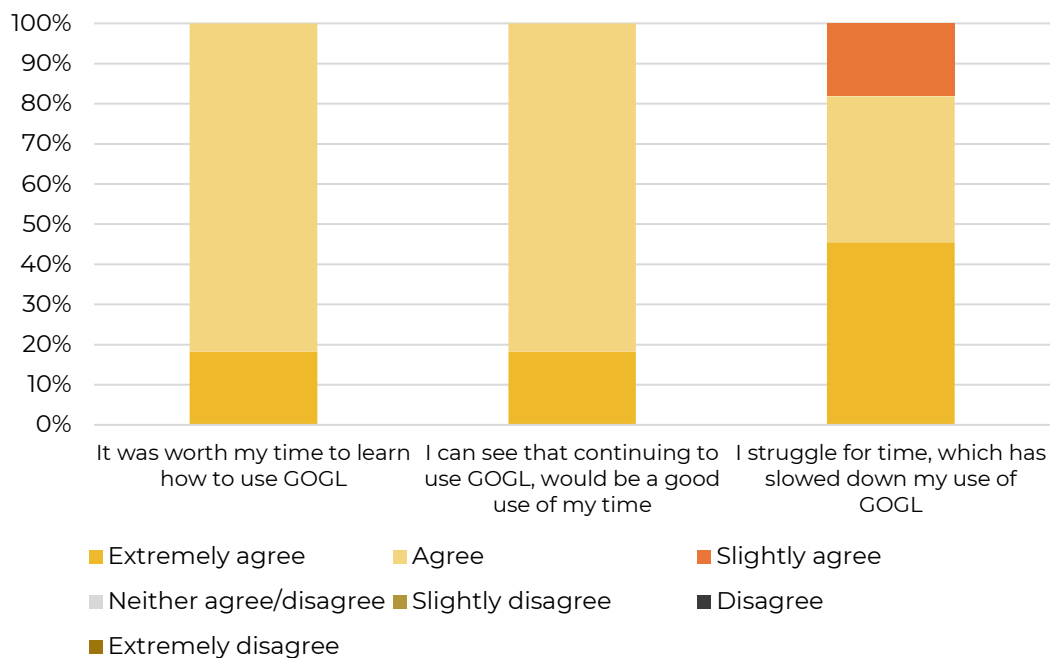
Participants were asked about their experiences engaging with the programme content. All 11 found the content easy to understand, (3 extremely agree, 8 agree).

Time Investment

Participants were asked if they felt that the time they had invested into learning and using the GOGL programme felt like a good use of their time. They were also asked whether they had struggled for time to engage with the programme.

- X
- 100% of participants identified that time available in their lives, slowed down their progress in the programme.

Figure 9: Time investment in GOGL (n=11)

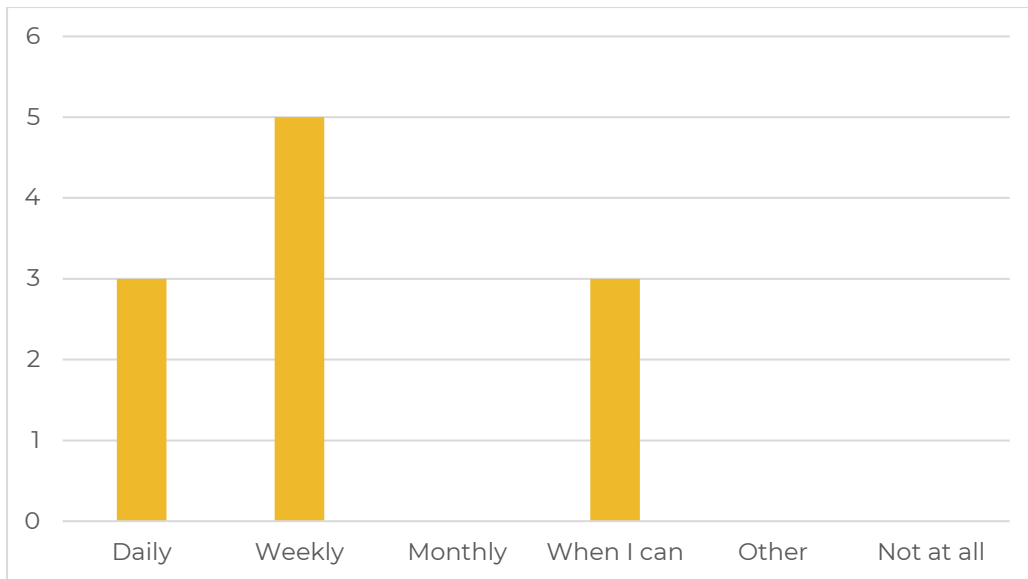


Intent to continue use of GOGL

We asked participants if they intended to continue using the GOGL programme and what level of commitment this might be. All 11 participants indicated intent to continue using the programme.

Figure 10 shows that the majority of participants plan to continue at least daily or weekly.

Figure 10: Intent to continue using the GOGL programme (n=11).



When asked to comment further on why they planned to continue using GOGL, 10 participants responded:

"I haven't completed the program [sic] yet and I plan on continuing it. I'm committed to try and help myself to heal."

"I currently use it nearly daily but finding it hard to fit into the day until late at night."

"I find the content informative and helpful."

"To form confidence and understanding."

"Supportive."

"To work with myself and with my weakness."

"Because it's helping me."

"Because I want to become a better version of myself."

"I think it will benefit me personally. I would like to see the content being offered as a professional now working in the field so I can vouch for the credibility of the programme."

"I want to get the most out of GOGL without inundating myself."

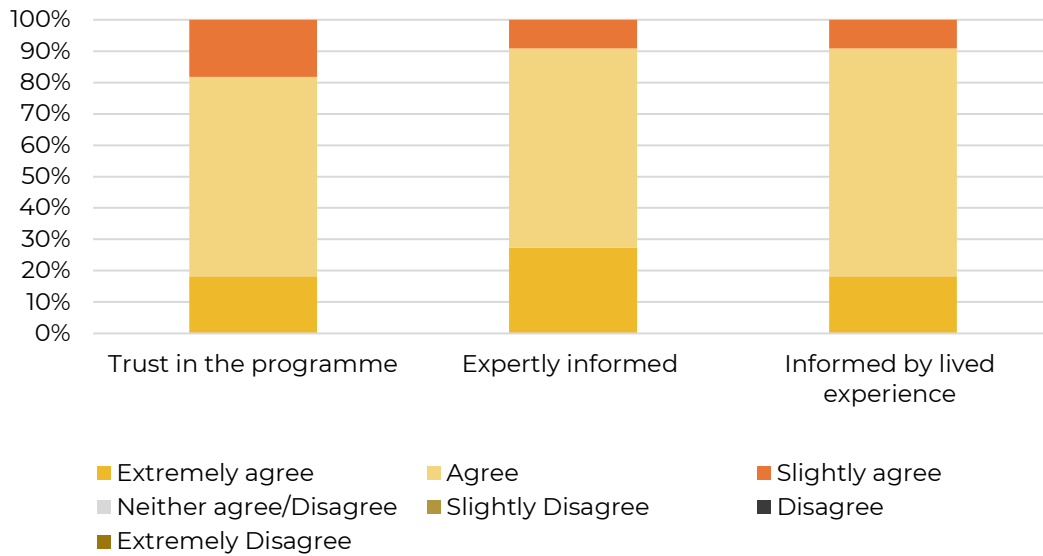
"To remind myself."

Trust in the programme

We asked participants to rate their trust in the programme, whether they felt that the programme was expertly informed and whether they felt it was informed by lived experience.

100% of participants agreed that they could trust the programme and felt it was informed by expertise and lived experience (see Figure 11).

Figure 11: Participant perceptions of trust, expertise and lived experience in the programme (n=11).

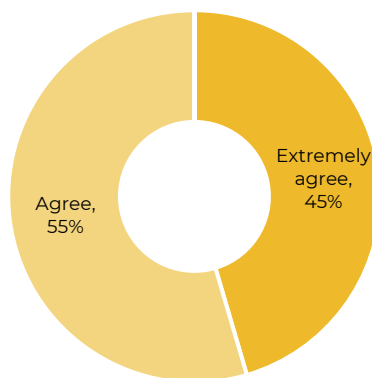


Recommendation to others

Participants were asked if they would recommend GOGL to other people who had experienced abusive relationships.

100% of participants stated they would recommend GOGL to family and/or friends.

Figure 12: Would recommend GOGL to others who have experienced abuse (n=11).



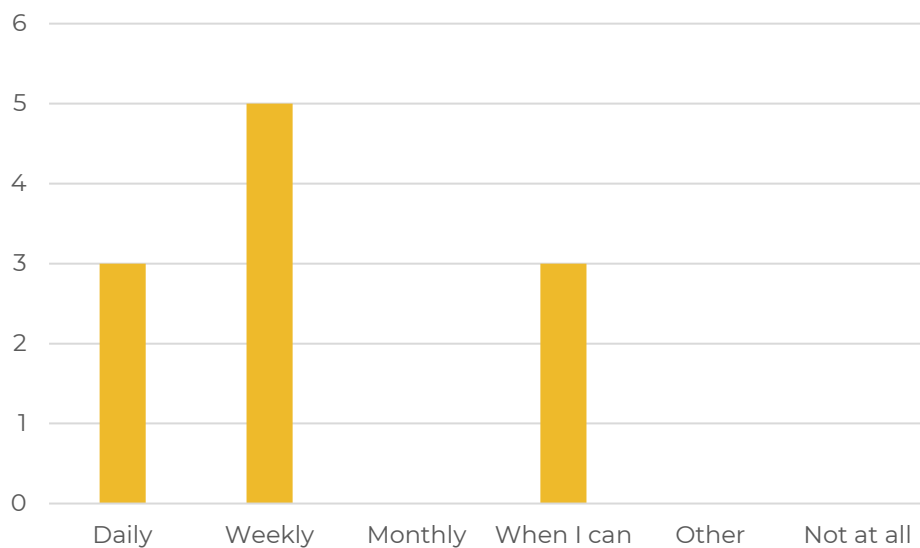
Suitability within NHS/ domestic abuse services (n=11)

As part of the measure of acceptance we also asked if participants thought that the programme should be offered through abuse services, the NHS or GP services to other people who have experienced abuse.

100% of the participants supported this suggestion.

Figure 13: Intent to continue using the GOGL programme (n=11).

All participants indicated that they intended to continue with using GOGL and indicated the frequency which they intended to use the programme.



Motivation to engage with GOGL (n= 11)

Participants were asked to what they had wanted to achieve when they initially joined the programme. This was presented as an optional qualitative question. All participants answered, presented below verbatim:

"To find peace in myself, to overcome the fear and triggers that I still live with."

"A better understanding of why I ended up in an abusive relationship and how to prevent it happening again."

"Feel more confident and less PTSD."

"Awareness."

"Feel better with myself."

"A journey towards healing."

"I want to become better emotionally and learn how to deal with the ex-husband who still taunts me and makes my life hell" [redacted]

"Increased insight as I look back over previous experiences."

"Feel better."

"I want to recover from the abuse I suffered from my ex-partner, and the attempt from a domestic abuse charity [redacted] to cover up the abuse I suffered, leading to abuse from them."

"I'm only partially through the programme, it's too soon/unfair to comment fully. It has certainly helped me to understand my experience deeper."

User experience of using the GOGL programme as part of their service pathway.

1 male participant was interviewed. A very brief summary of the themes for acceptability of the programme with supporting extracts are below:

Acceptability of GOGL in a service pathway

The participant found that GOGL was appropriate to them within their service pathway (from their GP):

"And I think that offering this through GP's is probably a better approach than through charities, I think with charities there's the risk that these could fall through the gaps"

Participant Adam - GOGL user

The participant also found the digital format particularly useful for them, as they could access it remotely:

"Being able to engage with it [GOGL] digitally made it really appealing for me because it meant that I, I didn't have to dedicate some time to go to a place, I could be at home and, and do it from there..."

Participant Adam - GOGL user

Experience of Using GOGL- perceived ease of use/ perceived usefulness

The participant's perception of the technology was that it was easy to use.

"Everything that you use on it, it, it takes you straight back to the website. So yeah, it, it did make it easy to use."

Participant Adam - GOGL user

They found the content useful as it enabled them to understand their experience through a different perspective:

"There's no, there's no undertone in there where it's like (sighs) you doing this course means that you're a weak person, whether you're male, female, or however you identify. It's just you on this journey as someone who is suffering erm and, and that it's, it's there to help."

Participant Adam - GOGL user

Experience from the referring sites

Referral Site – Acceptability

100% of site referrers supported that:

- GOGL is appropriate to offer within their service pathway.
- GOGL enhanced their service offer.
- GOGL was a useful additional offer to clients.

A selection of supporting extracts from service representatives' interviews are provided below:

GOGL as appropriate within service pathways

"Int: How do you feel that it's kind of fit with you? I mean do you feel like it's been the right place to try and refer people from, from you?"

Par :Yeah, no, 100%"

Poppy- Primary care mental health practitioner.

"to be honest with you, the only offer really for people is talking therapies or erm crisis services. That's it. So for people who are still struggling along, you might only be able to refer to inappropriate counselling...Well, it might be appropriate, but it's not really the problem (background talking) and, and so all of us think it's great and, and that's, you know, even Dougie (laughs)"

Jenny - Social prescriber.

GOGL enhanced their service offer

"Some people, they really don't want counselling, do they? They actually really don't want it, you know, and you're a bit stuck for those people.... So to have something for those people who can then go away and do that independently and, and have time, make time for themselves, be guided in some way. I think it's great"

Jenny - Social prescriber.

"I think because it did offer another level of support, a different access, that would overcome some of the barriers that we were facing with the traditional group recovery support offers, and then the lack of therapeutic support locally, free therapeutic support locally for DV"

Wendy- CEO Regional domestic abuse service provider.

"...actually it's well exploring you as an individual rather than looking for answers as such because it's about that and empowerment isn't it? Yeah, surprisingly, quite a lot of men were interested in it, which I was quite surprised about, to be honest."

Poppy- Primary care mental health practitioner.

"Yeah, I would say that that this is something that services can offer, which maybe plugs a gap erm in, in provision that people can access it at any time, at a time that's convenient for them."

Kate – DA Counsellor and Service lead

GOGL as a useful additional offer to clients

"The staff here, the other social prescribers, they've said it's a really great extra offer that we've got. Because to be honest with you, the only offer really for people is talking therapies or erm crisis services."

Jenny - Social prescriber.

"...it's a really valuable additional resource to be able to access, definitely and for some people it would work really well. It would be the difference between being able to access some support or not, you know if group isn't for certain individuals and it's not for a lot of people, and they don't want to talk in a group, they don't want to be seen in a group, but it really opens that door to accessing some specialist support in your own time."

Wendy- CEO Regional domestic abuse service provider.

"They can access it in their own home on their own and yet feel less alone, you know, by, by accessing it."

Kate- DA Counsellor and Service lead.

"... people are still like, they've gone through all the official channels of support, probably done something like pattern changing or empowerment to recovery or, you know, all the different courses. But they're still looking for something that it hasn't quite ticked yet...and I think for those that's probably- it's like, that could be really healing for them to have that at the end almost of everything else"

Abbie- CEO Domestic Abuse Refuge.

"She was on the waiting list and was messaging me to say, "How much- I really need the help. How much longer is it going to be?"...And, and so I had erm she'd already had the, erm text about the GOGL programme.. there was that little prompt of, you know I've, I've sent you this before. I'm just wondering if you looked at it and she said, "Actually I have, you know I have downloaded it...What I've done so far seems very helpful. The thing that's been helpful is to know that what I'm going through and how I'm thinking erm is the same as other people and I'm not on my own with what I'm going through, I'm not alone or mad." So I think that, you know, I, I really smiled when I read that because I know how valuable that is for our clients."

Kate- DA Counsellor and Service lead.

"I shared it with one of my clients and she got on really well with it and erm there was a real change as well that, you know, from the very first time I saw her, we had a couple of sessions, but I don't think it was that. I think it was actually doing GOGL. And she just, there, there was just like, this really big shift in her. And I thought, oh, that's great."

Jenny - Social prescriber.

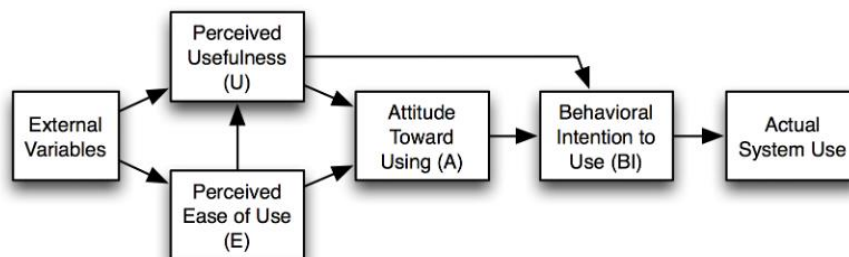
Discussion/ Conclusion

This service evaluation, embedded at various points in the domestic abuse support pathway, set out to:

- Understand whether the GOGL programme is acceptable to service users in DA pathways (charity providers, primary care services).

The results suggest that the GOGL programme is considered acceptable, usable and to have perceived added value as a component of various domestic abuse pathways.

The acceptability of the programme was assessed using the Technology Acceptance Model, as shown below:



In predicting the actual use of the programme, in service pathways, we will explore the data through the lens of this model.

External Variables

The assessment explored and revealed variance in service user referral route, stage in support pathways, levels of support received, sociodemographic factors and personal life circumstance. Despite observed diversities, all participants considered the referral to the programme as appropriate at their current stage in the service pathway. This is an interesting observation, considering the participants indicating diverse stages in respect of service support and journeys. 37% were currently receiving some form of service support, 27% were between services and 27% had not yet received any other support.

This was supported further by 100% of all delivery site representatives indicating their perceived appropriateness, added value to service and benefit to clients – of the GOGL programme.

In summary, external variables common to service user journeys or site difference, did not seem to negatively impact on the perceived acceptability of GOGL within services.

Perceived Ease of Use (E)

Responding participants were able to represent experiences across the three primary referring site types (domestic abuse services, primary care and refuges). The results showed that 100% of service users feeling confident in using the programme and 91% suggesting that it was easy to use. All participants stated that the programme was usable without support. In short, usability of the programme was not identified as a barrier to acceptability.

There were identified challenges with onboarding that reflect both individual site differences and digital user journey steps, that will require redesign. These results we would consider valid for a sample size of 11, in the context of industry standards considering 5-8 participants to be adequate in assessing for usability issues (<https://www.nngroup.com/articles/usability-testing-101/>). Further research may seek to explore more specific usability methods, specifically in the onboarding journey from referrer to programme entry, where some users indicated issues.

Overall, the data create confidence in Ease of use being adequate to support acceptability of the technology.

Perceived Usefulness (U).

100% of participants reported that they found the programme to be helpful to them. More specifically, participants showed very high levels of agreement, that the programme was helpful across a wide range of personal needs including:

- Improving self-worth (82%).
- Low mood and anxiety (91%)
- Understanding about abusive relationships (100%)
- Understanding own emotions (91%)
- Developing personal control in life (91%)
- Improving ability to cope daily (91%)
- Understanding their own experiences (100%)
- Useful in times of need (100%)

All participants agreed that they trusted the programme and recognised its development with the inclusion of expertise and lived experience. They all stated that they would recommend GOGL to others. With trust being a significant theme, or the lack of it, in domestic abuse survivors, these findings are highly reassuring.

These responses suggest the appropriateness and acceptability of the programme within support services. All participants confirmed that the content of the programme was understandable (accessible).

In summary, the data reveal very high levels of agreement on the usefulness and perceived added value of the programme, indicating that perceived usefulness requirements are met as a component of the technology acceptance model.

Behavioural Intention to Use (BI)

The motivation of all service users to continue with a programme was evidenced by both their stated intent to continue with the programme and also their indicated frequencies, with most indicating a weekly or daily intent to engage. These statements were supported by detailed qualitative statements, revealing the drivers for engagement – most referring to perceived benefits and outcomes already experienced.

In respect of models of motivation, service users responded in ways that indicated maintained action rather than states of planning and /or contemplation.

These data support confidence that a behavioural intention to act has manifested in the service users.

Conclusion

All components of the technology acceptance Model (TAM) are evidenced within this service evaluation, indicating high levels of user acceptance of the GOGL programme within the service pathways they are travelling.

Limitations

Whilst the number of service users referred to GOGL did reach the project sample size, the number of responding participants to provide survey feedback (n=11) is limited in respect to the total number of participants who entered the service, as a part of this evaluation (n=68). This reflected a combination of factors including; a longer than expected onboarding period for participating sites and the duration of participant engagement in the service required, before feedback was appropriate to request. Whilst this report represents the data achieved at a 6-month timeline, there is an intention to repeat the survey research in 3 months to achieve data from the wider participant pool. Learning for future research is helpful, in showing that multi-site setup and participant engagement requires 2-4 months, and so challenging to fit within a 6-month project span.

One of the challenges of recruitment, we learned in site debrief interviews, was the need for implementation support with some teams. Smaller charities articulated some resistance from staff to refer to a potential therapy without a full understanding of its value and content. There was general feedback that this type of support might be in the form of training or workshops for advisors and therapists, to equip them with an


understanding of the programme and their role alongside it – or where it might fit amongst their existing offer. We have since come to learn that this may be the need of smaller charities, as this was not observed in our large-scale charity partner or with other large-scale partners we are working with outside of this research – where they often undertake their own stakeholder evaluation or review our evidence alongside piloting the programme amongst delivery staff.

The need for this project to be a service evaluation, with no clinical ethics, put significant restrictions on our journey for service users, in terms of recruitment into the evaluation. Whilst we could offer GOGL as a component of the existing pathways, we were unable to create a consenting and sign-up process as a part of that journey due to the shift from service evaluation to research with this step. This made the evaluation optional and difficult to attract users to complete, which is understandable given their current situations. Future research, with clinical ethics, would support a participant journey that better houses the project delivery within data collection expectations for service users.

Future Research

The programme now has preliminary acceptance data from this study alongside user experience and impact data from the earlier Innovate UK research project (2023). This study indicates the need for lengthier lead-in times with delivery sites along with a more developed implementation pack to support some sites (particularly charities). A longer study would benefit the sector by exploring the long-term impact of the programme and a more detailed accessibility evaluation across diverse user groups.

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