Big Life Group Research & Evaluation Annual Report: 2024-2025

Introduction

Each year, since 2021, we have reaffirmed our commitment to being a research-informed organisation. In this Research and Evaluation report, the fourth such publication of its type, we reflect on a period marked by innovation, collaboration and our steadfast pursuit of evidence-based practice. Placing research at the heart of our activities, is not only a response to evolving demands for accountability and impact assessment, but a core value that shapes our services, partnerships and the organisation. Further, research and evaluation will remain central to our new business plan, which is in the process of production.

Research and evaluation

We will focus on research and evaluations to test and pilot new approaches aligned to our areas of expertise. We will build an evidence base for our innovations, our MMP and whole life approaches. We will continue to publish our findings and gather data and intelligence on the effectiveness of all our services and any pilots we are involved in.

Operating in an environment where social, environmental, economic and political challenges are increasingly complex, having a robust research and rigorous evaluation strategy are essential for understanding what works, for whom, and under what circumstances. This continued commitment to being a research-informed organisation has provided the impetus for development of new frameworks for evaluation, for example, our newly constructed, organisation-wide, trauma-informed audit tool, while also fostering cross-sector collaborations – most notably with a variety of universities from the UK and overseas, as well as continuing to embed a culture of research and evaluation across all levels of the organisation. Furthermore, our research and evaluation activities provide a solid foundation and springboard for key innovation projects; critical for our future survival and most importantly, ensuring that we continue to provide the very best support for the people we work with through bringing new services to the fore, while widening access and choice.

This report focuses on the key work streams and activities undertaken in the field of research and evaluation for the period 1 April 2024 - 31 March 2025.

Research Strategy Group

Throughout the year, the Research Strategy Group (RSG), chaired by the Director of Research and Mental Health, has continued to provide rigorous oversight for all research and evaluation activities across The Big Life group. Meeting quarterly and drawing on representation from key areas across the organisation, the RSG ensures that our research agenda remains both ambitious and aligned with our strategic objectives.

The RSG's work is guided by three core aims:

- Embedding both practice-based evidence and evidence-based practice throughout our services, ensuring that research directly informs, our service delivery offer
- Demonstrating the real-world impact of our services and showcasing how Big Life and the Big Life Way can drive innovation and improvement across public services
- Fostering and sustaining a robust culture of research and evaluation across the entire group

This year, we made substantial progress on all these fronts. Notably, our efforts to strengthen a culture of research and evaluation have gained momentum. This is reflected in the continued success of our Research, Learning and Development (RLD) webinar series which has a dual purpose of not only supporting the embedding of an organisational research culture but also meets the objective of becoming a learning organisation. Similarly, the publication of influential and original research, such as our eTherapy paper, has pragmatically demonstrated how the Big Life Way has the power to directly influence service provision at scale. Collectively, these developments exemplify our commitment to learning, innovation, and the highest standards of evidence-informed practice.

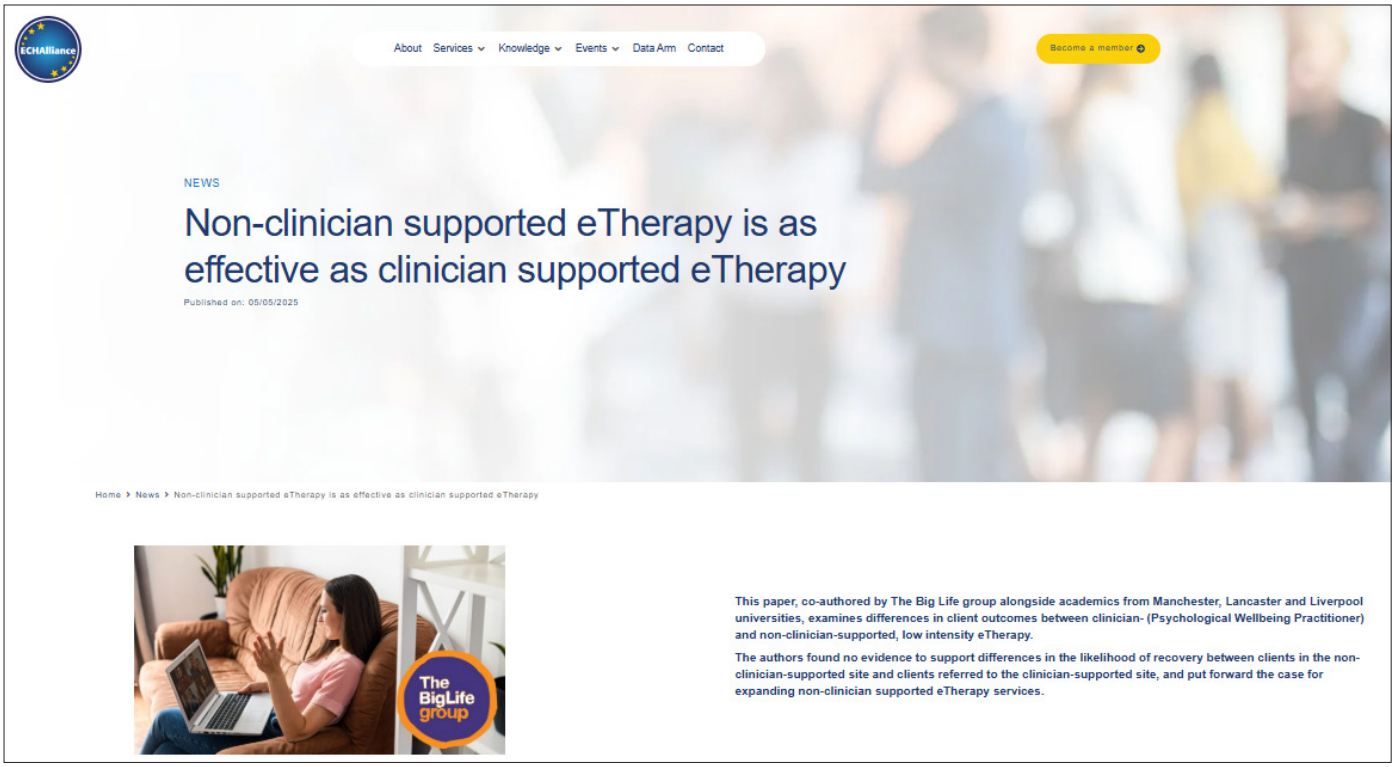
Key achievements this year

Published research and reports

The stand-out research output this year was, without question, the publication of our pioneering paper examining clinician-supported versus non-clinician supported eTherapy for anxiety and depression; standing as a testament to both our tenacity and our commitment to innovation in mental health service delivery. The journey to publication though, was most certainly not without its challenges; navigating the complexities of real-world service evaluation and securing robust peer reviewed required sustained effort and resilience from the research team concerned.

However, the resulting paper, co-authored with academic partners from Manchester, Liverpool and Lancaster, is without doubt, highly influential. It found no significant difference in recovery outcomes between clients supported by clinicians and those supported by non-clinicians, such as peer support workers. This evidence not only validates our peer support model that has been key to our history and developed over a 30-year timeframe but also has far-reaching ramifications for the future mental health workforce as well as eTherapy service delivery. By demonstrating that non-clinician supported eTherapy is as effective as traditional clinician-supported digital therapy, the paper makes a compelling case for expanding the role of peer supporters and diversifying the workforce in digital mental health services – offering a scalable, cost-effective solution that can widen access and address workforce shortages.

The paper itself was showcased recently by the European Connected Health Alliance (ECHA), of which Big Life is a member, in its digital magazine and website:

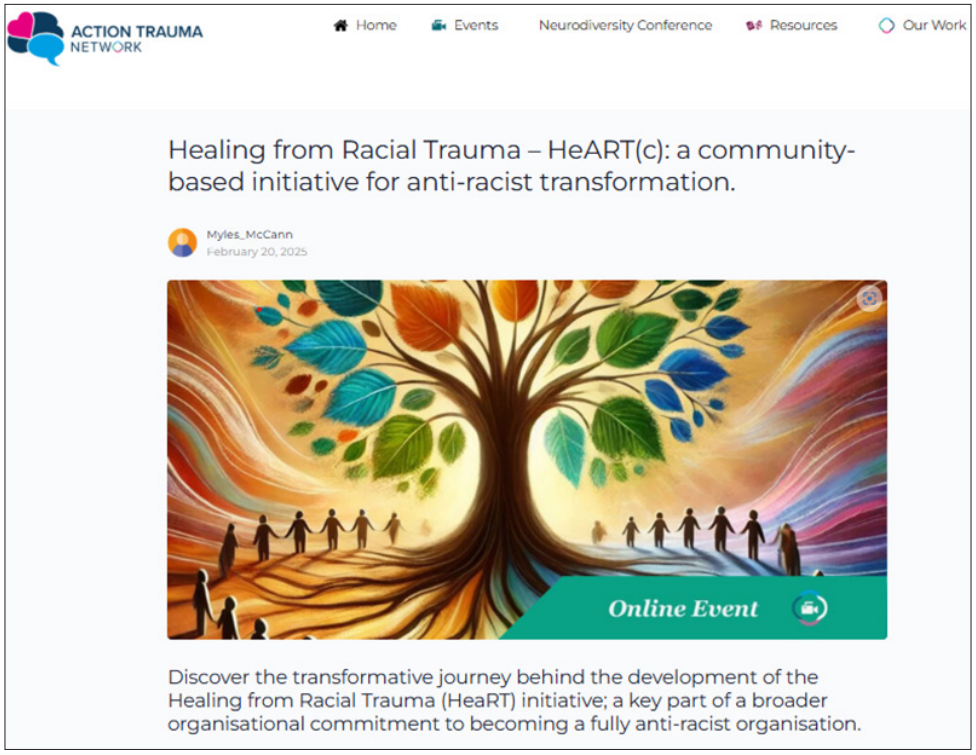


Furthermore, this year, a second external evaluation report on our Multi-Modality Practitioner (MMP) approach was produced, providing a comprehensive analysis of its impact on practitioners and clients.

In addition to the above, a report was also produced on our Violence Reduction Unit (VRU) initiative. This involved Big Life being commissioned to undertake a community consultation with people who had experienced youth violence in Greater Manchester. The aim of the research project was to gather feedback from experts by experience in local communities to ensure that future approaches to violence reduction are informed and shaped to reflect the broad and diverse range of opinions among young people, their families and the wider communities across Manchester. The insights gathered informed the ongoing work of the VRU, particularly the Another Chance Programme.

Healing from Racism Racial Trauma (HeaRRT)

Keen-eyed readers will note that an additional 'R' has been added this year (in April) to the title of our trail blazing HeaRRT initiative, in order to acknowledge that some people that we work with may not realise that they have been living with racial trauma but know that they have instead been the subject of racism. Aside from this development, this year we fully piloted a 12-week HeaRRT programme for individuals from the African-Caribbean community, collecting qualitative feedback at the end of the group as well as taking routine service evaluation measures, pre and post intervention. The programme's steering group continued to meet throughout the year, a presentation was delivered for Action Trauma network, and a new manuscript is nearing completion on the HeaRRT concept itself. Importantly, this project has seen us linking in with international experts in the field of racial trauma and African American psychology from the universities of Connecticut, Berkeley and Virginia Commonwealth; ensuring that our work is grounded in best practice and embraces eminent research findings.



Research webpages

This year, we overhauled the research pages of our website to better reflect and profile our work in this space. It is now much easier to locate key organisational research outputs. Similarly, the process for external researchers to express interest in collaborating with us has been streamlined. Over the course of the year 22 such requests were made through this specific route, with researchers stating that they had heard about the Big Life group's research interest most commonly via online searches (8 people) or through a recommendation (7 people).

When asked via our online form to identify what objectives within Big Life's 2020-25 Business Plan they felt their research would contribute to, the most commonly given answers were: 'ensure that all our services are informed by research and evaluation' (14), 'work with more people to support them in all areas of their life' (12) and 'have services shaped by service users' (11).

Big Life business plan research

A key piece of work for the research team in the last year has been to undertake wide-ranging analysis of both the external and internal landscapes, as Big Life creates its new five-year business plan for 2025 to 2030. This has involved identifying and analysing quantitative and qualitative information for a number of key sectors in which Big Life operates, as well as broader topics such as the impact that political, environmental and technological factors may have on Big Life in the coming years. This work has directly informed the strategic direction taken by the group in its new business plan.

Building Internal Research Expertise and Capacity

In part due to the small size of our Research Team, it remains important to continue to build organisational internal research expertise and capacity by harnessing and nurturing the skills and interest of staff whose job descriptions are not primarily focused on research, nevertheless, have an important contribution to make. To support this, a comprehensive staff research and evaluation staff skills audit was finalised this year and is now in the process of being integrated in a meaningful and pragmatic way at relevant junctures of staff-organisational touchpoints.

This year, we made links with, and are now members of, the Mental Health Social Care Incubator – an initiative supported by the National Institute for Health and Care Research (NIHR), which aims to support research capacity building. It is anticipated that our active involvement will give rise to helpful networking and collaboration opportunities in the field.

Continuing building our internal research expertise, the Research and Mental Health Director is routinely approached by journals to complete peer review activities as well as being invited to guest edit several publications. Further, our links with publishers has continued and developed. Such activities all contribute towards elevating the organisation's research profile and credibility.

Key research priorities for the group over the coming years have been decided as depicted below, based on the following criteria:

1. Will the research positively impact funding/contract renewal etc.?
2. Will the research demonstrate the Big Life Way?
3. Are others better placed to do /already doing the research?
4. Does the research align with our business plan for 2025-2030?

Research area	Why the research is needed
HeaRRT concept	To document the HeaRRT approach and its importance. To detail the background, formation and future implications of the initiative and why racial trauma needs to be considered more widely in UK health and social care services.
HeaRRT – reporting on outcomes (acceptability and effectiveness)	To demonstrate effectiveness and learning from HeaRRT to assist with eventual mainstreaming of the approach.
SWEMWBS Public health Concept Paper	To demonstrate the utility and effectiveness of our coaching/social prescribing services in treating individuals with common mental health problems.
Assertive outreach model	To demonstrate the impact of delivering this service in the Big Life Way.
The Big Life group's Trauma-informed organisational audit	To document progress on the journey towards becoming a trauma-informed organisation
The Big Life group's research journey to date	To demonstrate our pioneering approach to becoming a research-informed organisation.
Experts by Experience (EbE)	To demonstrate how our EbE programme has influenced and made a material impact on the way that statutory agencies undertake their work.
MMP Paper 2	To demonstrate the impact of the MMP approach on clients and practitioners.
MMP Paper 3	To demonstrate the impact of the MMP approach on clients and practitioners.
MMP Paper 4	To demonstrate the acceptability of the approach in clients and practitioners via a case study.

The identified research priorities above are, as stated in previous Research and Evaluation Annual Reports, flexible and may evolve in response to new areas of interest and the ongoing need to demonstrate effectiveness. Nevertheless, they serve as a useful and indicative guide for our continued efforts in this space.

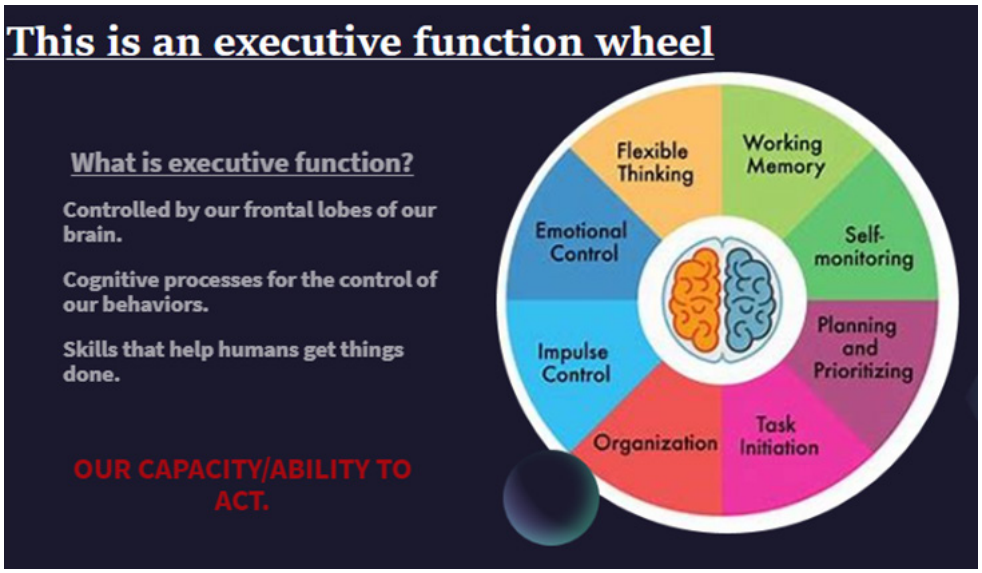
Research, Learning and Development (RLD) webinars

This year, our highly regarded, monthly, CPD-certified RLD webinar series continued to thrive, featuring an exceptional lineup of speakers from around the world and attracting approaching 300 participant attendances. These experts delivered engaging, interactive presentations covering a diverse and expansive array of topics, including:

Date of webinar	Topic	Number attended live
April 2024	Dr Victoria Foster and Dr Jacob Odobai - Adaptative capacity theory, **Edge Hill University**	17
May 2024	Dr Antoinette Davey, ACORN II perinatal mental health **University of Exeter**	22
June 2024	Dr Rehman Abdulrehman – Anti-Racism **University of Manitoba**	38
July 2024	Ellie Atkins, **Manchester City Council**: Entrenched rough sleepers and executive function	22
August 2024	Dr Ben Johnson, BPD, self-harm & suicidality **Fairleigh Dickinson University, New Jersey, USA**	40
October 2024	Dr Jo Ann Puddephat and Dr Laura Goodwin, **Edge Hill University and Lancaster University** – BAME and mental health and addictions	34
November 2024	Dr Nathan Hodson: weight gain and skeletal muscle, **Manchester Metropolitan University**	11
December 2024	Sarah Guthrie – **Edinburgh Napier University** Benevolent and adverse experiences in PTSD and CPTSD	33
January 2025	Self-management technique in a dysphoric UK population, Jess Steele and Kirsty Atha - **Royal Holloway, University of London**	15
February 2025	Aleena Akthar, **Pennine Care NHS Trust** - The Care Responders research project	9
March 2025	Rachel Worthington – Autism and Trauma, **Manchester Metropolitan University**	36

This year, the following service and organisational developments arose as a direct result of the RLD webinar programme and our links with researchers and academics, thus bridging the gap between research and practice:

- Staff have been trained in the ACORN ii group, perinatal group approach and are actively delivering this service as part of our perinatal mental health offer.
- Staff were provided with a copy of the Executive Functioning Wheel for use with clients:



- Staff were encouraged to consider Borderline Personality Disorder when assessing clients and to be aware of 1 in 10 completion of suicide figure in this client group.
- Poster and infographic from findings of BAME and mental health research project disseminated among staff:

- Staff (particularly those working in social prescribing service) encouraged to share with clients their knowledge of the importance of maintaining healthy protein levels during weight loss:

Overall Summary

Manchester Metropolitan University

- Weight regain is common following caloric restriction-based diets with many regaining >80% lost weight in 5 years
- Lost fat-free/lean mass could be a major contributor to this due to changes in BMR & insulin sensitivity
- Yo-yo dieting may exacerbate the problem due to restorations of fat, but not lean, mass
- Increasing protein intake and/or completing regular exercise, both cardio- & weight-based, seems to preserve (or even increase) lean mass during caloric restriction
- Semaglutide causes rapid and pronounced weight loss, however, lean mass loss and risk of weight regain seems to be similar to more conventional diets

- Awareness of Benevolent Childhood Experiences (BCEs) raised among staff and BCEs questionnaire (Narayan et al, 2015) distributed. Furthermore, BCEs have been incorporated into the group's Trauma-informed, organisational audit tool.

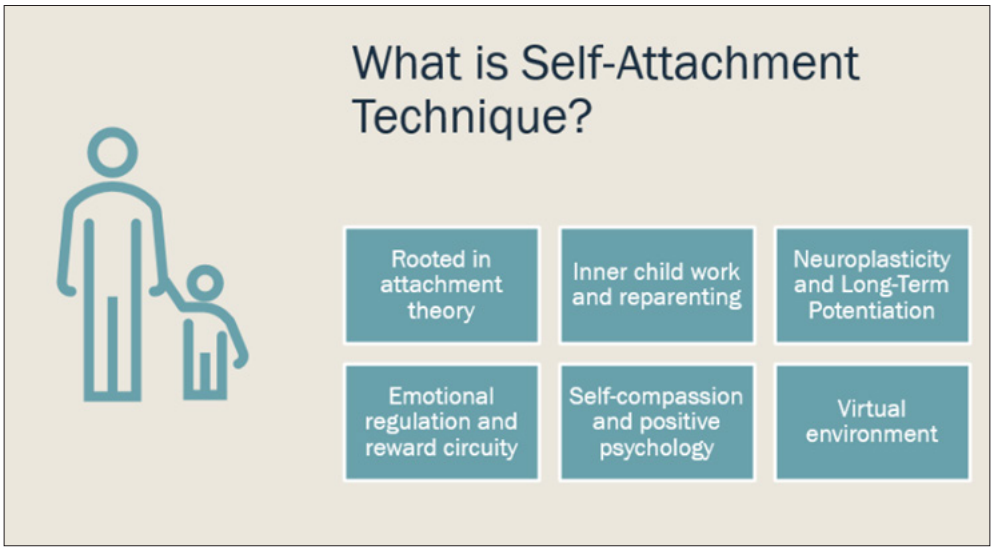
Benevolent Childhood Experiences (BCEs) Scale

© Narayan, Rivera, Ghosh Ippen, & Lieberman, 2015

When you were growing up, during your first 18 years of life:

1. Did you have at least one caregiver with whom you felt safe?	YES NO
2. Did you have at least one good friend?	YES NO
3. Did you have beliefs that gave you comfort?	YES NO
4. Did you like school?	YES NO
5. Did you have at least one teacher who cared about you?	YES NO
6. Did you have good neighbors?	YES NO
7. Was there an adult (not a parent/caregiver or the person from #1) who could provide you with support or advice?	YES NO
8. Did you have opportunities to have a good time?	YES NO
9. Did you like yourself or feel comfortable with yourself?	YES NO
10. Did you have a predictable home routine, like regular meals and a regular bedtime?	YES NO

- Big Life clients offered opportunity to participate in an online trial of a virtual, avatar facilitated, Self-Attachment Technique:



Supporting and collaborating with external research groups:

As a third sector organisation, collaborating with, and supporting, a diverse range of external researchers is vital to our mission and impact. These partnerships bring fresh insight to our work, while our input ensures that research is grounded in real-world issues so that it delivers tangible benefits to the people we work with and the communities that we serve. By working with external researchers, we gain access to new evidence, innovative approaches, and specialist expertise that can inform and improve our services and enhance our credibility. Such collaborations also aid the sharing and translation of knowledge, making research findings more accessible and relevant to practitioners and the people that we work with alike. Moreover, these relationships foster mutual learning, drive innovation and create opportunities for co-designed projects; ultimately strengthening our ability to drive positive change.

This year, we were approached, supported and continued to collaborate with a range of external researchers and research projects.

New external research requests received and supported this year:

1. Dr Nathan Hodson, Manchester Metropolitan University,
2. Aleena Akhtar, Pennine Care NHS Foundation Trust, The Care Responders Project.
3. Alexandra Guy, Fairer Health for All Fellow, Greater Manchester Integrated Care Partnership: Socioeconomic barriers to health
4. Harriet Bloomfield – Manchester Metropolitan University, Greater Manchester Alcohol Behaviour Change project
5. Dr Jacob Obadai, University of Liverpool – Pathways between the cost-of-living crisis, health and wellbeing outcomes: third sector organisations and their clients
6. Jessica Steele, Royal Holloway – A pilot study to evaluate the efficacy of the Self-Attachment Technique in a dysphoric UK population
7. Natalie Parry-Vaughan, City University, London – the experiences of over 65s in accessing talking therapy via video
8. Nicole Warriner, GMMH- The Soteria project
9. Hannah Venables, Synexus – clinical trials

Ongoing research requests, continuing or completed from previous years:

1. Exploring the effectiveness and acceptability of the Canopie perinatal mental health app. Canopie and the Big Life group (in progress)
2. Genetic links to anxiety and depression (the GLAD study) - improving understanding of anxiety and depression to develop more effective treatments. NIHR (in progress)
3. EQUITy trial – enhancing the quality of psychological interventions delivered by telephone. University of Manchester (in progress)
4. Mental Health Implementation Network (MHIN) - implementation of a high-level alcohol assertive outreach team (AAOT) as part of the MHIN. NIHR
5. Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery). Merseyside Police (completed)
6. Feasibility study evaluating the use of patient-led scheduling for Step 2 NHS Talking Therapies services. University of Manchester (in progress)

7. ACORN II trial – Exploring effectiveness and acceptability of a brief intervention for reducing maternal anxiety during pregnancy. University of Exeter (in progress)
8. PCMIS: Evaluating the effectiveness of outcome feedback in NHS Talking Therapies. PCMIS & University of Sheffield (in progress)

Future:

Next year, we will endeavour to continue work towards publishing papers on several key areas of activity including our public health services, trauma-informed organisational journey, HeaRRT and MMP approaches. Furthermore, we will work with partner agencies to profile the role of the third sector in research and to demonstrate its contribution to developing innovative, evidence-based approaches. We will also continue to build internal research expertise by developing a team of Big Life research ambassadors, while furthering our external research profile through securing an award, joining an Editorial board of an academic journal and participating in external research networking opportunities. Finally, we intend to refresh our Research Policy by integrating the principles of trauma-informed research.

Conclusion

This year we continued to profile our trailblazing work in notable key areas through undertaking and publishing our research and evaluation activities - facilitated by the foundational work carried out in previous years whereby key organisational research policies and processes were established, while also continuing to attract acknowledgement and recognition for our efforts in research as a third sector organisation.