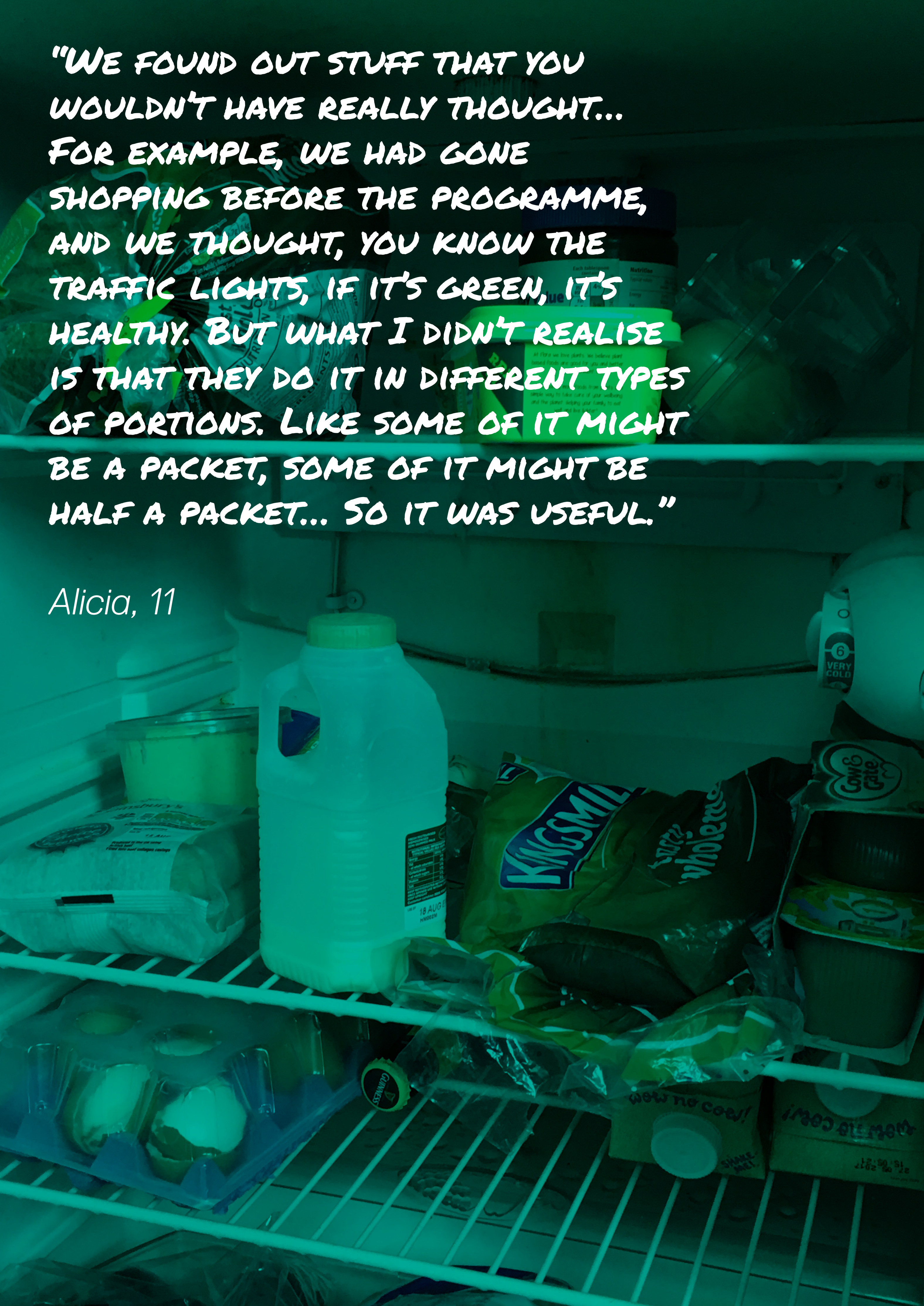
Qualitative insights into user experiences of tier 2 and tier 3 weight management services

What is the user experience and journeys of children, families and adults using weight management services that are currently commissioned in England and how does their experience align with the conceptions of service providers?

October 2016



"We found out stuff that you wouldn't have really thought... For example, we had gone shopping before the programme, and we thought, you know the traffic lights, if it's green, it's healthy. But what I didn't realise is that they do it in different types of portions. Like some of it might be a packet, some of it might be half a packet... So it was useful."

Alicia, 11

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1. Executive summary

Background

England is facing an obesity epidemic; by the time children enter primary school, 1 in 5 are already overweight or obese, and by the time they leave school, that figure increases to 1 in 3.[1] More tha 60% of adults were overweight or obese in 2013.[2] There is a need to ensure that services aiming to support individuals to achieve and maintain a healthier weight are based on the best available evidence of what works.

Broad guidance about what works in weight management services for children and adults is available from NICE. However, to guide the commissioning, design and delivery of services that are not only effective, but also user-centered, evidence that is grounded in the real experience of service users is needed.

Objectives

This qualitative study has been conducted by Innovation Unit, and commissioned by Public Health England in line with their strategic priorities for 2015-2016.[3] The aim was to determine what works in tier 2 and tier 3 weight management services for children, families and adults, from the perspective of service users.

The primary research question was:
"What is the user experience and journeys of children, families and adults using weight management services that are currently commissioned in England and how does their experience align with the conceptions of service providers?"

Methods

Stakeholders engagement

This study started with a stakeholders workshop that brought together 20 commissioners and providers of tier 2 and tier 3 weight management services from around the country. The aim was to gain a better understanding of what currently works well from their perspective, as well as what challenges might get in the way of commissioning and implementing effective services.

To complement these insights, 6 semi-structured interviews with providers and commissioners of tier 2 and tier 3 weight management services were conducted. These interviews generated system-level insights as well as local insights into the provision, delivery and quality of tier 2 and tier 3 weight management services.

User research

The study engaged a total of 30 service users, through co-design workshops and ethnographic research.

Two co-design workshops with a total of 14 participants were used to generate ideas for how weight management services can be improved based on their own experiences of the service.

1. Public Health England,2015, Child Obesity Slide Set: http://www.noo.org.uk/slide_sets

2. Hscic.gov.uk, (2015) Find data - Health & Social Care Information Centre. [online; available at: http://www.hscic.gov.uk/catalogue/PUB16077; accessed 9 Dec. 2015].

3. Jane Ellison (2015) Public health England strategic remit & priorities [online; available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417629/Public_Health_England__Remit__Priorities_Letter__2015-16_Final__2_.pdf; accessed 29 Feb. 2016]

In addition, 11 ethnographic interviews with a total of 14 service users of tier 2 and tier 3 weight management services were conducted. These were half a day long and took place in people’s homes. The aim of these ethnographic interviews was to understand the wider factors in their life that may create enablers or barriers to successful engagement with a weight management services. Participants in the ethnographic interviews included: 8 adults, including one couple, and 6 children, across 4 families.

Analysis

The data analysis was conducted using a grounded theory framework. The insights presented in this report are grounded in the different data collection methods that were used, namely workshops and interviews with both stakeholders and service users.

The research began with the raising of generative questions that help to guide the research.
As we begin to gather data, core theoretical concepts were be identified. Tentative linkages between the theoretical core concepts and the data were developed through coding, memoing, and integrative diagrams and sessions to pull all of the detail together, to help make sense of the data with respect to the emerging theory.

Commissioners and providers were involved in this process, through a final stakeholders workshop. The aim of this workshop was to present data from the user research and to generate collective themes and principles for how weight management services can be delivered more effectively.

Key findings

This study highlighted that the following factors are key to the success of weight management services, for both adults and children, tier 2 and tier 3. A detailed write-up of the findings for each tier and each age group can be found in the Results section of this report.

An extended family approach

The role of family is well understood by weight management services for children, and most programmes involve parents. However, weight management services need to look beyond the immediate family, and investigate, with the child, who within their social network, has the most significant influence on their choices.

When it comes to adults, however, users are almost exclusively approached as individuals. Significant relationships that might have an impact on their emotional wellbeing, food intake or level of physical activity, are rarely included.

Working with service users to positively navigate their relationships so that they work in favour, rather than against of their effort to achieve a healthy weight is key.

Empathy and in-depth emotional support

Facilitators that were relatable, empathic and non-judgmental had an overwhelmingly positive impact on people’s experiences. Where these qualities were missing, service users sometimes felt sceptical, patronised, or felt that their individual needs were not taken into account. Most importantly, people valued services that recognised the emotional aspect of weight management. Having the opportunity to be

listened to and to be supported through genuine conversations made a real difference to people's engagement and sense of achievement during the weight management service.

Recognising that weight, body image, and eating are often emotionally-charged issues for service users, and supporting them to understand and navigate their own emotions it is key to designing successful weight management services.

Clarity of purpose

The methods of delivery of weight management services vary greatly from one provider to the other, and from one area to the other. A number of stories highlighted a mismatch between service user expectations, which was often specifically to lose weight, and the content of the programme, which was often general information about what constitutes a healthy lifestyle. As a result, some participants reported feeling confused and unable to make concrete changes to their lifestyle.

Clearer communication with service users about what to expect, before, during and after the service would enable a greater sense of ownership and greater levels of proactivity in service users.

Learning how to navigate internal and external triggers

Service users who were given the tools to navigate both internal and external triggers had more positive experiences.

Internal triggers refers to the psychological and emotional states that drive behaviours. The programmes that participants found most valuable were the ones that helped them to understand their own 'self-talk', to increase their self-awareness and decode their food behaviours.

Most participants also recognised that their environment influenced their choices and had contributed to their weight gain. While all services gave out nutritional information, this information was more successfully assimilated and applied if the learning had taken place in real life, through being shown, rather than through being told.

For both psychological and environmental triggers, this suggests that weight management services need to go beyond simply giving out information. Instead, they need be anchored in the real experience of users.

A flexible and modular approach

Any blueprint aimed at defining the content and the shape of a weight management programme needs inherent flexibility to reflect the unique experience of each individual.

This does not mean that every program needs to become a one-to-one programme, as people really valued the social dimension of group sessions. However, it implies that weight management programmes, even tier 2, need to be tailored to the specific needs of the individual.

This approach requires an integrated approach, where weight management services are linked to, and able to refer to, related activities available in the community. Ultimately, it questions the relevance of a tiered approach.

"I never felt Wayne was overweight before. He is ok, he is running up and down, he is fit... He has always been a big baby, right from birth... He was even bigger than this... The more he is growing taller, the more he is losing weight."

Lucia, mother of Wayne and Adam, 9

2. Introduction

2.1 Background

Between 1993 and 2013, the proportion of adults that were considered obese in England, as defined by NICE as a Body Mass Index (BMI) greater than 30 kg/m2, increased from 13.2% to 26% amongst men and from 16% to 24% amongst women.[1] In addition to that, the proportion of adults considered overweight, as defined by NICE as a Body Mass Index (BMI) between 25 and 29.9kg/m2 was 41% for men and 33% for women in 2013.

Data from the National Child Measurement Programme shows that in 2014/15, a third of children aged 10 to 11, and over a fifth of children aged 4 to 5 were overweight (above the 91st percentile) or obese (above the 98th percentile).[2]

The Foresight report[3] demonstrated that obesity is the result of a complex web of behavioural, physiological, psychological and environmental factors.

Weight management services aim to support individuals to achieve and maintain a healthier weight. The weight management pathway is split into four tiers as defined by guidance issued by NICE.[4] Weight management services are commissioned across England by Local Authorities and Clinical Commissioning groups for children and adults who are overweight and obese. This study is concerned with Tier 2 and Tier 3.

Table 1 - The Four Tiers of the Weight Management Pathway

Clinical care component	Commissioned services
Tier 1 - Universal interventions	
Prevention and reinforcement of healthy eating and physical activity messages	Environmental and population-wide services and initiatives
Tier 2 - Lifestyle services	
Identification and primary assessment	Multi-component weight management service
Tier 3 - Specialist service	
Specialist assessment	Multi-disciplinary team
Tier 4 - Surgery	
Pre-op assessment	Bariatric surgery. This is not available for children under the age of 12 and is only available to children over the age of 12 under exceptional circumstances.

1. Hscic.gov.uk, (2015) Find data - Health & Social Care Information Centre. [online; available at: http://www.hscic.gov.uk/catalogue/PUB16077; accessed 9 Dec. 2015].

2. Noo.org.uk, (2916) Child Obesity Overview. [online; available at http://www.noo.org.uk/NOO_about_obesity/child_obesity; accessed 22 Oct. 2015]

3. UK Government's Foresight Programme, (2007) Foresight Report. London: Government Office for Science.

4. NICE (2014) Weight management: lifestyle services for overweight or obese adults. [online; available at: https://www.nice.org.uk/guidance/ph53/resources/weight-management-lifestyle-services-for-overweight-or-obese-adults-1996416726469; accessed 29 Feb.2016]

2.2 Existing evidence

Below we summarise the existing evidence base and gaps for both these groups of services.

2.2.1 Tier 2 services for adults

Tier 2 services are weight management services that provide multi-component (e.g. diet, physical activity and behaviour change) support to overweight and obese children, families and adults. These include both commercial providers (e.g. Weight Watchers and Slimming World) and local non-commercial providers.

NICE guidance recommends that funded referrals for tier 2 services may particularly benefit adults who are obese (BMI>30kg/m2), or overweight (BMI > 25kg/m2),[5] (BMI>23kg/m2 if from black or minority ethnic groups or with other risk factors such as comorbidities).[6] The guidance also recommends that, where there is capacity, access for adults who are overweight should not be restricted. There is, however, considerable local variation in how services are commissioned and delivered. A national mapping exercise by Public Health England found that most services for adults had eligibility criteria of a BMI of over 30kg/m2, with some accepting people with a BMI of 25-30 kg/m2.[7]

The services were for the greatest part commissioned by local authorities and delivered in community, leisure or school settings. They were mostly 12-week interventions that were delivered in group settings with the most popular referral routes for adults through GPs or Practice Nurses.

There has been research into the effectiveness of weight management services in adults both in the UK and internationally. A review conducted by Loveman et al[8] found that there was strong evidence, from 30 studies, that weight management interventions were significantly more effective at achieving weight loss at 12 to 18 months compared to no intervention.

The NICE guidance on weight management services for overweight or obese adults included a review of the qualitative research around user's experience of both commercial and NHS-funded weight management services.[9] This review found that there were certain elements of weight management services that users perceived as effective, for example, the personality of a group leader and long-term support and follow-up. It also identified critical points on the pathway, such as endorsement by the GP, that users felt helped weight loss. However, the majority of the studies did not explore or probe the reasoning or rationale behind users' views and experiences. In the next section, we provide an in-depth exploration of what works from the perspective of service users, grounded in their experiences.

5. NICE (2014) Weight management: lifestyle services for overweight or obese adults.

6. NICE (2013) BMI: preventing ill health and premature death in Black, Asian and other minority ethnic groups

7. Public Health England (2015) National mapping of weight management services: Provision of tier 2 and tier 3 services in England. [online; available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484115/Final_Weight_Management_Mapping_Report.pdf; accessed 29 Feb.2016

8. Loveman E, Frampton GK, Shepher J, Picot J, Cooper K, Bryant J, et al. (2011) The clinical effectiveness and cost effectiveness of long-term weight management schemes for adults: a systematic review. Health Technology Assessment; 15(2).

9. Johns D et al (2013) Managing overweight and obese adults: evidence review. University of Oxford [online; available at: https://www.nice.org.uk/guidance/ph53/evidence/evidence-review-2-431707936; accessed 29 Feb. 2016]

2.2.2 Tier 3 services for adults

The British Obesity and Metabolic Surgery Society and NICE broadly define tier 3 services as clinician-led multi-disciplinary teams.[10] This team should include a lead specialist clinician, a dietician, a specialist nurse, a clinical psychologist and a physical therapist. For adults, the eligibility criteria recommended by NICE is BMI greater than 35 kg/m2 with diabetes, or greater than 40kg/m2 with no comorbidities.

Little is known about how these services are commissioned and provided locally. A survey by Public Health England of Local Authorities and Clinical Commissioning groups had a poor response rate, therefore it is difficult to determine how widespread these services are.[11] A Royal College of Physicians survey with 169 responses found that 60% of endocrinology and diabetes consultants said that there was a tier 3 adult service in their area and 40% said there was not.[12]

The Royal College of Surgeons commissioning guide for tier 3 services has identified that there is a serious lack of evidence into the effectiveness of different models of tier 3 services, and the outcomes that these models achieve.[13]

2.2.3 Tier 2 services for children and young people

NICE guidance recommends that for children and young people, thresholds that take into account age and sex be used to determine if a child has a healthy weight.[14] For children under 4 the UK-WHO 0-4 years growth chart is used, and the UK growth chart is used for children aged 4 year or older. A child or young person on or above the 91st centile is overweight, and above the 98th centile is clinically obese. In a national mapping exercise by Public Health England most of the services for children and young people required participants to be above the 91st centile to be eligible.[15] They found that most common referral routes into these services were self-referral, referral by a health professional or through the National Child Measurement Programme. As with adult services, group services were common, but there were also more one-to-one services. For children who are still growing, the aim is often to maintain their weight while they grow taller, while for young people who have stopped growing it may be to lose weight. Providers cluster ages of children and young people together in different ways - common clusters include 7-13 years and 12-19 years, however this varies widely.[16] Almost all require the presence of a parent/guardian, and many aim to take a whole family approach.[17]

The NICE guidelines Weight management: lifestyle services for overweight or obese children and young people (PH47) published in 2013 looked at the evidence for tier 2 services for children and young

10. British Obesity & metabolic surgery society (2014) Commissioning guide: Weight assessment management clinics (tier 3). [online] Available at: http://www.bomss.org.uk/wp-content/uploads/2014/04/Commissioning-guide-weight-assessment-and-management-clinics-published.pdf; accessed 29 Feb. 2016]

11. PHE (2015) National mapping of weight management services.

12. ibid

13.British Obesity & metabolic surgery society (2014) Commissioning guide: Weight assessment management clinics (tier 3)

14. NICE (2013) Weight management: lifestyle services for overweight or obese children and young people. [online; available at: https://www.nice.org.uk/guidance/PH47/chapter/1-Recommendations; accessed 29 Feb.2016]

15. PHE (2015) National mapping of weight management services

16. GK Research (2013) Practical and process issues in the provision of lifestyle weight management services for children and young people. [online; available at: http://www.nice.org.uk/guidance/ph47/evidence/commissioned-report-430356205; accessed 29 Feb. 2016]

17. ibid

people.[18] This review found that overall the services had a significant effect on BMI centile, though this effect was not significantly different after 6 months. There were some components that were associated with more effective services including targeting the whole family, emphasising dietary advice and support for parents, and providing high intensity support. There were significant gaps in the research identified through this review including a lack of data and evidence on:

- the effectiveness of services for under 5's;
- the barriers and facilitators to participation and how this might vary by socio-economic position or ethnicity.[19]

2.2.4 Tier 3 services for children and young people

For children the guidance is that tier 3 services should be available for children and young people above the 98th percentile.[20] Tier 3 services for children and young people are clinician-led and often include a paediatrician. As with adult services a PHE survey of local authorities and Clinical Commissioning Groups had a poor response rate, therefore little is known about how these services are commissioned locally. The results from this survey suggest that these services are delivered in community centres or clinical settings such as hospitals or GP facilities. Most were delivered in one-to-one formats, followed by a group format.

As with tier 3 services for adults there is not a clear and shared definition of what a tier 3 service is, therefore it is difficult to compare effectiveness of these interventions. However, evaluations of individual service providers suggest that these interventions are effective, for example of More Life's residential camps.[21]

2.2.5 A brief summary of the NICE guidance on user experience of weight management services

There is in existence qualitative research on experience of and satisfaction with weight management services. The majority of this research does not use the typology of tier 2 and tier 3 services. Therefore in this section we explore the research into adults and children and young people's experience separately, but not by tier.

The NICE guidance on weight management services for overweight or obese adults included a review of the qualitative research around user's experience of both commercial and NHS-funded weight management services.[22] The review included 24 studies and one systematic review. This review found that there were certain elements of weight management services that users perceived as effective, for example, the personality of a group leader and longer term support and follow up. It is also identified critical points on the pathway, such as endorsement by the GP, that users felt helped weight loss. It also identified some barriers to attending weight management services - such as competing commitments, stigma and not losing weight. The authors of this review identified that the existing evidence was derived from process evaluations of individual weight management services and that drop-outs were underrepresented. In addition the majority of the studies did not explore or probe the reasoning or rationale behind users views and experiences.

18. NICE (2013) Weight management: lifestyle services for overweight or obese children and young people

19. ibid

20. NICE (2014) Weight management: lifestyle services for overweight or obese children and young people; p.8

21. Gately PJ et al (2005) Children's residential weight-loss programs can work: a prospective cohort study of short-term outcomes for overweight and obese children; paediatrics; Jul 116 (1); 73-7.

22. Johns D et al (2013) Managing overweight and obese adults: evidence review. University of Oxford [online; available at: https://www.nice.org.uk/guidance/ph53/evidence/evidence-review-2-431707936; accessed 29 Feb. 2016]

The NICE guidance on weight management services for children and young people also included a review that looked specifically at barriers and facilitators to participating in weight management services.[23] The review identified a wide range of barriers and facilitators including personal factors, family factors, service design and environment. It found that children, and their families, were positive about whole-family approaches, group sessions and setting and monitoring goals. However it also identified barriers, such as different expectations about what the programme was and could achieve, and the location and scheduling of services. The review found limited evidence for services for children under 6 years old, and for in-depth exploration by socio-demographic grouping such as gender, socio-economic status and ethnicity.

2.3 Rationale

As outlined in the background, this study has been commissioned by Public Health England and will build upon a series of evidence reviews that aim to examine the evidence base to determine "what works" in tier 2 and tier 3 weight management services for children, families and adults.

Public Health England is the key audience for this research and their aim is to use participants' views to understand what is viewed as better and best practice within tier 2 and tier 3 weight management services as well as the key challenges and issues around this service. The insights that will emerge from this study will be critical to developing an effective blueprint specification that can support and guide the audience described above to commission and deliver effective weight management interventions.

As the background section demonstrates, there is strong evidence that weight management services, and in particular tier 2 services for both adults and children, are an effective intervention to help people to manage their weight.[24] There is also qualitative research into the experiences of adults and children using particular services - and the barriers and enablers that they experience, for example, Webb et al, 2014.[25] This report adds to this evidence base by:

- developing a better understanding of the user experience of the whole commissioned pathway from referral to sustaining weight loss. The existing research focuses on experience of specific interventions rather than trying to capture this whole pathway.
- developing a more detailed understanding of how different people experience the components or parts of these interventions.
- developing a set of actionable insights that are useful and applicable to providers and commissioners.

Understanding what motivates users of both tier 2 and tier 3 services is essential for designing services that are effective and achieve better outcomes at scale.[26]

23. NICE (2013) Managing overweight and obesity among children and young people: lifestyle weight management services Review 2: The barriers and facilitators to implementing lifestyle weight management programmes for children and young people [online; available at: http://www.worldobesity.org/site_media/uploads/NICE-Child.pdf; accessed 29 Feb. 2016]

24. NICE Evidence Search (to-date) https://www.evidence.nhs.uk/Search?q=weight+management+group+work

25. Richard Webb , Ian Davies , Brian Johnson , Julie Abayomi , (2014) A qualitative evaluation of an NHS Weight Management Programme for obese patients in Liverpool, Nutrition & Food Science, Vol. 44 Iss: 2, pp.144 - 155

26. Teixeira et al. (2012) Motivation, self-determination, and long-term weight control. International Journal of Behavioral Nutrition and Physical Activity, 9:22 http://www.ijbnpa.org/content/9/1/22

3. Aims & Objectives

The Innovation Unit was commissioned by Public Health England in line with their strategic priorities for 2015-2016, to complement a series of evidence reviews that aim to determine what works in tier 2 and tier 3 weight management services for children, families and adults.

The objectives of this study were to:

- build upon the specified evidence reviews to gain deeper insights into weight management services
- explore user experiences and map user journeys through in-depth research with a diverse sample of users of weight management services, including drop-outs and completers.
- investigate perceptions of user and service needs with identified organisations (including provider, Local Authorities, Clinical Commissioning Groups, NHS England and Department of Health) that influence the development and commissioning of weight management services.
- synthesise and report the evidence in a clear, precise and useable manner to influence policy and directly inform commissioning blueprints for weight management services

4. Methodology

4.1 Overview

This study used a range of qualitative research methods to understand the experiences of service users of tier 2 and tier 3 weight management services, adults and children; and the professionals and commissioners who support them.

The chosen research methods, e.g. co-design workshops and ethnographic interviews with service users, and qualitative interviews with stakeholders and stakeholder workshops, underpin the use of grounded theory where the generation of theory will arise from the analysis of the data[1]. The purpose of this approach is to identify best practice in weight management service delivery from the perspective of service users. The research is grounded in the real experience of service users, commissioners and service providers in England and offers thus a snapshot of weight management service practice in England at this time.

The study combined the following elements:

- **Professional stakeholder workshops:**
  Two half day workshops with 20 commissioners from local authorities and Clinical Commissioning Groups (CCGs), service managers and practitioners, to understand what are the system challenges and opportunities for commissioners and service providers to commission and deliver effective weight management services.

- **Stakeholder interviews:**
  Six phone interviews with commissioners from local authorities and Clinical Commissioning Groups (CCGs), Community and Voluntary Services (CVS) representatives, service managers and practitioners.

- **Co-design workshops:**
  Two co-design workshops with a total of 14 service users, hosted in collaboration with existing service providers to understand their experience of weight management services.

- **Ethnographic interviews:**
  Twelve half-day ethnographic interviews with child and adult service users of tier 2 and tier 3 weight management services to uncover insights into the more complex issues that go on in their lives and impact on the effectiveness of weight management interventions.

All of these are described below in more details as well as the data analysis. In addition details about each of the research activities can be found in the appendices.

4.2 Study sites

The research was focused in three localities: Greater London, Greater Manchester and Cornwall.

The localities were selected based on the following criteria to ensure a sample that reflects the opportunities and challenges for weight management service providers across England.

- Local authority characteristics (type of local authority/population size, urban/rural).
- Factors strongly associated with levels of obesity (deprivation and ethnicity).
- Provision of tier 2 and 3 weight management services to adults and children.
- Weight management strategy (as indicated by how long weight management service provision has been in place, the ways in which the strategy appears to be framed around different population groups and emphasis on evaluation).

1. Charmaz, K. 1990 'Discovering' Chronic Illness: Using grounded theory. Soc. Sci Med. Vol. 30(11), 1161-1172.

4.3 Professional stakeholder workshops

The professional stakeholders workshops were designed to bring together providers and commissioners of tier 2 and tier 3 weight management services from across England. During these workshops, professionals were split into groups to explore tier 2 and tier 3 services for both children and adults.

4.3.1 Recruitment

Commissioners and providers were invited to attend the two workshops by Public Health England and Innovation Unit. Thirty providers and 41 commissioners from across England - going beyond the 3 localities - participated in the professional stakeholder workshops. There was a stronger representation of commissioners. An even split across tier 2 and tier 3 children and adult weight management services was ensured when identifying stakeholders.

4.3.2 Stakeholder workshops

The first workshop, held in February, focused on gathering information about how weight management services are commissioned and delivered, what constitutes best practice as well as identify key challenges. During this first workshop the activities included:

- **Mapping on what is known -** reflecting and discussing a set of statements about the existing evidence.
- **Service user journey mapping -** using a fictional persona to discuss what would make the service a success for that individual.

The second workshop, held in August, focused on synthesising the data from the field work in partnership with commissioners and providers. During this workshop the activities included:

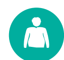
- **Storytelling -** hearing a service user's story, and analysing challenges and opportunities facing that person.
- **Designing an ideal user journey -** drawing on the insights from the storytelling, creating an ideal user journey through services.

More detail is available in Appendix 1 and 3.

Sharing user stories with stakeholders during workshop 2. August 2016.

Analysing user journeys with stakeholders during workshop 2. August 2016.

Children Tier 2

 Adults T3 Tier 3

4.4 Stakeholder interviews

Following on from the first workshop, six semi-structured interviews with providers and commissioners of tier 2 and tier 3 weight management services were conducted by Innovation Unit's research team. These conversations generated system-level insights as well as local insights into the provision, delivery and quality of tier 2 and tier 3 weight management services. See Appendix 2 for the full transcripts of these interviews, and Appendix 3 for a synthesis.

4.4.1 Recruitment

Commissioners of tier 2 and tier 3 weight management services were identified in each of the 3 localities, and invited to participate. 3 local authority commissioners, 1 CCG commissioner, 1 service provider and one researcher and service provider were interviewed. As with the service user interviews, these were evenly split across the localities, the type of weight management service and the adult and children service users.

4.4.2 Interviews

The interviews were conducted over the phone and lasted up to 2 hours. The interview schedules were developed based on a rapid review of the literature and the insights from the first workshop. The interviews covered the following themes:

- **Commissioning the right support -** What works well for local authorities and CCGs in relation to commissioning? What challenges do they face?
- **Measuring outcomes -** How do commissioners and service providers currently measure outcomes? How does that align with patient's aspirations? What are barriers to collecting outcome data?
- **Service design -** how is existing evidence and guidance currently used in the design of services? How do commissioners and service providers understand and perceive service users experiences?
- **Joining-up pathways -** where are the gaps in existing provision? Who is responsible for what? How does that impact on the experience of service user?

Table 2 - Overview of stakeholders interviews participants

Role	Age	Tiers	Location	Reference
Public Health Manager - Has recently commissioned a new tier 2 service from large commercial providers.	Adults	T2	North West England	A
CCG commissioner - Commissions an innovative tier 3 service for children, integrated with children social care.	Children	T3	London	B
CCG commissioner - Commissions a well established tier 3 service in hospital, which lasts for 18 to 24 months,	Adults	T3	South West England	C
Local authority commissioner - Has recently commissioned tier 2 provision for adults from a local NHS provider, as part of an integrated health improvement service covering other lifestyle components.	Children, Adults	T2	London	D
Head of service development - Local private provider delivering integrated tier 2 and tier 3 weight management services for adults and children.	Children, Adults	T2, T3	Greater Manchester	E
Researcher - Previously Programme Manager on tier 2 and 3 weight management programmes for children.	Children	T2, T3	North England	F

4.5 Co-design workshops

Two co-design workshops with adults were held in July and August. The aim of the co-design workshops was to bring service users of weight management services together to co-design their ideal journey of weight management support, based on what did or didn't work for them. The advantage of bringing people together versus conducting individual interviews is that the group dynamic unleashes more creative ideas.[2] Additionally the workshops were intended to include the voices of those who might have been missed by the limited number of ethnographic interviews. A summary of findings from the co-design workshops can be found in Appendix 5.

4.5.1 Recruitment

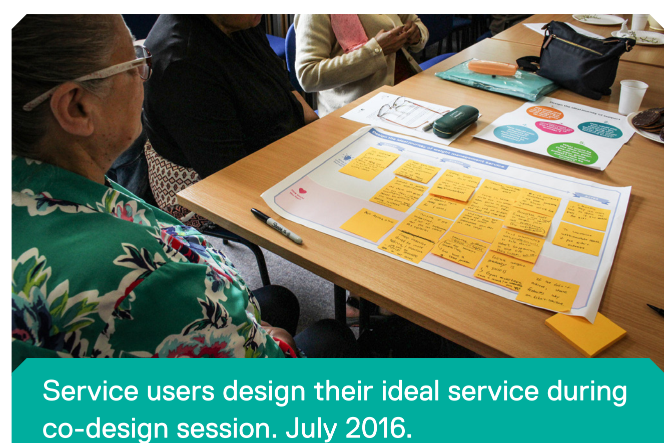
All service providers and commissioners in the three localities were contacted to identify children and adult service users across tier 2 and tier 3 weight management services. 2 workshops with 14 tier 2 and tier 3 adult service users were held in two of the localities. Due to difficulties of identifying children service users we were unable to hold a co-design workshop with this group. Information about the participants at the two workshops is detailed below:

4.5.2 Workshop design

Using service design methods[3], such as experience mapping, ideas generation, and storyboarding, participants worked in small groups to visually map their experience of weight management services so far, and co-design their ideal journey of weight management support. To capture the views and experiences of children adequately, research materials engaging for a range of age groups were designed. More detail can be found in Appendix 4.

The following questions were explored:

- **Experience of support -** What works and doesn't work from their perspective?
- **The ideal service -** What would the ideal service look like?



Service users design their ideal service during co-design session. July 2016.

Table 3 - Overview of co-design participants

Participants	Age	Tiers	Genders	Ethnicity	Engagement	Location	Reference
7 participants	35 to 50	T2	5 female 2 male	4 White British 2 South-East Asian 1 White European	7 completers and repeat users	London	A
7 participants	43 to 70	T2 T3	All male	7 White British	6 first-time users and completers 1 repeat user	Greater Manchester	B

2. Steen et al (2011) Benefits of Co-design in Service Design Projects. International Journal of Design Vol.5 No.2

3. Bate, Paul and Robert, Glenn (2006): Experience-based design: from redesigning the system around the patient to co-designing services with the patient. Qual Saf Health Care (15); 307-310.

The 2-3 hour co-design workshop included the following activities:

- **Exploration of current service user experience -** In small groups of 2-3 participants explored their respective experiences using a service journey map. Facilitators prompted the conversations on the different stages and what worked and did not work from their perspective, capturing these insights on the service journey map.
- **Motivation to engage in weight management services -** As a whole group participants were exposed to a range of promotional information and materials from different weight management services. Participants were asked to reflect on how these materials made them feel and what resonated with their motivations.
- **Exploration of the ideal service user experience -** In a similar fashion to the first activity of the co-design workshop participants were asked to imagine the attributes of their ideal weight management services. These insights were again mapped on a service journey map.

4.6 Ethnographic interviews

Ethnography is the study of culture and society, through observation and immersion. Spending extended periods of time with service users reveals rich and holistic insights about individual experiences. Because it is led by the participant and takes place in their own environment, ethnography helps to uncover latent needs that might easily be missed by a simple survey or structured interview; it aims to understand how participants view the world, and learn about what motivates them and shapes their behaviour.

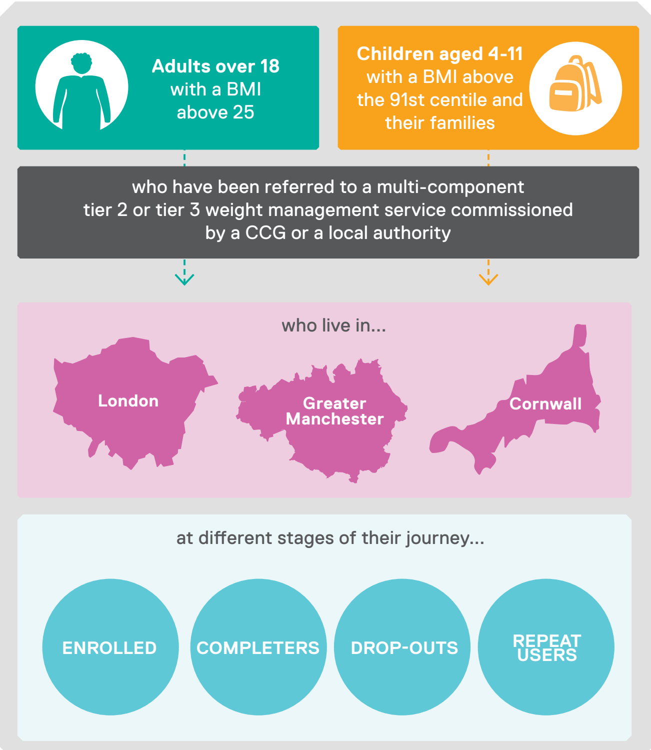
Twelve ethnographic interviews were conducted with a total of 15 individuals. The interviews focused not only on people's journeys through weight management services, but also on the more complex issues that go on in their lives and might impact on the effectiveness of a service.

4.6.1 Recruitment

For this study, the aim was to find a balance of participants who:

- were, or had been, overweight (BMI above 25 for adults and above the 91st centile for children) or obese (BMI above 30, and above the 98th centile for children) at the time of referral
- had been referred to a multi-component tier 2 or tier 3 weight management service commissioned by a CCG or a local authority
- were, or had been, enrolled on a local authority or CCG commissioned tier 2 or tier 3 weight management service in the last 3 years
- were a resident and service user in one of the following locations: Greater Manchester, Greater London, Cornwall.
- were either children aged between 4 and 11 years old or adults aged between 18 and 70

Table 4 - Recruitment criteria



Therefore, the focus for recruitment were people from the following groups:[4]

- **Primary school children aged 4 to 11 and their families.** Children starting school is both a transition period and an opportunity for whole families to better understand what healthy behaviours and weight look like.
- **Adults aged 18 to 70.** The proportion of individuals who are overweight or obese increases in middle adulthood. In addition, the older people get, the more their perception of health risks become tangible.
- **Whole families.** Family norms play a significant role in health behaviours.[5] Therefore, in addition to working with the segments highlighted above on an individual basis, we will aim to work with whole families, where several generations are overweight or obese.

As the aim was to produce a comprehensive picture of what an ideal weight management service looks like, before, during and after engagement, the study aimed to involve people who were:

- **"Enrolled":** insight into what has influenced their decision, how motivated they feel, what their hopes and fears are, and detailed insight into their experience of a service.
- **"Completers":** understanding retrospectively what has and hasn't worked for them, as well as how they are coping with embedding new behaviours into their lives.
- **"Drop-outs":** understanding retrospectively what wasn't working for them, and discuss what a more positive alternative would be.
- **"Repeat users":** understanding what might be the barriers to embedding new behaviours into their lives.

All service providers and commissioners in the three localities were contacted to identify children and adult service users across tier 2 and tier 3 weight management services. It was particularly challenging to identify tier 3 children service users because there are very few weight management services that target this particular category of services users in the three localities, indeed across England.

Despite these challenges the split across the different types of weight management services is relatively even:

- 3 tier 2 adult service users
- 4 tier tier 3 adult service users
- 2 tier 2 children service users, and
- 2 tier 3 children service users

4. Musingarimi, P. (2008): A life course approach to tackling obesity

5. Ball et al (2010). Is healthy behaviour contagious: associations of socal norms with physical activity and healthy eating.International Journal of Behavioral Nutrition and Physical Activity, 7:86. http://www.ijbnpa.org/content/7/1/86

Due to variations in service provision across children and adult tier 2 and tier 3 services it was not possible to get an equal split across the three localities. The sample is thus more reflective of urban areas. More detailed Information about the ethnography participants is shown below.

Table 4 - Overview of ethnography participants

Pseudonym	Age	Tier	Gender	Ethnicity	Engagement	Location	Reference
Adults							
Steve & Lucy	61/63	T2	Couple	Jewish	Completed	London	A
Diana	41	T2	F	Caribbean	Drop-out Wanting to start again	London	B
Janice	64	T2	F	White British	Completed	Cornwall	C
Dean	48	T3	M	White British	Currently enrolled	Greater Manchester	D
Jack	69	T3	M	White British	Currently enrolled	Greater Manchester	E
Dave	41	T2 T3	M	White British	Currently enrolled	Greater Manchester	F
Kerri	60	T3/4	F	White British	Recently completed T3, now waiting for surgery	Greater Manchester	G
Children							
Alicia & Tina	11/18	T2	F	Caribbean	Completed	London	H
Wayne & Adam	9	T2	M	Nigerian	Completed	London	I
Nathan	11	T3	M	White British	Currently enrolled	Greater Manchester	J
Fahmi & Nadifa	8/9	T3	M/F	Somali	Repeat users	London	K

4.5.2 Ethnographic interviews

Each ethnographic interview took place in the participant's home and lasted approximately four hours. The questions asked were of a generative and open nature and aimed to explore the user's experience and views of the service. To capture the considerations and experiences of children adequately we tailored the questions accordingly, as well as developing research materials that are both suitable and engaging for a range of age groups, drawing on our experience of using creative means to gain insights from children.

The overarching themes and questions for the ethnographic research included:

- **Social network and norms -** How do service users' relationships shape their health behaviours?
- **Wellbeing and self-image -** How do service users see themselves now and in the future? How does that impact on their ability to achieve a healthy weight?
- **Aspiration and motivation -** What motivates service users, before, during and after the service? What are their short-term and long-term health goals?
- **Control and choice -** To what extent do they feel in control of their health, lifestyle and support? What environmental or external factors influence their health behaviours or their experience of the service?
- **Experience of support -** What works and doesn't work from their perspective? What would they like to see happen with regard to each of the themes described above to increase the quality of their experience?

A detailed research guide that unpacks each of these themes, and includes the visual tools that were used during ethnographic interviews is attached in Appendix 6.

4.6 Data analysis

The data from the fieldwork was collected and analysed using a grounded theory approach, where the data was classified, sorted and arranged to examine relationships, test theories, identify themes and cross-examine information.

- **Coding -** Based on the research questions (Appendices 1, 4 and 6) the qualitative data was categorised. Initial themes and hypotheses that emerged from professional stakeholders were further developed and tested with insights from service users. When coding the data insights from different weight management tiers were treated separately and together to clarify distinctive and common characteristics.
- **Memoing** extensive marginal notes were used for recording the thoughts of the researchers throughout the study. Write-ups of interviews can be found in Appendices 2 and 7.
- **Integrative diagrams and sessions** were used to pull all the detail together, to help make sense of the data. The diagrams include visual summaries which can be found attached in Appendices 3, 5 and 7. This integrative work was done in group sessions. The research was completed with a final analysis conducted together with professional stakeholders.

Researchers produced persona profiles, experience journey maps, this insight report, as well as an appendix with the transcribed interviews and co-design workshops. For this purpose, the interviews and co-design workshops were audio recorded. All transcriptions and final outputs are fully anonymised - identifiable names and locations have been changed.

Persona profiles have been shared with the concerned participants before publication to confirm the accuracy of our analysis and contributes to the method and framework of the grounded theory approach.

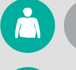
4.7 Summary of methods of engagement

The Results section include a detailed write-up of insights. The insights are referenced using the symbols below to identify the data source.

Stakeholders interviews

	CHILDREN	ADULTS	TIER 2	TIER 3	
A		✓	T2		**Public Health Manager** (North West England)
B	✓			T3	**Local authority commissioner** (London)
C		✓		T3	**CCG commissioner** (South West England)
D	✓	✓	T2		**Local authority commissioner** (London)
E	✓	✓	T2	T3	**Head of service development, private** (Greater Manchester)
F	✓		T2	T3	**Service provider and researcher** (North England)

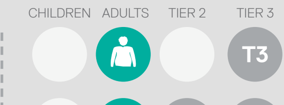
Stakeholders workshops



	CHILDREN	ADULTS	TIER 2	TIER 3	
G	✓	✓	T2	T3	**Launch workshop with 20 commissioners and providers**
H	✓	✓	T2	T3	**Synthesis workshop with 40 commissioners and providers**

Appendix 1 - Stakeholders engagement research questions and activities
Appendix 2 - Stakeholder interviews - write-ups
Appendix 3 - Stakeholders engagement synthesis

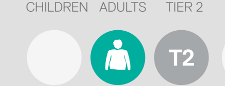
Service users - co-design



	CHILDREN	ADULTS	TIER 2	TIER 3	
A		●		T3	**Co-design with 7 T2 adults** (London)
B		●	T2	T3	**Co-design with 7 T2 and T3 adult men** (Greater Manchester)

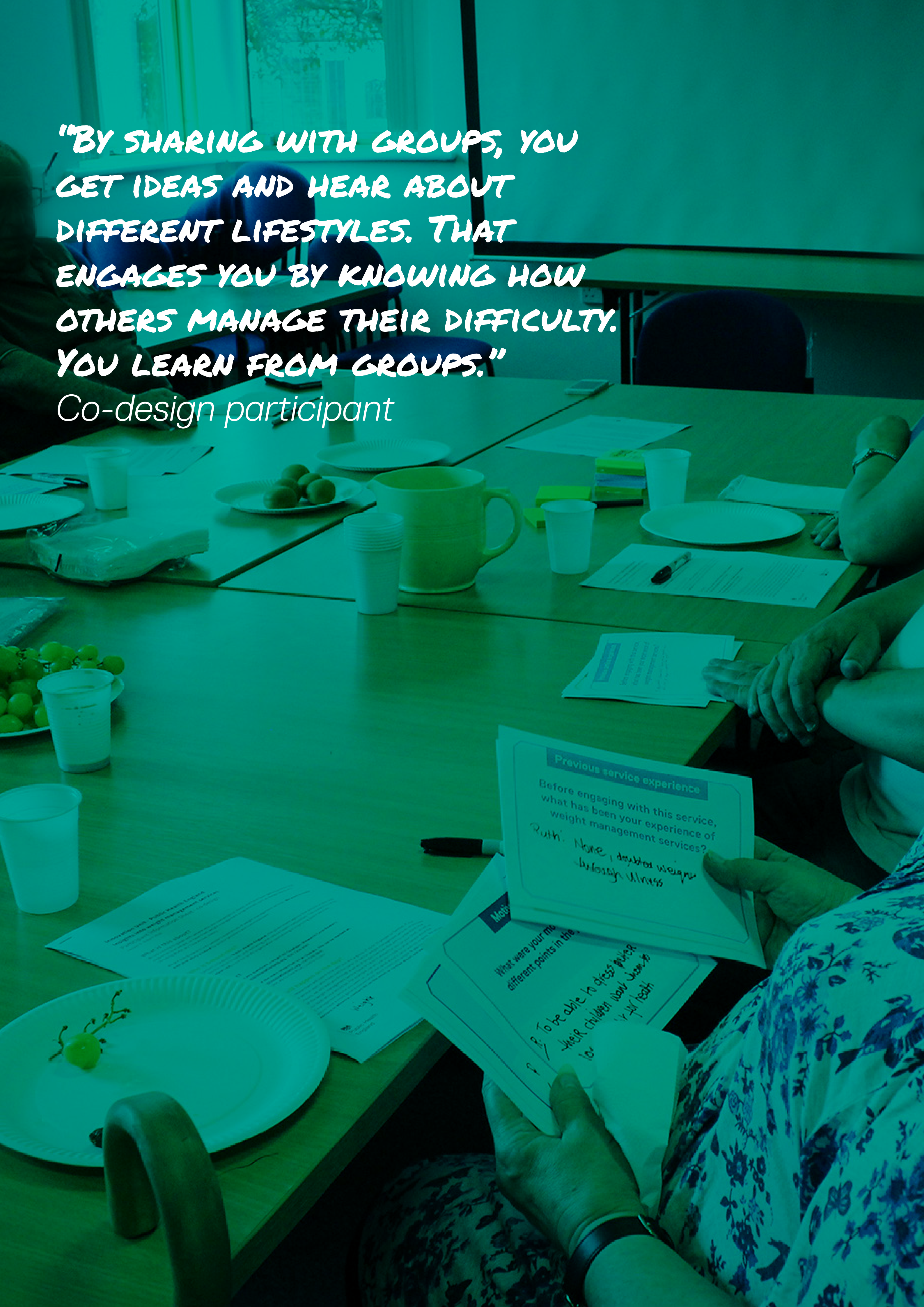
Appendix 4 - Co-design - research questions and activities
Appendix 5 - Co-design synthesis

Ethnographic interviews



	CHILDREN	ADULTS	TIER 2	TIER 3	
A		●	T2		**Steve & Lucy, 61 and 63, London**
B		●	T2		**Diana, 41, London**
C		●	T2		**Janice, 64, Cornwall**
D		●		T3	**Dean, 48, Greater Manchester**
E		●		T3	**Jack, 68, Greater Manchester**
F		●	T2	T3	**Dave, 41, Greater Manchester**
G		●		T3/4	**Kerri, 60, Greater Manchester**
H	●		T2		**Alicia, 18, and Tina, 11, London**
I	●		T2		**Wayne & Adam, 9, London,**
J	●			T3	**Nathan, 11, Greater Manchester**
J	●			T3	**Fahmi, 8, and Nadifa, 9, London**

Appendix 6 - Ethnography - research questions and activities
Appendix 7 - Ethnography stories
Appendix 8 - Ethnography - recruitment materials



"By sharing with groups, you get ideas and hear about different lifestyles. That engages you by knowing how others manage their difficulty. You learn from groups."

Co-design participant

5. Results

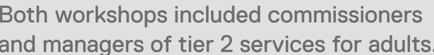
5.1 Tier 2 adults

Tier 2 weight management services provide multi-component support (diet, physical activity and behaviour change). This study has included commissioners, providers and service users of large commercial providers, local private providers, as well as non-commercial providers (delivered by local NHS trusts, councils, or local charities).

The insights presented in this section have emerged from the following methods of engagement:

Stakeholders workshops

Both workshops included commissioners and managers of tier 2 services for adults.



Stakeholder interview A
Public Health Manager, North West

- Commissions weight management services for adults.
- Has recently commissioned a new tier 2 service from large commercial providers.

Stakeholder interview D

Public Health Commissioner, London

- Has recently commissioned tier 2 provision for adults, which is new for the borough. The provider is a local NHS provider.
- The service is part of an integrated health improvement service covering other lifestyle components, including stop smoking and behaviour change.

Stakeholder interview E

Provider, Greater Manchester

- Local private provider delivering tier 2 and tier 3 weight management services for adults and children across Greater Manchester. They also deliver smoking services, health training services, wellbeing services.

Co-design workshop A

7 adults aged 43 to 70, London

- Enrolled on a 12 weeks tier 2 NHS programme
- 5 female, 2 male
- 4 White British, 2 South-East Asian, 1 White European

Co-design workshop B

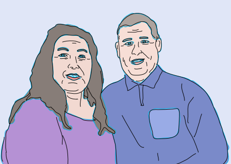
7 men aged 40 to 50, Greater Manchester

- Enrolled on tier 2 and tier 3 programmes for men
- 7 White British

Ethnograhy A

Steve & Lucy, 61 and 63, London

- Both are retired
- Steve is Lucy's carer since she suffered a thyroid storm 10 years ago. She also has diabetes.
- Steve has type 2 diabetes and an underactive thyroid.
- Both completed a NHS 12 weeks programme. They have not lost any weight.



Ethnograhy B

Diana, 41, London

- Single mother of 5 children, currently unemployed.
- Her weight has always been up and down.
- She found out about a 8 weeks weight management programme through the Children's Centre.
- She had to drop out after 4 weeks because her children got ill. Does not know if she has lost any weight, as the data was not shared with her.

Ethnograhy C

Janice, 64, Cornwall

- Retired
- Her weight changed at 40, when her parents passed away and she started comfort eating.
- She was referred to a 12 weeks weight management programme after being diagnosed with breast cancer.
- She has lost 16kg, and has now become a volunteer.

Social network and norms

Not being alone

One of the most recurrent messages from both the ethnographic interviews and the co-design sessions was how important it is to feel part of a supportive community. The social aspect of a service was felt to be a key driver for engagement and motivation. Programmes delivered through group sessions provided participants with a sense that they were not alone in their struggle.

In some cases, the sense of community was a stronger motivator than the actual content of the programme. For example, Janice, who hates exercise, kept going to classes because of the group. She says: *"I don't like it, I do it 'cos I know it's good for me. But I enjoy the company there, so it's social as well as exercising and I know it's good for me."* She loved the programme. *"It's such a good course, it's not hard work."* She says that *"there are no 'not so great' memories. Great leaders, really lovely people, being in a group of people that are all there for the same reason, no bitchiness, no one-up-manship type of thing, I'm better than you sort of thing."*

Co-design participants also mentioned the opportunity for peer learning afforded by group sessions. *"By sharing with groups, you get ideas and hear about different lifestyles. That engages you by knowing how others manage their difficulty. You learn from groups."*

However, this does not mean that group sessions should be the default mode of delivery for tier 2 weight management programmes. Some co-design participants felt they would have liked to be given the chance to have one-to-one conversations about issues they would not feel comfortable to discuss in a group. *"It would be helpful to be given a choice between individual and group sessions."*

In addition, participants pointed out that if a group is too eclectic, it can be difficult for people to bond with each other, or for the session facilitator to accommodate individual needs within the limited time of twelve 2 hours sessions.

Bringing family on board

Friends and family play an important role in driving people's health behaviours. Some participants, like Janice and Lucy, talked about friends and family *"sabotaging"* their efforts unintentionally. Friends and family might, for example, give unconsidered *"sweet gifts"* or encourage what some participants call *"naughty foods"* during celebrations or food related social rituals. This is a major issue that impacts on people's ability to implement changes.

For other participants, family is on the contrary, seen as a key source of support. For Steve and Lucy, a couple in their early sixties, their two grown-up children have been a source of motivation. Each Monday, after they have weighed themselves they share *"the stats"* with their children. *"They beg us to lose weight."* This was particularly the case for their weddings, with an inference that appearance is important.

However, the majority of adult programmes do not actively involve family members. The exception amongst participants in this study being Steve and Lucy, where Steve attended as Lucy's carer, although he was overweight himself.

An offer for couples?

Janice, 63, talks about involving her partner when she was first referred: *"[The nurse] said, have you ever heard of Weight Matters? Would you be interested? She gave me the email address and I got in touch and they sent me an application form. When I was looking at it I said to [Robert] 'I don't know why you shouldn't go on this too?' So I photocopied it and sent it for him too".*

Steve and Lucy alluded to behaviours which implied a codependent relationship, whereby Steve, who speaks openly about his food addiction, encourages Lucy to eat foods they describe as *"naughty."* Having been a carer for Lucy during, and in the years following her thyroid storm, Steve has a tendency to encourage Lucy to indulge. They described how they go to the supermarket with a list and when Lucy is busy Steve gravitates towards the sweet counter and *"sneaks things in."*

Similarly to Janice, when she was referred to the weight management programme, Lucy felt that Steve should join her. Talking about the consultant who referred her, she says: *"He's a nice chap – he used to laugh because I started at 95 kg then I went up to 100 kg and he said you've got to try to get back down to 95kg again in 6 months and I said "if my husband will help I'll do it" and Steve didn't so I didn't get down and he used to say 'What are we going to do with you?' (laughs)."* She sometimes feels that Steve gets in the way of her efforts to lose weight. *"Every time we come out I'm convinced [Steve] is going to mean it, but he slips back into his old ways. I just feel that ... I know we love each other and all that ... if he really loved me enough he'd do it for me because I've been to the brink".*

However, contrary to Janice, the weight management programme does not seem to have provided Steve and Lucy with the tools to address their eating behaviours as a couple.

Wellbeing and self-image

Body image or health?

Participants's motivations could be broadly mapped between two poles: those motivated to lose weight to improve their health, and those motivated by their body image. Participants who had suffered a major health crisis, like Lucy and her thyroid storm episode, or Janice after her breast cancer diagnosis, tended to be more consistently driven. Janice says of her breast cancer: *"Do you know what? It's the best thing that ever happened to me because if I hadn't had that I wouldn't have known anything about the weight management programme. Instead of losing 3 stone in weight I would probably have just carried on putting on weight. I saw my cancer nurse not long ago actually and I said do you know what, best thing that ever happened to me and she said, do you know what? You're not the only person that say that. 'Cos it does give you that kick up the backside. You've got to change your lifestyle. ... I think the breast cancer nurse telling me I needed to lose some weight, coming from her I think it made me realise it more, I knew it myself but especially hearing it from a cancer nurse."*

By contrast, Diana's goals were less defined. She mentioned wanting to be able to *"buy nice clothes"* and that larger sizes are more expensive. However, her focus was not particularly on 'fixing' her health, but more on improving general wellbeing.
In addition, it was frequently reported that being not only told to lose weight, but also being referred onto a weight management programme by a trusted healthcare professional seemed to have a positive impact on participants motivation. What appeared to be disempowering was where a healthcare professional told the participant they needed to lose weight, but had neither clearly outlined the risks of not losing weight, nor offered to make a referral. Diana, for example, who is 41 and a mother of 5, mentioned that her ankles were swollen, which her GP put down to carrying too much weight. However, Diana's GP did not refer her to a weight management service, and Diana did not think of asking. *"She said a gastric band, but I'd have to lose weight first and it's not easy with the children... I didn't know they could refer you."*

Indeed, Diana's experience is not uncommon. During our first stakeholders workshop, tier 2 providers suggested that most of their service users were motivated by a desire to improve their general wellbeing and confidence, rather than being referred following a health scare.

Understanding the mind

While psychological support is generally a core component of tier 3 programmes, our conversations with tier 2 service users highlighted that there was demand for one-to one psychological support, to better understand how their mind and moods influence their behaviour, and decode their own self-talk (e.g. CBT and mindfulness based methods).

Steve, for example, talks about experiencing a sense of *"emptiness"*, which he believes has a huge impact on his eating behaviour. After their children got older and became more independent, he felt he lost his role as a father. This was also when Lucy got ill. He thinks the absence of their children was a big difference that had an impact on them both. *"I lost the reason for being. The kids are gone. I was depressed. My job is gone and the father's role is gone. You don't see the children every day and it's a very big difference."* Steve feels that his eating problem is psychological. He refers to it as a *"relationship thing"* where he does not feel as needed as he used to be nor respected or influential. He feels he has lost his *"role"* in life and eats to compensate. A major issue for him is what he refers to as *"secret eating." "I don't understand it, I really, really don't understand it. Whether it's television, you think you should eat with it or something... And I know I would feel much better, kids would be happier, I'd live longer. We have a brother who loves us, the kids who desperately want us to be around a long time, yet I do this and it must be tremendously hurtful to them."* When asked what he is thinking of when he eats in a secretive manner Steve says *"I don't know! ... it's madness! It's a psychological problem, it's not hunger, it's just replacing something or feeling you're not worth it."*

Aspiration and motivation

A commitment to myself?

On some programmes, participants were weighed, but the numbers were not shared with them. For example, Diana was weighed at the beginning and end of the programme but was never told her weight. She now feels she should have challenged them and asked for her weight but at the time she just thought *"they needed it for their purposes."* This could be linked to the fact that as a mother of 5 children, including a teenage daughter and an autistic son, she struggles to make time to look after herself. This was not helped by the fact that she had to take her children along with her to the sessions. While there was a crèche provided, it was £3 an hour and the staff would not feed, nor change, a baby; *"if your child needs attention you are called out… They won't even change a baby's nappy… When you bring little children you can't focus – it would be more helpful for the mother's session if there were no children."*

While there were concrete challenges to Diana's engagement, she demonstrated a lack of initiative which could be compared to apathy. Indeed, she seems to have struggled to find motivation within herself.

Other participants mentioned that they needed external validation. Steve, for example, feels he was a bit more in control during the course but he is aware that he needs to sustain this. He talks about the difference between weighing himself at home and going to the centre. He feels that having someone else judging him encourages him. *"The fact that the time is spent on you, someone spent time on you is a good thing".*

This need for external accountability presents a challenge to participants being able to sustain their weight loss once the service has stopped. Janice, for example, mentions how in the past, she tried Weight Watchers and lost weight, but put it back on again. *"That seems to be my target weight every time! 3 stone! But as soon as I stopped going it went back on again… I think it's a case of, well you're not seeing anybody, you're not being weighed and, a lot of it is in the head, 'if I'm going to a class I've got to be good, 'cos they're going to weigh me' and if I'm not going to a class then it don't really matter!"*

A co-design participant mentioned that exercises that focused on turning theory into practice helped them to understand that they were the centre character in the story of their weight management journey. *"It makes you realise why you're losing weight, it is for yourself, not anyone else."*

Control and choice

Being in control of your routine

Having total control over one's eating and exercising habits aids perseverance. It also engenders confidence so that one can refuse foodstuffs or practices that one sees as 'unhealthy'. During the ethnographic interview at her home, it was apparent that Diana's focus was on the children and their immediate needs. Kody, as a child with autism, in particular requires a great deal of Diana's attention. She has, however, developed strategies to enable her to have a little control over her routine. For example, she prefers to do the shopping when the children are in school avoiding additional, unbeknown items finding their way into her trolley.

However, the weight management programme did not seem to help her to increase her control by addressing some of the practical barriers she faces in her daily life. For example, becasue she is on benefits, finance is a significant issue. However, working within limited funds did not appear to be covered in the programme with expensive types of fruit (such as blueberries) and vegetables being recommended. In turn this translated into a compromise where diet is concerned. Also options for inexpensive and convenient exercise routines did not appear to be covered. *"I can't exercise during the day and by 7 o'clock when they're in bed I'm too tired … and at the Leisure Centre it's online booking – another problem (Diana has no computer) – just a headache … I'd love to go to the gym, what's stopping me is the expense - £20 easily – it's very restrictive when you have babies it's just too difficult … – how do you overcome the barriers?"*

But the barriers to changing one's routine are not just practical. They can also be emotional or about finding the motivation to break negative habits. Steve and Lucy go food shopping regularly on a Monday and Friday. Monday being a *"good"* general shop and Friday being a meat/meal shop for the weekend, which is when *"naughty"* foods are purchased. Steve also describes his days tend to start off well, but he loses control as the day progress. He is full after dinner, continues watching TV, and starts to want to eat again if the TV programme isn't good. He feels *"so full up and awful"* and says *"I fall into bed every night"* without bothering to prepare for sleep, and describes this as *"the most horrible thing".*

On the contrary, Janice feels that the weight management programme she has been on helped her to embed positive routines into her life, by enabling her to make gradual changes. *"Every week is just something different, so you had something to think about weekly, it wasn't a block thing that you had to do all at once, so it gradually all comes together and just becomes part of life".*

Having choice

There was a consistent message from providers that flexible approaches are valued. People want to be able to try and choose between different durations, group or individual sessions, types of content and activities.

This was reflected by service users. For some, like Diana the reasons for wanting choice were practical. She found it hard to attend some of the sessions because of the timings, and eventually had to drop out because her children were ill.

For others, it was a bout being able to determine what kind of support would suit their needs best. example, one co-design participant said *"it would be helpful to be given a choice between individual and group sessions."* Steve and Lucy's story reflected this point. Steve, in particular, who feels that his wieght is strongly linked to his emotional issuers, would have liked the opportunity to talk to a therapist on a one-to-one basis in addition to the group sessions.

Having a choice early would enable people to feel a greater sense of ownership and responsibility over their weight loss journey.

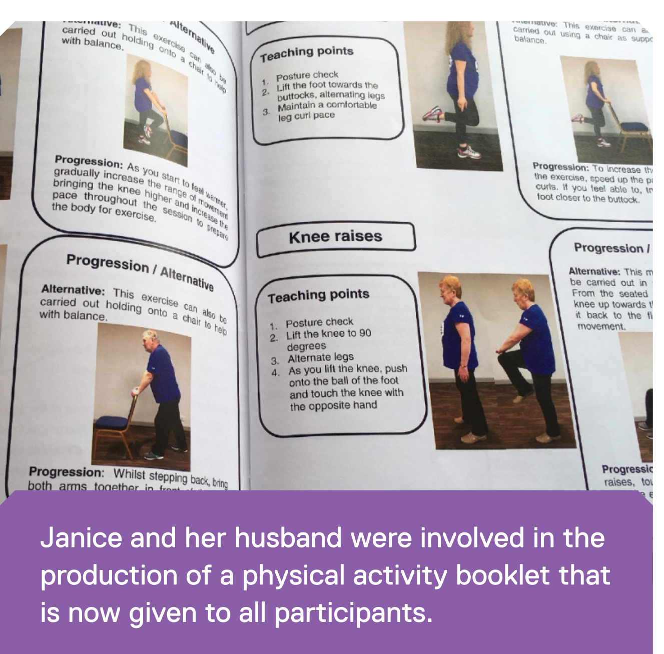
Too much information

Apart from the programme Janice attended, which included physical activities, the tier 2 weight management programmes described by other participants seemed to mostly consist in giving out abstract information. Co-design participants for example, felt that they were given *"too much information,"* some of which didn't feel tailored or relevant to them.

This means that service users can struggle with implementing suggested changes. Lucy, for example, found the food labelling and portion control information very helpful, although when she shops now she feels she does not have time to read the complex information on the back of food containers. *"I quickly look at the back - trouble is if you looked at the back of every packet that you're buying you'd be there for 3 to 4 hours, so I just check a few things I'm interested in every week".* Lucy and Steve also felt that none of the information they were given was new. They weren't given any strategies to change their lifestyle, and as a result, talk about lifestyle changes in a hypothetical manner: *"In theory, we should go for nice walk after lunch".* Steve says *"the plan is there, the knowledge is there, so I'm ready, but…"*

One co-design participant also noted that too much information without a concrete action plan anchored in the service user's real life could actually have a reverse outcome. *"I gained more weight while I'm in the service. Sometimes it's more helpful to forget about diet and just be happy."*

By contrast, Janice's programme felt fun and practical. *"There are serious sides to it, but it's a fun thing, you do have a bit of a laugh with it – food labelling is good, 'cos they tell you how to read things properly, easily..."* Janice recalls a session focused on sugar, during which they were shown what a difference slight changes in food choices can make. *"Everybody says, oh my God! It's amazing, really amazing and it does make you think God have I really had all that sugar! – And you don't realise it. The changes that they make are minimal but it makes such a difference."* Janice and her husband were given several booklets to take home. They were also involved in the production of a physical activity booklet that is now given to all participants. *"When we did it we had a slip of paper with the exercises on!"*



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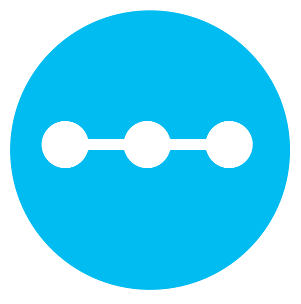


Experience of support

Short-term vs long-term view

Amongst participants, there were diverging attitudes about whether weight management services should be approached as a quick fix or a long-term investment. Some participants, like Janice, felt that what had contributed to maintaining weight loss as opposed to putting weight back on after the programme had ended, was the fact that it was designed for the long-term. She says: *"I don't really want to go back, I mean my old life was good, but I don't want to go back, I want to stay on this path... My BMI now is 28.6 I'm sticking with all of this because this now to me has become a way of life. I don't really think of it anymore, it's just become a way of life."*

Lucy also had a long-term view. She thought the weight management programme was good, but felt that she was just at the start of her journey.

Keeping the door open once the programme has ended

Relating to the previous point, we found that people found it difficult to end a programme. Some co-design participants for example felt that 12 weeks was too short. They suggested the support *"has to be endless because you have to brainwash people which can't be done in 6 weeks."* This view was to some extent supported by providers, who felt that 12 weeks was an unrealistic amount of time to achieve, not only significant weight loss, but also to prompt long-term changes in a service user's life.

When they do offer a gradual ending, with appropriate signposting, weight management programmes can become a central part of one's life, including nurturing offshoot practices such as exercise classes and exercise habits. One provider talked about their follow-up offer. "*In tier 2, we follow up-up to a year and ask people to come back after 6, 12 and 24 months."*

After Janice completed the programme, she returned to it as a volunteer. She now helps out during the exercise sessions, as well as through sharing her experience and promoting the programme. This was a way for her to sustain her involvement. She also mentions that *"even if I wasn't volunteering, there is always support,"* suggesting that she could return to the programme as a participant if she felt she needed to without a formal referral.

Rapid referral

Steve and Lucy had to wait 10 months to go on the programme. They had little information and no expectations of the weight management programme. Having not heard anything after a few months, Steve and Lucy originally thought the programme had been cancelled. Subsequently when participating they felt disappointed to see that some of the other participants dropped out, considering how long the waiting lists were. Lucy felt that this was a long wait and a barrier to her weight loss, as she had lost her motivation.

"How do you promote weight management? I obviously had a crisis in me life, but I'm here now, and I think I can readers that by helping other people. And even more so if they come to me and want the help. then I can really work with them. And guide them. And also be a shoulder when they have these doubt moments, because it's a really emotional journey."

Dave, 41

5.2 Tier 3 adults

Many of the insights discussed above with regard to tier 2 services can be applied to tier 3 services Although the division between tier 2 and tier 3 marks the shift to a more intensive weight management programme for people who are obese provided by a multidisciplinary team of specialists, typically including a specialist physician, nurse, psychologist, dietitian and physiotherapist, the social and emotional concerns raised by both tier 2 and 3 service users were comparable. The insights presented in this section have emerged from:

Stakeholders workshops

Both workshops included commissioners and managers of tier 3 services for adults.

Stakeholder interview C
CCG Commissioner, London

- Commissions a well established tier service in hospital, which lasts for 18 to 24 months.
- The service offers two pathways: dietician or psychological focus.
- Obesity is the priority of the local Health and Wellbeing Board.

Stakeholder interview E
Head of service development, Greater Manchester

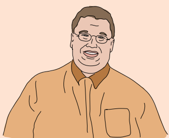
- Local private provider delivering tier 2 and tier 3 weight management services for adults and children across Greater Manchester. They also deliver smoking services, health training services, wellbeing services.

Co-design workshop B
7 men aged 40 to 50, Greater Manchester

- Enrolled on tier 2 and tier 3 programmes for men
- 7 White British

Ethnograhy D
Dean, 48, Greater Manchester

- Works from home
- Has tried to lose weight 4 times in the past.
- Was referred by diabetes nurse.
- Completed phase 1 (10 weeks) of a two year weight management programme and lost 5% of his body weight so far.

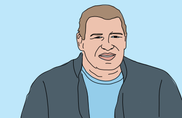


Ethnograhy E
Jack, 68, Greater Manchester

- Retired navy officer
- Has tried to lose weight twice in the past.
- Was referred by his GP after a stroke.
- Has attended 4 weeks of a twelve months programme and lost 5% of his body weight so far.

Ethnograhy F
Dave, 41, Greater Manchester

- Works in a warehouse.
- Has tried commercial programmes 3 times in the past.
- Was referred after an emergency due to obstructive sleep apnoea .
- Is a month away from completing a two year tier 3 programme, and has enrolled in a tier 2 programme.
- Started with a BMI of 50, and is now at 30.



Ethnograhy G
Kerri, 60, Greater Manchester

- Works as a private chef.
- Has had issues with her weight since she was a child.
- Was referred to an eating disorder clinic two years ago, then to bariatric surgery. She is now enrolled on a 12 months tier 3 programme as a preparation for surgery. She has been waiting for her surgery for 7 months.
- She has lost 3 pounds.

Social network and norms

Not being alone

As with tier 2 programmes, the social aspect of tier 3 weight management services was deemed really important by service users. Participants want to feel they are not alone. They want to feel safe and be part of a supportive community.

For Dave, being part of a group of people who struggled with the same issues meant that he didn't feel judged or intimidated. *"There were a lot of people of the same size as meself. There is no way I could have gone to the gym at that point. So that worked really well."*

However, making a group feel like a supportive community requires careful facilitation. Dean, who describes himself as an *"unattached single"* felt that the providers of his weight management programme they did not exploit the full potential of the group setting because the sessions were set up as predominantly informational sessions. *"There was no conversation about what this information meant to people. Instead of 'Do you have any questions?' it would be more helpful to ask 'how do you think you can implement these changes?' And on the next session checking in: 'how was it to implement these ideas?'"*

Being able to relate

Perhaps because most of the tier 3 participants in this study were men, gender was pointed out as an important factor to foster a sense of belonging and positive group dynamics.

For example, Dave felt that commercial programmes did not work for him because, most of the time, he was the only man. *"At Weight Watchers, I always used it as I'm the only man in this room, so it's me against all these women, and these women, they've got it so much harder than me to lose weight. Pull your finger out lad! … What I found with the Weight Watchers was I was leaving the meeting and going to the chippy! And it just wasn't working for me because I'm a man."* In addition to monthly maintenance sessions with the tier 3 programme, Dave now goes to weekly exercise sessions provided by a tier 2 local provider. These sessions are for men only, and he finds this works better for him, as he has more in common with them. Jack agreed with that. He is not happy about the composition of the group he is currently attending, as he is only one of three men in a group of 10. He feels he cannot relate to the other participants and would prefer a male-only session. He has asked his doctor whether he could be referred to a Well Man Clinic.

Like gender, age is also a key factor. Kerri reflected Dave's need to feel part of a community. The main reason she thought she didn't like her previous commercial services was because she never built any friendships, whereas on her current programme, her group bonded strongly. She thinks it was probably because they are similar in age.

Dean did not make any friends on the programme and regrets this missed opportunity. He acknowledges that this is partly due to his lack of confidence, but he also thinks that the programme should foster social relationships. Instead, the ongoing enrolment process meant that the group changed with every session. He found it difficult to connect *"when there are always new people in the class. People were pooled from very different places within a radius of 10 miles and this created another barrier to develop relationships between participants. There was no encouragement to meet people outside of the session and do some activities together."*

Dean works from home and describes himself as a "loner." He would have valued more emphasis on the social aspect of the programme.

Bringing key relationships on board

As with tier 2 services, family influences on people's weight are not always easy to disentangle, although there seemed to be a higher level of social isolation in people who were currently on tier 3 services.

Dean, who is 48 and lives with his father, has, to some extent, isolated himself with through his life choices. Having been made redundant twice, he now works for himself from home. He has no friends and no reason to go out, other than his health appointments. Even though he shares the house with his father, Dean eats alone. He explains that this is due to their different routines - his father gets up early and eats at normal hours, whereas Dean gets up and eats late. While this means he has no one to impact negatively on his diet, it is also a missed opportunity for him to get encouragement through positive peer pressure. During the weight management service, Dean missed the social aspect and wished there was *"a buddy system, where we could swap stories, recipes and do exercise together. It requires a lot of willpower to exercise on your own. But, if you had to commit to someone else and meet up you would do it."*

Dave has been on a very successful weight loss journey over the last 2 years. Having regained confidence, he has signed-up to some online dating websites. However, he is wary of the impact a new relationship might have on his new routine, after a previous relationship made him spiral into gaining weight. *"I got into a relationship with a woman who was bigger than me at the time. At first she seemed quite nice, but obviously she wasn't, as my friends warned me. But it wasn't a relationship, it was a car crash waiting to happen... That was 10 years ago, and I ended up just having a negative outlook on relationships... I know that in the past relationships have been bad to me and to my health lifestyle... But then again with all the work I've done over the last 2 years I think I'm worth it!"*

Inspiring others

People on tier 3 weight management services have often tried to lose weight before. All of the tier 3 participants who took part in this research have been on a similar journey of trial and error before, and have often lost faith in their ability to lose weight until finding the right programme. This has an impact on their readiness. They need to feel that change is possible before starting again.

Dave thinks that sharing his own story will help people to see significant weight loss is possible. *"You've won yourself the lottery lad, you can help other people. ... How do you promote weight management? I obviously had a crisis in me life, but I'm here now, and I think I can redress that by helping other people. And even more so if they come to me and want the help. then I can really work with them. And guide them. And also be a shoulder when they have these doubt moments, because it's a really emotional journey."*

Dean concurs. He was most impressed by the testimonials that an ex-service user made during his first session. Seeing the end result on someone else enabled him to project himself in 12 months time. The ex-service user talked about his weight loss and how his life improved subsequently. He attended other sessions during the programme to share his insights and offer opportunities for the participants to ask questions. Dean says *"it was inspiring! You could see the end of the tunnel."*

Dave has taken part in a number of races and wants his success story to inspire others to go on the same journey.

Wellbeing and self-image

Fear of dying

Carrying greater excess weight presupposed that tier 3 service users would be motivated by the idea of positive changes to their health. Indeed, more than for tier 2 service users, health was a core motivation for tier 3 users.

Dave's own father had passed away prematurely after a heart attack. Dave was referered to the programme after a major health scare which caused him to spend 3 days in an intensive care unit. He is determined to live longer than his father. *"I had to live past 49, that was my major milestone. And now everyone is like 'oh you should do quite well on that front. Obviously you don't know what could happen tomorrow, but I'm improving my health month by month. It's getting there now. I'm pretty confident I'm not going to fall off the wagon."*

Similarly, Dean's motivation is his health. He has been on three weight management programmes before attempting a fourth shot this year. But, he had also tried to lose weight by himself. The only time Dean successfully lost weight was when he tried to lose weight by himself. He was diagnosed with diabetes and terrified by this news, he decided that he needed to change his life. He lived on his own in a caravan in the Lake District at the time and was terrified of the thought to die alone. He decided to take in no more than 600 calories per day and to walk between 12 to 16 miles per day. He lost 8 stones in two years and came down to 17-18 stones.

For Jack, who used to be in the navy, and then later on in the police, focusing on his health and weight was never a priority, due to his demanding jobs. "*There were several instances where I was reminded that I could not go on like he was. I would not fit in flight seats anymore and things like that."* Having a stroke, however, was a wake-up call. But it was only when his wife pointed out *"You have 4 grandchildren and we need you here"* that Jack acknowledged his responsibilities as the head of the family: *"I need to be here longer because I'm the provider. I have responsibilities."*

Understanding your mind

INSIGHTS

Mental health issues are prevalent in users of weight management services, especially tier 3 users, who often struggle with depression and anxiety, sometimes undiagnosed.

Kerri talked highly about an eating disorder clinic she went to for a year. It had a psychological focus and enabled Kerri to be more mindful about her eating habits, and how these connected with her feeling and emotions. They also explored her past, the psychological reasons behind her eating disorder and gave her coping mechanisms based on mindfulness that she is still using in her daily life. She remembers the day when she was in a one-to one session and says *"it was a turning point … It felt like a properly designed programme, rather than feeling like a slimming club … It taught me to think about myself. It was emotional, I totally believe it is absolutely psychological things."*

In his late thirties Dean was referred to a weight management programme for the third time. This time, he saw a dietician and a psychologist at the hospital who tried to understand his eating patterns and motivations. *"They tried to get into me."* Dean found the support from the psychologist, who saw him on a monthly basis, very helpful as he learnt techniques to cope with his anxieties rather than trying to remove them. He is still using these techniques today. *"The psychologist helped me to manage my anxiety better. So, I am not going to the worst case scenario, but am able to divert my mind."*

Being listened to empathically

INSIGHTS

Participants spoke about how important it was that the professionals on the programme were personable and listened empathically.

Jack, for example,would have liked to have one-to-one sessions with a psychologist is critical to address some of the underlying issues that people have on the programme. He feels this is currently missing in the weight management programme.

Dave, who has one-to-one sessions every 6 months, describes his first meeting as very emotional. *"I talked and talked to them and didn't hold anything back. And they listened... I think it was timetabled for 20mn, but it took 40mn."* Having space to talk and be listened to was immensely important to Dave's journey.

Kerri however found it challenging to trust or relate to the facilitator, who was very young and slim. Kerri felt there was no common ground between them. *"Its different to take advice from someone who doesn't really understand what you're going through."* In addition, during the last 17 months Kerri has had 4 different life coaches. She said it is very frustrating for her because she has to start all over again with each new person. *"It can feel a bit here we go again!"*

Technology for self-reflection

INSIGHTS

Technology increasingly offers avenues for self-reflection and motivation, whether it is through blogging, social media,or self-monitoring apps.

Dave uses social media a lot, and is planning to write a long post about his transformation in a few months, when he feels ready. *"I use Facebook a lot in the day. If I read a positive weight loss story I usually post on it, and that gets you a friend request almost straight away..."*

Similarly, Kerri says she gets a lot of online support by managing several different types of blogs and it keeps her really busy. She seems very comfortable sharing her lifestyle with other people online, however, she says it's impossible to describe herself in words as she doesn't feel comfortable talking about herself. Kerri was a full-time carer for her mum who died in 2013. Her death was a very difficult and stressful time. Kerri felt isolated and started to write a blog about her everyday and how she coped with the difficult situations. For her, *"writing is a coping mechanism."* The blog became very popular with people who were in a similar situation and she is really glad that she did it, she says *"if I didn't retain anything, I would've completely forgotten it".*

Kerri uses social media a lot. She finds blogging a good way of dealing with her emotions and finding her supportive community online.

Aspiration and motivation

Clear tangible goals

People with clear goals find it easier to stay focused and motivated. Dave is a good example of that. His ultimate milestone is linked to his passion for amusement parks. *"Two and a half years ago, it was May 2014… I went to Sweden to see the opening of this new rollercoaster and got there and could barely fit on the rollercoaster. My friend had to crush my ribs to get me on there. And I said, come on, you've got to seriously do something about this. It's having a bad impact on your life already, but you love roller-coasters, all your friends love rollercoasters, and can you see life without riding?"* Dave will consider he has reached his goal when he us able to fit on a rollercoaster again.

He also has put in place what he calls *"safeguards"* to avoid any setbacks. One of these safeguards is the suit he wore at his sister's wedding. *"You've got to look at the bigger picture. My bigger picture is that triple XL suit which I have kept and I think god I looked hideous in that suit."* He has a few other strategies. For example, he stuck an old picture of himself on the fridge, as well as a letter that his consultant at the sleep apnea clinic has written to his GP, to congratulate Dave on his achievement. *"You kind of pick them up from various places. I've had various people telling me about putting a picture of me on the fridge… I placed my Weight Watchers gold car on my mum's box of chocolate."*

Having clear and tangible goals can help service users focus on why they have embarked on this journey in the first place, and keep them motivated.

Being ready

One provider mentioned that *"if someone has low self-esteem [the service] would argue that maybe they can't quite engage in weight management because you need to have a certain belief that you want to improve and you can improve before you will."*

After years of raising her children, and, in the last few years, caring for her mother, who had dementia, Kerri now lives alone. She see this as an opportunity to change and finally focus on herself.

For Jack, the motivation was suffering a stroke eight weeks ago. His wife urged him to talk to his GP and Jack acknowledged that he needed help. Jack has now been on the weight management for four weeks, and is committed to long-term change.

Dave was on a trip away from home when he caught a bad chest infection, which turned into a throat infection. Unable to breathe or to swallow, he ended up in A&E. *"There was a long wait, and I'm thinking, why is there nothing happening here? Three hours later, a bed comes through the door, and I'm thinking: 'That's a tank, that's not a bed' and I'm thinking, you're at a point now where you seriously messed things up… You got to do something about it. It was a bariatric bed."*

Dave was eventually diagnosed with sleep apnea. Within two weeks, he was referred to an integrated weight management programme, and was given a choice between surgery and a two year long tier 3 programme. The combination of a quick referral, having the opportunity to reflect and be listened to during the first meeting, as well as professionals being clear with him about the intensity of the two year programme contributed to maintaining his

successful engagement throughout the programme.

Dean's experience also reflects that timing is key. A six-monthly health check revealed high blood sugar levels. Terrified by the diabetic nurse's suggestion to change his medication and to give him insulin, Dean asked for a referral. He notes that everybody who has been on the programme with him has achieved their weight goals. He explains his success down to three things: The urgency to act to improve his health condition, his determination to change things for good and not give up, and the programme providing him a framework of support and the required momentum to keep on going. *"The programme came along at the right time. I didn't learn anything new on the WMP, but it reinforced the things that I knew I needed to change at the right time when I was ready to make these changes."*

Learning to deal with failure

All participants compared the programme they were currently on with their past experiences.

Kerri, for example, used to be supported by a psychologist at an eating disorder clinic. She feels she was helped to understand her eating patterns and emotions in real depth. Compared to that, she now feels patronised by the instructors of the weight management programme she is currently attending. *"It feels like you're in a nursery school. We all know about making sensible choices."*

For Dave, who had tried Weight Watchers three times in the past, but had put weight back each time as soon as it stopped, the fact that the word *"dieting"* was not mentioned at all during the tier 3 programme helped him to engage positively.

Jack had only tried to lose weight by himself before, first, through a sachet based diet, then through Xenical tablets prescribed by his doctor. With the sachets, he lost 8-9 stones in only 3 months. But, there was no follow-up, nowhere to call or to go. *"Although I had lost a lot of weight, that just piled up again once I had stopped this diet."* With the Xenical, Jack fell ill, and embarrassed by how they affected his bowel movements. The weight management programme he is currently on contrasts with those two experiences, in that he is encouraged to take it slowly, make progressive changes, and be reflective through tools like a food journal.

The only time Dean successfully lost weight before this time was when he tried to lose weight by himself. After being diagnosed with diabetes, he decided that he needed to change his life. He decided to reduce his food intake to 600 calories per day and to walk between 12 to 16 miles per day. He lost 8 stones in two years. However, over Christmas one day he allowed himself to take a week off from his 'lifestyle'. That week turned into two weeks, and the two weeks turned into a month and within no time the weight had crept back again. Dean deeply regrets the day he decided to take off from his diet. He was so disappointed of his failure that he lost his motivation and stopped believing he could achieve a healthy weight with his own willpower.

Dean has since tried to lose weight three times with the help of professionals. The first two times were through a lipotrim liquid diet, prescribed by his doctor. This made him ill both times. The third attempt was a weight management programme where he was supported by a psychologist and dietician. He found it more helpful, but was unable to implement the fundamental changes that the dietician recommended, namely to eat three meals instead of two meals per day. Now enrolled in another programme for the last 10 weeks, Dean has already achieved his first milestone, which was to lose 5% of his body weight. A key difference with the previous programme is the intervention of a service user who had successfully completed the programme, and which helped Dean to envision what success could look like for him.

Control and choice

Responsibility and attribution

Whether service users blame their weight gain on internal or external factors has an impact on the extent to which they feel in control of the changes they need make to their routine.

Jack for example, explains his weight through external factors. He describes his ancestors as *"big blokes who fought in the streets and lived from bread and potato."* He believes that this weight issue runs through his family history and that he just happens to have the *"wrong genes."* As a result, he believes that it is the responsibility of health professionals to initiate a change in people. For example, he expresses some frustration about his doctor's passivity in relation to his weight issues: *"The doctors say: You're putting on weight. But they don't say, we need to sit down and talk about your weight and what we can do about it. Every time I wanted to do something about my weight, I had to ask for it. The doctor would not suggest it."*

Dean is also someone who has fatalistic views around his ill-health. His relationship with his body is ambivalent, and to a certain extent, disconnected. He often feels let down by his body and has very little trust in it. While he does not expect every life change to be initiated by a professional, he needs reassurance from doctors to read his own body, and feel that his health is under control. The weight management programme he is currently on has helped him to start to get a sense of control and agency through setting small achievable goals.

On the other end of the spectrum, Dave has learned to *"work with [his] body."* He now seems acutely aware of how his body works and what his body needs. *"On the way to the gym, there is one of these food establishments. And it's all buffet, and it's the cheapest crappiest food. And it stinks! Like an oily odour! Now a few years ago that would have smelled delightful. But I think that's just me body learning what it now appreciates. And that's all down to me embracing the weight management service."*

Being in control of your routine

As with tier 2 service users, some people have a lot of control and can design their routine, while others have to fit their lives around many other commitments and may see 'healthy living' as a separate, parallel strand to existing practices. Weight management services need to understand people's existing constraints to help them embed long-term changes into their routine.

Kerri says she tries to swim regularly, but finds it difficult because she works everyday. Additionally, her dog passed away last year, and she now feels it is *"weird"* to walk without him. For Kerri, maintaining her weight through healthy eating feels easier than through exercising, though she is conscious that she needs to start moving more.

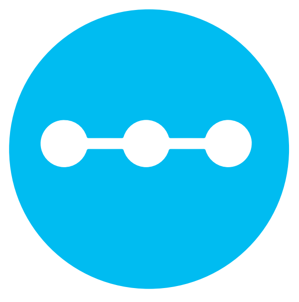
Dave is on the opposite end of the spectrum. He shares a house with his mother, but he lives a single man's lifestyle, and has a lot of control over his time. He loves talking about how he has designed his routine. He goes into a lot of details, describing how he has progressively rebuilt his life around exercise. He bought a gym membership, which costs him around £40 a month, and sees it as an investment, a commitment to himself. At

the moment, he goes to the gym 2 to 3 times a week before or after work. He also goes on Friday mornings, but for relaxation after the weight management session on Thursday evenings. The energy with which he applies himself to maintaining his new lifestyle is comparable to that required by a full-time job. However Dave is clear that, while his commitment is impressive, it is also fragile. A new romantic relationship, for example, or an illness or depressive episode like he had in the past could make him lose that control.

Service providers' views resonated with Dave's concern. Upon hearing his story, they questioned how sustainable his new routine was, as well as what may happen when he finally reaches his goal.

Dean is also someone who has a lot of control over his lifestyle. He works from home, only goes out if he needs to and makes sure to avoid rush hours. However, having control over his time doesn't mean he has been able to make transformational changes to his lifestyle. For Dean, it's his body that is in the way. He explains that he can't walk because of knee pain. He is unable to go to the gym because he can't use 90% of the equipment. He used to enjoy cycling, but now finds the saddle too narrow which causes discomfort. His ill-health and weight currently serve Dean as an excuse not to do any physical activities fearing that his body may fail him.

As previously mentioned, Dean alluded to wanting buddies, to encourage each other to do physical activities outside of the programmes, in a safe and supported context. Some providers of tier 3 services for children and families go further, and offer support in people's homes, and show them in-situ what they can change. This is something Jack would value. He feels that his weight management programme places too much emphasis on imparting information rather than on overcoming the barriers that may prevent people from leading healthy lifestyles.



Experience of support

Short-term vs long-term view

For many participants, be they tier 2 or tier 3 service users, success in the form of weight loss and an embedded healthy lifestyle can be seen to be proportional to a short or long-term view.

Dave sees weight management as a long-term investment in his health, rather than as a quick fix. He has tried commercial programmes in the past, and found that the focus on losing weight fast did not help him, as each time, he put weight back on afterwards. *"The good thing about this programme is that no one offered me a cheap discount to Slimmers World... Three times I've tried Weight Watchers. I got to 17.5 stones, which would have been probably a BMI of 36 or 37, and probably spent a small fortune doing that. And it just didn't work for me!"*

Incremental changes and a long-term perspective appeal to Dave who, two years ago would never have found the confidence to go into a gym. In that respect, the weight management programme has assisted him greatly by enabling him to build up his routine slowly.

For Dave meeting people at a bariatric surgery who had learned how to *"cheat it"* was a revelation. *"I want to be able to have some of that dodgy food every now and again... But I want get me mind into the right zone."*
Kerri, who thinks she can not maintain her weight loss without having surgery, agrees and says "*in*

a way, I don't want to fail again. … If you don't sort out your mind, and it's just nothing. Surgery doesn't solve the problem. A lot of people think it's an easy option, but it's absolutely not. It's a full time job." Kerri says people on her programme are people who ate waiting for the surgery and they want to know about it, including how to manage their lifestyle afterwards. She strongly believes that the service needs to be changed to deliver more information about the surgery as there is only 6 weeks follow-up after the surgery and people normally don't get any further information. *"A lot of them feel left [abandoned] after the surgery."*

Both Dave and Kerri, although they have differing attitudes towards surgery, have realistic expectations about what the can achieve with and without it.

Owning your journey

People who are empowered to own their goals and drive their own journey are more likely to make the most of the support both during and after the programme.

Dave and Kerri have different approaches to their journey. Dave is hungry for new knowledge about a healthy lifestyle. He watches weight loss TV programmes. *"Sometimes, there is a little light bulb moment where I go like ping, I'll have that."* He attributes his sense of initiative to how personalised the programme was for him. *"The way they tweaked it for me, I have nothing but praise!"* One of the key features of the programme is that, while there is a core programme of weekly sessions which can last as long as the individual needs them, it also provides links to other programmes delivered by other community-based providers, based on what the individual needs. *"The way the system is run I think is amazing. It's so tailored!"*

Kerri, on the other end, feels like she is waiting for something to happen. Her situation is different, in that she has been referred to the tier 3 programme as a preparation for bariatric surgery. Her ability to be proactive about her weight management is hindered by the fact that she is waiting for her surgery, and that she is given inconsistent information about waiting lists. She feels excluded from the decisions that concern her health, and feels that a smoother transition would enable her to finally get on with her life.

This suggests that approaches that can enable people to take ownership of their own goals, communicate clearly what options are available to them, and place decision-making in their hands are more effective.

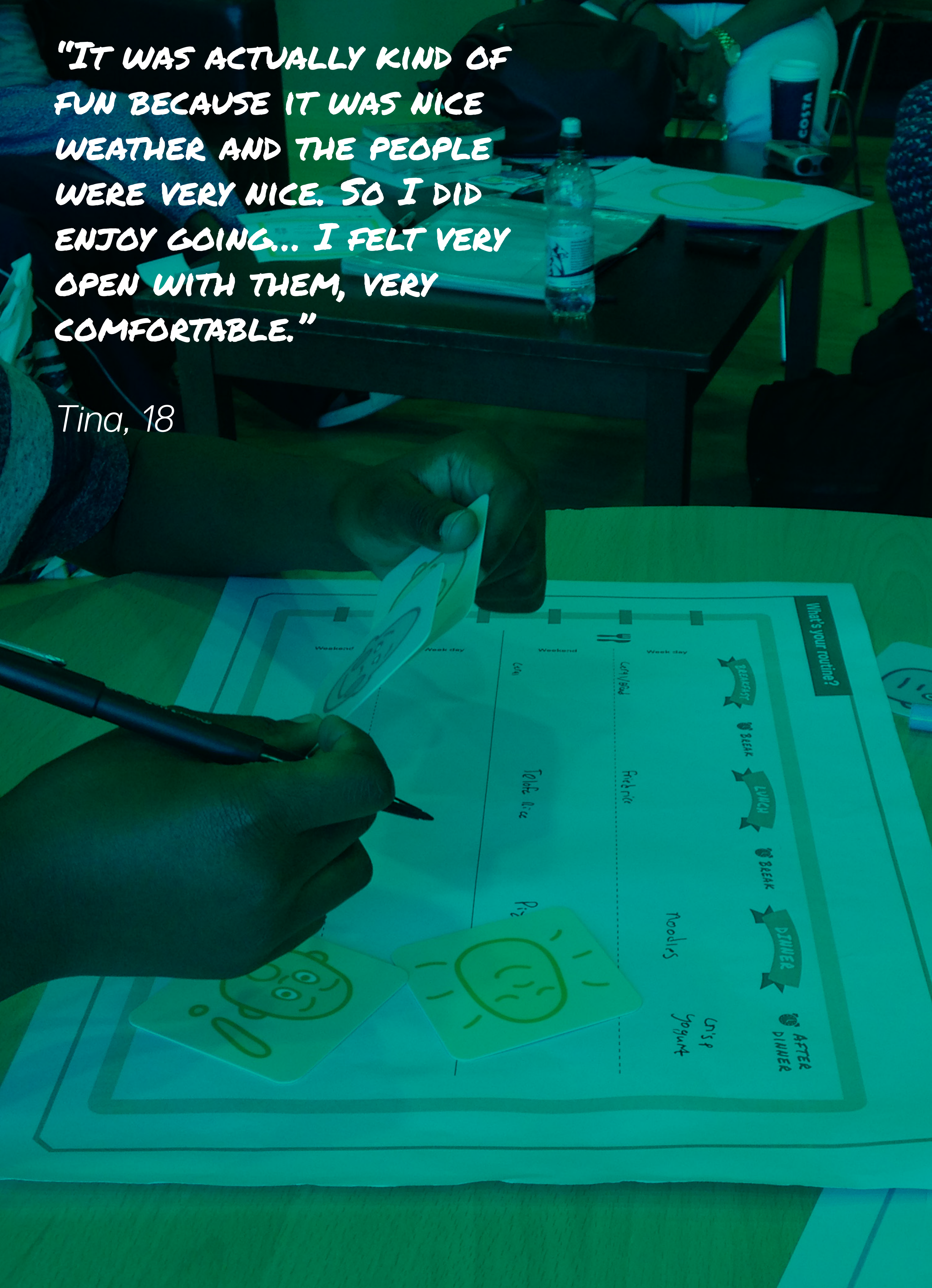
Providers and commissioners discussed how challenging offering personalised pathways was, due to short commissioning cycles, which had an impact on providers' capacity to work in partnership, or to provide integrated and modular services. Some suggested that a tiered approach was not the most helpful way of segregating services, due to the complexity and uniqueness of each individual's experience.

Ending

For Kerri the ending was a bit early. People thought she was ready to manage herself but she didn't agree. *"I knew it was coming but I didn't know it was the day."* She felt distressed and upset and the instructor's manner wasn't empathetic. Kerri has now been waiting for the date of her surgery for 7 months. She has sent emails and called but has not had a reply. She feels *"despondent and frustrated."* A lot of people she knew have dropped out *"because they are just fed up with waiting."*

Not knowing when she will have the surgery affects her holiday plans as well as her work situation because she doesn't know when she is going to be referred. *"My boss wants to know, because they need to replace me with someone. It impacts on a lot of other things. I live on my own, you've got to have someone to look after me. I need to organise something for that. It's very complicated and frustrating."* Kerri still attends monthly meetings whilst waiting for the surgery, she said she just goes because she wants to keep the momentum through talking to people.

One provider mentioned that they provide monthly follow-ups. *"We offer extensions for people who have relapsed or are struggling, or they can ask people to be re-referred when they are feeling better and ready to take the programme on."*



"It was actually kind of fun because it was nice weather and the people were very nice. So I did enjoy going... I felt very open with them, very comfortable."

Tina, 18

5.3 Tier 2 children

Providers and commissioners mentioned that the provision of weight management services for children and families is much more patchy and less standardised than for adults. The four children who took part in this study attended the same programme: 12 weeks of 2 hours after school sessions for the whole family, covering nutritional information in the first hour, and active games in the second hour.

Insights were also gathered from providers and commissioners who took part in the stakeholders workshops and interviews.

Stakeholders workshops

Both workshops included commissioners and managers of tier 2 services for children.

Stakeholder interview D
Public Health Commissioner, London

- Has recently commissioned tier 2 provision for adults, which is new for the borough. The provider is a local NHS provider.
- The service is part of an integrated health improvement service covering other lifestyle components, including stop smoking and behaviour change.

Stakeholder interview E
Head of service development, Greater Manchester

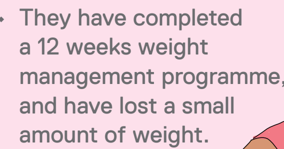
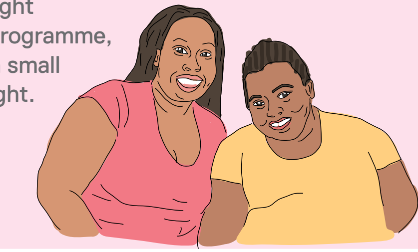
- Local private provider delivering tier 2 and tier 3 weight management services for adults and children across Greater Manchester. They also deliver smoking services, health training services, wellbeing services.

Stakeholder interview F
Researcher, North England

- Previously Programme Manager on tier 2 and 3 weight management programmes for children.

Ethnograhy H
Alicia & Tina, 11 & 18, London

- Alicia just started secondary school.
- Tina has recently given birth to baby Lea and currently stays at home.
- Alicia wants to become an events manager, and Tina a DJ or radio producer.
- They have completed a 12 weeks weight management programme, and have lost a small amount of weight.

Ethnograhy I
Wayne & Adam, 9, London

- Wayne and Adam are twins. Wayne has always been bigger than Adam.
- Lucia, their mother, works night shifts as a carer in a nursing home. Their father works part-time in a shop. He lost a higher paying job in security after a knee injury, and money is now tight for the family.
- They have completed a 12 weeks weight management programme, and have lost a small amount of weight.

Social network and norms

When being overweight is a norm

Perceptions around what is an acceptable size are influenced by a range factors, including family norms and cultural standards. Providers reported that approaching parents about their child's weight can be difficult, especially when parents do not recognise that their child's weight is an issue. Often, they expect their child to grow out of their *"baby fat"* or consider that being a bit overweight is sign of health. They also want to avoid creating a complex or inspiring eating disorders by pointing out their child's weight.

Sisters Tina and Alicia, who are 18 and 11, recognise that they are overweight. However, they also see it as normal. For Tina, their weight is a genetic issue, rather than about how they currently eat. *"Even though we are big, we don't really eat a lot… Our dad is quite overweight. To us, he doesn't look that overweight, but realistically, a doctor would say he is very overweight… and mum's quite overweight. So it kind of runs through our genes that we are all kind of big boned."* She also reckons that their father's cooking when they were younger shaped their eating behaviours. *"Our dad used to give us quite big portions… There was always food in the house. But when we moved with our mum… that's when we started to cut down food… My mum would cook a lot of veg and salads."* Their mother has been trying to lose weight herself for a long time through various, but has not attempted to impose a healthy lifestyle onto the whole household. Tina and Alicia do consider themselves as healthy, and their motivation is unclear, with loose allusions to body image.

Lucia, who is Wayne and Adam's mother would never have considered her children as overweight. When they were born, Wayne weighed 3.5kg, while Adam was only 2.5kg. So Wayne "was a big baby" and has always been bigger than his brother. Lucia never saw it as an issue. *"He is ok, he is running up and down, he is fit… He has always been a big baby, right from birth… He was even bigger than this… The more he is growing taller, the more he is losing weight. So I don't look at him and think he is overweight."* It was because Wayne reported he was being teased at school that Lucia decided to sign the family up onto a weight management programme.

Providers echoed this, by saying that simply telling parents that their child needs to lose weight is not an effective way to convince them to engage. Some providers even talked about letters from the National Child Management Programme being disempowering for parents. Instead, they suggested that a phone or face-to-face conversation, giving them the chance to ask questions was a better way. Finally, they talked about framing the conversation in terms of long-term health, rather than mentioning weight loss.

Understanding family dynamics

The tier 2 programme both families attended was designed for whole families. Lucia explains that she enquired about the programme for Wayne. However, when she took the twins to an assessment at the library, the 3 of them were weighed. Lucia was surprised that they weighed Adam and enrolled him as well, as he looks skinny to her. Adam himself doesn't seem to be clear about why he had to attend with his brother. As a result, however, the whole family is now aware of nutritional information and challenge each other when they go shopping. Lucia, who is also trying to reach a healthier weight, also feels that she can use what she learned for herself.

Because the girl's mother works long hours, Tina went along with Alicia to each session, and brought her baby daughter Lea with her, even though there was no creche. *"It's a family thing. It's not even just for [Alicia]. They even teach things for [Lea] and for me."* Tina also surprised herself by taking part in the active games, which she assumed were for the children at first.

The impact of actively involving key family members in the programme seems to have been positive for both families. Tina and Alicia now go shopping together and influence each other. *"It has kind of given us an insight into things I never knew, like how much you need your fish, and your pulses and your balanced diet, what oils to use, and what oils not to use, you know if you have some types of foods, how it will affect your body, etc."* They have also shared their new knowledge with their mum, and take the time to look at labels when they go shopping together. *"She buys different milks now... She will get wholemeal bread instead... When we do go shopping we would see the products and tell her what we learned about them."*

However, the programme did not look at other relationships that have an impact on the children's habits. Sometimes, the most influential relationships exist outside of the immediate family, and include friends and extended family. For Wayne and Adam, for example, spend a lot of time with their cousins, especially during the school holidays. Wayne claims he first went into the local chicken shop when he was with his cousins.

For Alicia, her role model seems to be, not her mother or even Tina, but her aunt. Every Saturday, after dance class, she then generally heads straight to her aunt's house and stays over until Sunday. When she talks about the weekends at her aunt, Alicia's face lights up. Her house seems to be a hub for the extended family. Alicia and Tina describe how there is music, dancing, and generally a big Caribbean lunch, that goes on until evening. Alicia likes helping her aunt to cook and to set-up the house for the party. She thinks that's where her inspiration to be an events manager comes from. Food seems to take a central role in these family gatherings.

Pushing further the whole family approach might have meant involving Alicia's aunt into the programme, or at least reflecting with Alicia on how to make healthy choices during the Saturday gatherings.

Being part of a team

Both families talked about being nervous before starting. Wayne said *"I was nervous at first because I thought I wasn't going to fit in."* Alicia echoed this, and said that, being the oldest of the children, she worried about whether she was going to make friends, but *"eventually, I just ease into it."* Despite being a grown-up, Tina shared this feeling, and talks about being surprised by how well she got along with the group. *"It was actually kind of fun because it was nice weather and the people were very nice. So I did enjoy going… I felt very open with them, very comfortable."*

For Lucia, this is an aspect of the service that worked well. She thought it was really well facilitated and engaging for the children, as they were pushed to form teams and play with each other. *"The information they passed on is very good. And the method they used, I like it, because the kids were all involved in it. Because they used cards, and the kids could touch them, and play with them… When you do practical things with them it stays with them! It was fun for them because they were in groups, and each group wants to win!"*

Wellbeing and self-image

Happy activities

Both on and outside of the weight management service, having fun helped children to feel good about themselves and engage in healthier behaviours.

For Alicia and Tina, it's dancing. Tina likes to go clubbing with her friends. Alicia goes to dance classes every Saturday, and looks forward to inventing dance routines with her cousin at the weekend. She also goes to piano lessons, and her role model is Alicia Keys. At school, she enjoys drama and music, but would like to be better at Maths, and English. She describes school as a source of stress, and often worries about forgetting to do her homeworks. Dance class is often the highlight of her week. *"I just find it really fun. You know, my week is just school, and then the first thing I do on a Saturday is dancing. It's like relaxation."*

Wayne and Adam, for example, both love going to the swimming pool. They go every Monday. During that time, Lucia sometimes watches them from the window, or, when she is really tired, finds a couch upstairs in the library to doze off for a few minutes. She used to use the time to go to Aquafit classes, or to do Zumba in the gym downstairs. But eventually, she stopped because it was too expensive. *"It was good, and it made me feel good, but it was £5 a session. I already pay £45 each month for the children's membership. So that was too much. I preferred to cut the classes for me than for them."*

Both Lucia and the children were therefore delighted when they were rewarded with swimming vouchers for completing the programme. *"After the programme, they gave us a reward, they took the kids swimming. Everybody agreed on what we wanted to do, so they went swimming, and then they had another free entrance to go for one more swim. But they haven't gone yet. Probably I'll do that with this week, because that ticket will run out on the 31st of August."*

Making place for emotional issues

During the research, Tina and Alicia revealed a challenging home life. They currently live with their mum, who works 2 different jobs, often leaves early, comes back late, works weekends and travels a lot. Their parents separated when Tina was 11 or 12, and they have not seen much of their dad since. *"They were suffering from domestic violence... So they just split, and then we moved. Yeah, he kept the house and we just moved. Since then he hasn't been like a father figure to us. Because he still blames my mum for leaving... He disappoints me. I think: you are my dad, you are 40 years old, you should be able to look after your kids." Tina remembers that this had an impact on her weight. "I was quite slim, and when I hit puberty that's when I started to put on a lot of weight... Just after we left, I blew up".*

At the age of 16 Tina decided to move out to a hostel, but moved back in when she became pregnant with Lea. Tina lived in three different hostels between the ages of 16 and 17. During that time, she kept close contact with her sister. *"I'd go there [back home,] but not to live there – I'd go in the evenings for Alicia or catch her going to school, catch up with her like."* Tina would like to move out of the house and find her own flat as soon as her baby turn one year old. *"I'm very forward, I want my own space."* The sisters do not discuss what impact this would have on Alicia, but it is clear that her routine would impacted, considering that their mother is absent a lot and that Tina does most of the cooking and household work.

The weight management programme did not seem to address the issues that have caused Tina to put on weight in the first place. Neither did it seem to address Tina's potential departure, and the impact this could have on Alicia's sense of control over her routine.

Body image ambivalence

The families who took part in the research seem to subscribe to the 'body positive' movement and want to avoid problematising their weight. However, there was also a desire to 'fit-in.'

This was apparent for Tina, who mentioned she did not see losing weight as a priority. She feels she would need external pressure to achieve weight loss. She thinks it is because she is now happier with how she looks. *"It's not as bad as when I was 14!"* She does want to "tone up a bit", but likes her curves. Though when prompted further, she does feel ambivalent about her body image: *"If I had the choice I'd be a size 10 by now, if I had the choice... I'm happy as I am, I don't think there's a problem but when I'm with a group of people and they are all slim I do feel a bit conscious. But I'm happy as I am, I don't really think I need to change. If I had the option... if someone said to me so what size would you like to be, I'll give it to you right now, I'd say a size 10, but I'm not conscious of being... I mean I wouldn't walk down the street being conscious of how I look... But when I'm with my friends I do feel different".*

For Wayne, who is younger, and who, as a boy, is unlikely to be subjected to the same body image pressures as Tina, the motivation is less about looking good, and more about fitting in. Indeed, Lucia only started to be concerned when Wayne alluded to being teased at school because of his size. *"When he keeps on saying that they are laughing at him, that he is too big, then I say to*

him you tell them that they are too thin! Because you're not doing anything, you are not eating junk…" It is when she heard about the weight management programme during a parents coffee morning that she signed up for it. Wayne is now part of an anti-bullying group at school, so knows how to stand up for himself.

For Lucia, the motivation is different. *"For me to be successful is for me to be healthy. If I lose the weight, so be it, but if I don't lose the weight… Being healthy is still success."* Recently, Lucia's sister, who still lives in Nigeria, found some old photos and messaged them to her. Lucia has kept the photos on her phone. *"Look how slim I was! There is no going back to that!"* Lucia says her weight problems started when she was pregnant with the twins. She put on more weight when she started breastfeeding. Because she had to feed 2 babies and felt exhausted, she started eating more. She is trying to shed a few pounds, but she prefers to think about it in terms of getting healthier. *"Because I don't want to think about it. So, if it's going to go, it's going to go, but what matters is the way I eat, and the exercise… That's what matters. But it's not by thinking about it, because the more you think about it, you're going to be more stressed. So you're not going to be losing, you're going to be adding."*

Aspiration and motivation

Confused expectations

Reflecting the results from the research with tier 2 adults, both families alluded to some confusion about the purpose of the programme.

Tina heard about the programme through a friend. *"Her son went to it. Anyway, she said it was good, so I looked for more info."* At first, Tina thought the course was about healthy lifestyle. *"I didn't think it was weight management… but when I got there and [they said] 'we're going to try and help you lose weight', I thought 'okay!' and it was even better for [Alicia]."*

For Lucia and the twins, the confusion was caused by the fact that they weighed and enrolled Adam as well as Wayne. As a result, Adam has developed a complicated relationship to food after the programme. While Wayne still sees food a source of pleasure, the nutritional information and the sessions on labelling have made Adam feel anxious. Even though he is slim, he now wants to make sure he avoids putting on weight, as he doesn't want to get teased at school, like his brother has been.

The participants were weighed regularly, but the numbers were not shared with them, which added to confusion about whether the programme was specifically about losing weight, or simply about learning about healthy lifestyle. Tina says : *"I didn't really think of asking at the time because it was more like gaining knowledge and literally you'd go in talking and like we're in a conversation so you don't really think to ask. She*

read the number you were and wrote it down for herself… it's probably just routine, probably for the kids they might not tell them their weight as such – this would be their plan." Providers agreed with this, and mentioned that they want to avoid children developing insecurities or unhealthy obsessions about their weight.

However, when asked if the programme achieved what it set out to achieve Tina says: *"No, I think they were trying to… obviously the kids to lose weight in a certain amount of time, but I think what they delivered it wasn't realistic. They sat and spoke a lot more than they did activities and I feel like they should do more practical so the kids can understand more… 'cos halfway through the sessions the kids were swaying off like tired and stuff."*

Baby steps

The children on the programme had to set two kinds of goals each week: one active goal, and one nutrition goal. They found it empowering, and easy to manage.

Alicia felt that these goals seemed achievable and small. *"We did have this thing where we would set a goal. For example, one of the boys there, he did have desert like everyday, and then they tried to say how about 2 days of the week, don't have it. And so they just set us goals, An active goal and a nutrition goal… I had a lot of different ones. Like, sometimes I would bring my own snack to school instead of having crisps or something like that…"* However, now that the programme has ended, Alicia no longer sets herself goals, though she describes how she questions her food choices more.

They were also given a handbook and some homework to take home, which gave them a sense of accountability. Lucia says: *"They got a book about food, food hygiene, answering questions for the kids. Yeah, they used it, because while we were on the programme, there were some pages we needed to go home, read about it, and when we come back we have to discuss about it, so the kids were doing it."*

However, as an adult, Tina did not have to set goals for herself, and she wishes they had been stricter with her. She compared the experience to when she tried to lose weight herself when she was 14. She weighed about 15 stone and was a size 20 at the time. *"I thought I can't go on like this! So I ran around that park until I got to a size 12… Every night I'd run for 2 hours… I wasn't happy. A lot of girls in school were really slim, they had nice hair and everything."* During that period, she saw her dad once, which motivated her even further. *"I though you know what, I'm gonna lose it, I'm going to show you that I don't need you."* She describes that time as *"my first big achievement to myself."*

This comparison demonstrates that, in order to be achievable, goals do not necessarily have to be small, but are effective when they directly link to service users' inner motivations.

When I grow up…

The children involved in this study had clear aspirations about what they wanted to do in the future. Their passions linked to a physical activity.

Alicia says she is confident about her future. Inspired by her aunt, she wants to be an event planner - planning birthdays, weddings, or festivals sounds like a fun and rewarding job to her. Though dancing is her passion, and she has considered she might like to travel the world to perform, she is clear that *"that would only be part-time, on top of the event planning."* Wayne is also clear about his future. He wants to be a rugby player. However, Lucia doesn't want to let him play, because she has heard it is a rough sport.

Control and choice

A structured routine helps

Both families reflected on how school holidays and weekends make it harder to stick to good habits.

On weekends, Alicia also looks forward to unsupervised time with her cousins and her friends. *"Sometimes we just play, or we go out shopping. Or like if there is some sort of festival on, we're going there... Sometimes we go to this Turkish restaurant... We have like this Turkish pizza."* She also finds that she tends to eat more during holidays, because *"the fridge is just there" and food is readily available in the house. "Basically during school, they tell you when you can eat and when you can't... It's harder not to eat during the holidays."*

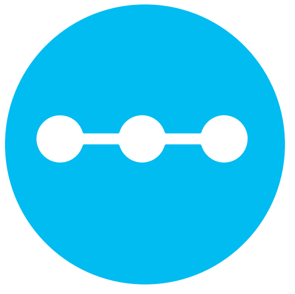
It is also clear that during school term, Wayne and Adam's routine is stricter, as they and Lucia have a busy schedule. Lucia works as a carer and does night shifts. She comes back from work around 8.30am, just on time to take the children to school for 8.45am. After the school run, Lucia goes to sleep until at least 1pm. The twins come back around 3pm, and Lucia takes them to a range of evening activities, including Maths and English tuition, swimming classes and music. For dinner, they usually have what Lucia has cooked on the day. Her speciality is Jollof rice - a Nigerian staple recipe of fried rice with vegetables. She usually cooks a big pot once a week, then freezes individual portions in boxes for each day of the week. While it is a demanding routine, Lucia finds it easier to be in control of what she buys and cooks when the children are at school. On the day of the research, the lunch was chicken and chips, because the children were bored while waiting for their swimming class, and because their cousins were around. Lucia says that their father is stricter with them and does not allow them to snack.

Real life learning

The programme included a practical session, namely a trip to the supermarket. Alicia remembers this session clearly. *"We went shopping one time, and we got this yogurt that only had like 3 grams of sugar and 0.5 grams of fat, and it actually tasted quite nice. Like, not as good at like obviously you know Cornys because that's full of sugar. But it actually tasted quite nice!"*

Both Tina and Alicia enjoyed the programme, but say they would have liked to be shown how to do certain things rather than just being told nutritional information. Tina says that to have a real impact on the service users' habits, *"they need to be a bit more on point, like every session weighing and more practical with the kids so the kids actually to home like 'Mum we cooked some healthy food' .....they need to be showing them how to do things, that's how they're going to learn."* She also questions the impact of the programme, and feels that some families didn't quite take the content of the programme in: *"One I actually saw yesterday... But she was in the chicken shop!"*

This also resonates with Wayne and Adam. Both the children and Lucia found the way information was broken down helpful, particularly in understanding what foods are *"friendly"* and what foods are *"unfriendly."* They liked that they used this language, instead of just *"fat"* or *"healthy"* because *"healthy"* is already used by marketing a lot, sometimes in a misleading way. However, learning how to read labels in a supermarket can only have a limited impact. On the day of the research, for example, Lucia and Wayne found themselves in the local chicken shop and struggled to identify which option would be the least unhealthy. They eventually made their decision based on cost.



Experience of support

Ending

INSIGHTS

Families can grow a sense of dependency on the service. Providers and service users alike felt that 12 weeks is too short to see a significant impact on weight, behaviour and wellbeing. Relapsing and repeat users are common. One provider quoted: *“A lot of tier 2 family services is under 12 weeks. Unless your family is very ready to make changes and they are quite strong unit already, 12 weeks barely touch the service of what they need.”*

For Wayne and Adam, it was clear that the programme went beyond simply helping them to understand what a healthy lifestyle was. They both valued it, mostly because of the active games, and would like it to start again. When asked what would make it better, they said: *“More games! Maybe even like learning how to play keyboards and drums, not just physical activity.”* To some extent, they saw the programme as an antidote to the boredom that school holidays can sometimes yield.

As a result, they found it hard to end the programme. They particularly loved one of the instructors, the one who facilitated the active games. *“The kids were fond of him! They were not happy when he said that’s the end. They said, Oh no! We want to stay with you!”*

Alicia and Tina also enjoyed the programme, and feel that they have learned a lot and are using that information to guide their choices on a daily basis. However, it is questionable whether the impact will be long-term. Alicia was given a book with activities, information and recipes that offer lower fat and lower sugar options. She hadn’t looked into it since the programme finished. Alicia looked through it on the day of the ethnography, to find recipes she would like to try. *“This is actually really good!”* Tina, who had lost weight but put it back on immediately after the programme, finds it hard to carry on being active. Her routine is now limited, because her baby is still small. *“I think that’s because the weather hasn’t been so nice, so I stay with the baby in the house. I need to get out. But it’s hard.”* She thinks that “they should do say a follow up call after a month and then 6 months”

> "WE WENT SHOPPING ONE TIME, AND WE GOT THIS YOGURT THAT ONLY HAD LIKE 3 GRAMS OF SUGAR AND 0.5 GRAMS OF FAT, AND IT ACTUALLY TASTED QUITE NICE. LIKE, NOT AS GOOD AT LIKE OBVIOUSLY YOU KNOW CORNYS BECAUSE THAT'S FULL OF SUGAR. BUT IT ACTUALLY TASTED QUITE NICE!"
>
> *Alicia, 11*

"When we were on holiday in August Nathan made friends with Chris and they talk on the XBox. And he's on it more than he used to be. This is why he's put on the 2 pounds."

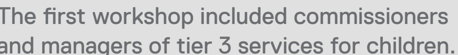
Charlotte, mother of Nathan, 11

5.4 Tier 3 children

Providers and commissioners reported that there is a gap in provision for tier 3 services for children. As a result, there is a lack of clarity about what they look like, and what constitutes good practice. In addition, the boundary between tier 2 and tier 3 is blurry. In some areas, the determining criteria for access to tier 3 is whether the family has complex psychosocial needs, while in others, it is purely based on BMI and comorbidities.

The programmes included in this study varied in their format. One included intensive camps during school holidays and drop-in sessions in between, while the other was a 3 month long programme of weekly drop-in sessions.

First stakeholders workshop



The first workshop included commissioners and managers of tier 3 services for children.

Stakeholder interview B

CCG Commissioner, London

- Commissions an innovative tier 3 service for children, integrated with children social care.

Stakeholder interview E

Head of service development, Greater Manchester

- Local private provider delivering tier 2 and tier 3 weight management services for adults and children across Greater Manchester. They also deliver smoking services, health training services, wellbeing services.

Stakeholder interview F

Researcher, North England

- Previously Programme Manager on tier 2 and 3 weight management programmes for children.

Accompany insights from users were those from providers and commissioners who took part in the stakeholders workshops and interviews. The programmes described by professionals (interview B and F especially) seemed more focused on psychological support than the ones described by families.

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Ethnograhy K

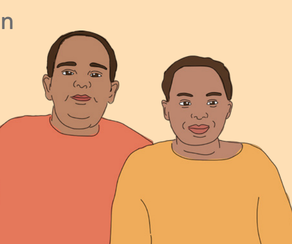
Nathan, 11, Greater Manchester

- Lives with his mum, dad and older sister. Only his mum is overweight.
- Has always been overweight and was diagnosed with diabetes by his pediatrician when he was 6 years old.
- Is currently on a tier 3 programme. The programme involved a week long summer camp, and he has now attended 3 regular drop-in sessions.
- His body shape is changing and he is losing weight.

Ethnograhy L

Fahmi & Nadifa, 8 & 9, London

- Live with their mum, dad, ad their 2 other siblings who are 10 and 5 years old.
- Their mum is also overweight, while their dad and the other 2 siblings are of a healthy weight.
- They were referred to the rpogramme by the school, through NCMP letters.
- The programme consists in weekly sessions over 3 months, once a year. It is the third year that they have been referred.



Social network and norms

Focusing on the whole family or focusing on the individual

As with the other tiers and age groups, tier 3 children were not the only person in their family to be affected by weight issues. Nathan's parents are overweight. Similarly, Fahmi and Nadifa's mother, Amina, is also trying to lose weight. However, both families have members considered to have no weight issues, for example Nathan's younger sister, who is 6 years old. She loves vegetables and fruit and goes to a weekly swimming class that she says she enjoys a lot. In Fahmi and Nadifa's family, their two other siblings, who are 10 and 5, are also considered to be a healthy weight, and so is their father.

Nathan's mother, Charlotte, considers the fundamental difference between Nathan and his sister is that he used to spend a lot of time with his grandparents as a child, and they had a habit of overfeeding him. Amina thinks that there is no significant difference between Fahmi and Nadifa and their siblings in the way they were brought up and in how their attitudes to food have been shaped. She simply believes that *"it's in the genes"* and that Fahmi and Nadifa inherited her genes, while the others inherited their father's genes, suggesting that, even when family norms, routines and environments are the same, individual bodies react differently.

Both through the design of the programmes, and through circumstances, the two families had different experiences regarding whether the focus was on the individual child or on the whole family.

Nathan is clear that the programme is for him, and while his mother is actively involved in it, she does not talk about her own weight, and does not reflect on how the programme has impacted her. For Fahmi and Nadifa, this is a different story. Because of her constraining work hours and lack of childcare options, Amina has been taking all 4 of her children to the weight management sessions without distinction. This is despite the fact that only Fahmi and Nadifa were officially referred, Fahmi every year since he was 5, and Nadifa for the first time this year. She has also benefited from it herself. Having been given a free membership to the gym Amina has lost 18kgs since the children began the programme 3 years ago.

It seems that both approaches - individual or whole family focus - have benefits and disadvantages. For example, in Nathan's case, the benefits are that Charlotte's efforts are solely concentrated on supporting him. He is also very clear about why he was referred, and what this means for him. However, this does not help Charlotte address her own weight issues, and does not address some of the causes to which she attributes Nathan's weight, such as his grandparent's and father's behaviours around food. On the other hand, Amina taking all 4 children to the sessions has a positive impact as it ensures each of the children, whether they are overweight or not, are exposed to new healthy lifestyle habits, which become embedded in the family. However, the fact that there is no distinction between the way Fahmi and Nadifa and their siblings are supported means that they are potentially missing out on being able to address their behaviours and relationship to food individually. In fact, during the first two years, Nadifa had only joined the programme to accompany Fahmi, but this has not stopped her from gaining weight to the point that she has received a personal referral.

Involving the extended family

Linked to the previous observation, who was involved in the programme and whether they were able to implement changes was important. For example, Amina is predominately in charge of what her children eat. She is the one who cooks, looks after the household, and sets the rules. As a result, she feels she has been able to directly apply what she learned from the programme.

On the contrary, while Charlotte seems to be dedicating a lot of time and energy on Nathan's weight management journey, the programme advice can be seen to be in conflict with the habits and routines set by Nathan's father and maternal grandparents. Nathan complains about his Dad, saying, *"he cooks all the time chicken and pasta in the microwave."* Charlotte explains that her husband's upbringing wasn't easy and that he grew up on bread and butter. To him, a good diet means hearty meals and large portions. She thinks that she needs to change her husband's habits and create weekly menus so the family eat more healthily as she doesn't believe that he would change his food choices by himself even though he is supportive of Nathan's weight loss journey. Charlotte also blames her own parents. Nathan spent a lot of time with them as a toddler, and Charlotte believes that his strong appetite stems from the fact that they *"overfed him."* Charlotte feels compelled to *"train"* not only Nathan, but also her husband and her parents' to ensure that they don't encourage bad food choices. However, she was the only one involved in the weight management programme.

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Making friends

Another aspect in which the two programmes contrasted greatly is the emphasis on group dynamics. For Fahmi and Nadifa, the games played during the sessions are the most fun. They enjoy explaining and demonstrating the new games they have learned, talking about the friends they have made. Participating with their siblings also clearly has a positive impact on how comfortable they feel during the sessions.

Nathan, however, hasn't made friends with any of the children on the programme. His character is more reserved, though at school, he is quite popular. He complains that there is no chance to make friends during the weight management sessions. Charlotte concurs. She laments that there is no opportunity for families to build relationships. In Nathan's case, while parents are invited to participate in the sessions very few parents do so. Indeed, the majority drop off their children and pick them up when the session ends. Charlotte thinks that the weight management programme could create a social network on social media very easily, which would enable parents and children to connect and stay engaged in the programme and do activities together outside of the sessions.

In addition, Nathan is the youngest child in his programme. While this made him nervous at first, he is slowly easing into it. However, he noticed that some older girls are disengaged, and don't participate in the activities which he finds unfair and demotivating.

Wellbeing and self-image

Confidence to try new things

As with tier 2 children, having the confidence to participate and enjoy physical activities, both during and outside of the weight management sessions is key. Tier 3 programmes can feel challenging and push children out of their comfort zone.

Both Fahmi and Nadifa entertain a busy schedule outside of school and enjoy physical activity. Nadifa's favourite sport is football that she plays twice per week during her lunch break at school and Fahmi does karate on Saturday mornings. In addition, since they started the weight management programme they have become more active. Before, they usually sat on the sofa and watched TV, or played on the iPad. Now, they run about in the living room playing freeze tag, or jumping on and off certain pieces of furniture.

Nathan's relationship with physical activity is more ambivalent. Nathan is doing well at school. He seems to know what he is good at and wants to stay within his comfort zone. He doesn't want to play football or rugby because he knows he's not good at it and he doesn't want to let his teammates down. So, he prefers to abstain from doing sports at all. The weight management programme seems to be slowly building his confidence and he has noticed that his attitude has started to change. He is now more open to getting involved in games. Nathan feels proud of what he has achieved so far. He remembers feeling very frustrated at the end of a long walk uphill on the first day at the summer camp. He cried and said to his mother that he did not want to go back. Charlotte comforted Nathan and convinced him to go back. On the second day, Nathan was surprised that the walk and activities in the afternoon felt easier. From then onwards he was fully engaged in the programme and he is happy that he didn't give up.

According to some providers, children who are referred to tier 3 programmes often have low self-esteem, which exacerbates their weight issues. Building their confidence was seen as one of the main outcomes to aim for, and was considered to be nearly as important as actual weight loss.

Reflective parenting

Providers discussed whether, in order to be effective, tier 3 weight management services for children should aim to support parents to reflect on how their own habits and attitudes around food, physical activity and body image impact on their child. Amina says that one of the things that she takes away from the weight management programme is the importance of not making her children feel bad about themselves. When both Fahmi and Nadifa reveal that their schoolmates have called them names because of their size, Amina explains that the Life Coach pointed out that no one was ever to be called big, and says that she will address this with the parents of the children. Amina thinks it is important that they understand why certain foods are banned and to establish strict rules for the whole family, but she is careful to not blame her children for their weight. She also does not appear to make any distinction between Fahmi and Nadifa, who are overweight, and their siblings who are of a healthy weight.

Food seems to have taken a significant and more complex place in Nathan's relationship with both his parents. With his mother, food can sometimes be a point of tension. Charlotte has taken on the role of a very supportive coach for Nathan, and sometimes, this becomes a policing role. It feels

like a well-established schema where Charlotte points out Nathan's behaviours - like drinking too much juice or wanting to eat pizza, cheese and ice cream - and Nathan either looks guilty, or responds defensively. Moreover, food seems to be a way for Nathan to bond with his father. They often bake cakes and cookies together.

Psychological input

Providers of tier 3 weight management services for children all emphasised the importance of having a psychological focus. When asked about what they considered to be good practice, two providers in particular mentioned that conducting psychosocial assessments at the start of the programme ensured that families were supported to address psychological issues throughout the programme. The programmes they described included support around emotional eating, stress management, self-esteem and relationships.

However, this does not reflect the experience of the families who took part in this study. The entirety of both programmes was delivered through group sessions, and while both families mentioned that a psychological session was offered, this was optional and neither took up the offer.

The discrepancy between what providers consider good practice and the experience families have described could be due to the fact that tier 3 services for children are less standardised. The services described by providers seemed to target families with more complex social and psychological issues, and sometimes chaotic lifestyles. They mentioned an overlap with troubled families, children social care and child protection, which was not the case for Nathan and Fahmi and Nadifa's families.

Aspiration and motivation

A commitment to myself?

While the trigger for Nathan to be referred to the weight management programme is the fact that he is close to having diabetes, Charlotte's main motivation is her own concern about his wellbeing. Although Nathan has not explicitly mentioned that he is being bullied, she wants to prevent other children from calling him names. Nathan also has his own motivation, namely he would like to be able to do more physical activity without running out of breath. Additionally, he has been seeing a pediatrician to monitor his weight and sugar levels since he was 6, and Nathan says he would like not to have to go to the hospital again.

While Nathan has defined his own goals, it is clear that Charlotte is the key driver behind his weight management journey, and that if it was only down to him, he would rather not do it.

Nadifa repeats on several occasions that her goal is to be *"skinny, but not too skinny"*. She considers the other girls in her class slim and wants to be like them and avoid being called names. Fahmi is less worried about his appearance, and his aspiration is more abstract and long-term. He says that he wants to lose weight so he becomes a *"healthy adult"* and *"live until [he is] 97"*. He also seems to think that being a bit big is good because that symbolises physical strength. His understanding of what constitutes a healthy weight is ambiguous, and he does not seem to see it as an immediate priority, unlike his sister.

Parent as a coach

Providers talked about parental attitude as a barrier. As for tier 2, they mentioned that the wording of NCMP letters could be disempowering for parents. They also mentioned that parental denial was often an issue, and that, because tier 3 services tend to take place in more medical settings, parents feel that they can hand their responsibility over to professionals, and as a result, do not engage.

However, this was not reflected in the families who took part in this study. Amina for instance is leading by example by applying the changes suggested by the weight management programme to her own life, and as a result, has lost a significant amount of weight. This was enabled by the fact that the service targets parents separately and specifically to ensure they feel in control of the changes their children need to make. During the first half of each weekly session, the children are taken aside to play active games, while the parents take part in a session on nutrition. For the second half, the children join the parents to hear about nutrition as well. This seems to have worked very well for Amina. She feels that her children hearing about *"health food rules"* from professional people helps to give her authority, as otherwise, she says the children would tend to negotiate. It has, in turn, made her feel more confident in her parenting.

Charlotte highlighted the importance of staying motivated as a parent because the weight management programme will challenge and frustrate the children. This is the second time Nathan has attended the weight management programme. He attended it for the first time when he was 8 years old. Nathan found the physical activities too difficult. *"Everything was hard work."* Charlotte and Nathan would argue every time he needed to go to the sessions and also after the sessions. Charlotte had to push Nathan through the activities and encourage him. Even though Nathan is now more positive, Charlotte still needs to coach him when he has a low-moment.

It is unclear whether Charlotte's coaching role has been informed by what she has learned from the programme, or whether it simply comes from her own personality and the empathy she has for Nathan. What it does demonstrate, however, is the importance of convincing parents that their engagement is critical.

Visible changes

Echoing findings from tier 2 service users, both adults and children, tier 3 children were not weighed during the programme. Fahmi and Nadifa were weighed at the beginning and at the end, and received a letter with the results afterwards. Amina has lost the letter, but vaguely remembers that Fahmi has lost close to 10kg and she has lost 18kg. She does not remember the numbers for Nadia. The family seemed somewhat indifferent to knowing their weight and tracking their progress during the programme. However, Charlotte finds it strange that instructors do not weigh the children regularly. As a result, she weighs Nathan at home on a weekly basis, and uses it to keep his motivation up and keep track of his progress. Additionally, Nathan talked about his body shape changing, especially after the first summer camp. Getting external validation from his friends and other family members who can see his altered shape is also a motivator.

Control and choice

Picking up new habits

Both families gave numerous examples of the changes they have implemented into their routine since starting on the weight management journeys.

Amina explains that since the weight management programme she has made some critical changes to the diet of the children. As the cook of the family she has reduced the children's portion sizes, she prepares more balanced meals following the weight management programme's guidance. She has also banned sugary food and drinks. She explains that it was not difficult to introduce these changes at home because Fahmi and Nadifa themselves have accepted that they needed to change their diet. Amina thinks that she would not have been able to make these changes without the support from the weight management programme, primarily because she didn't realise the negative impact of the children's diet and secondly because the children would have been much more resistant if they had not heard the advice from the instructors.

Similarly, Nathan and Charlotte have defined new rules together. While he loves pizza, he can now only have self-made *"pita pizzas"* instead, though once a month Nathan is allowed real pizza. Though he usually prefers to stay at home and read, or play with his PlayStation, Nathan's parents are now making an effort to take him out and walk in the fields. Recently, Charlotte and Nathan walked 10 miles together. His grandparents also took him to a trampoline park, which Nathan enjoyed a lot. Charlotte in particular thinks that moving more can enable Nathan to lose weight and maintain a healthy weight. And Nathan seems to embrace that idea, especially since Charlotte told him *"if you stay active, you can eat more of what you want."* The underlying idea is that Nathan will not need to pay as close attention to what he eats as long as he is active enough.

Providers raised questions about whether classes can achieve behaviour change. They argued instead that changing a child's environment has more impact, as often issues can be triggered or amplified by family relationships. Indeed, the aspect of the service that has had the biggest impact on Nathan so far is the summer camp, because of its intensity, and its emphasis on embedding new behaviours. The camp involved not only physical activities, but also learning new practical skills, like cooking. During the camp Charlotte observed that Nathan was more open to trying healthier food alternatives and that he shows less resistance to strangers than to his parents.

Both families have started new physical activities. However, both were concerned about how they would be able to sustain these in the colder and shorter days of winter.

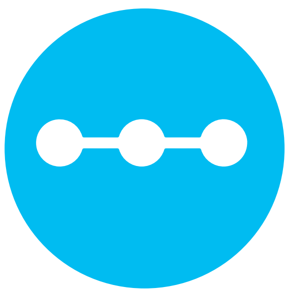
Navigating tempting environments

The weight management programmes described offered some nutritional information, in varying levels of depth. However, this seems to only have had a limited impact on children's ability to be reflective about their own choices in contexts where the parent has no control.

On the day of the ethnography, Fahmi shared guiltily that he had eaten some chocolate the day before; they had used chocolate coins in their topic class to do a role-play. At the end of the class he ate it despite knowing that he is not meant to. Nathan, who has just started in secondary school, has, for the first time in his life, receives money to buy lunch from the canteen. In his first week, due

to his excitement, Nathan spent his £15 within 3 days. Charlotte intervened and explained to Nathan that this wasn't the healthiest and financially wisest choice for him. They agreed that he would not spend more than £3 per day, which should enable him to get a Panini, a cookie and some water for lunch. Nathan is happy with this decision and follows this guideline.

Both Charlotte and Nathan also agree that sticking to healthy choices is challenging when unhealthy food options are everywhere, and often these are *"the only products that are on offer in the supermarket."* While all participants understand nutritional guidelines on an intellectual level, navigating tempting environments remains challenging.



Experience of support

Referral

Providers and commissioners felt that the referral process currently in place through the NCMP could be improved. Issues include professionals not having the confidence to start a conversation about children's weight with parents, parents not recognising the problem or not seeing their child's weight as a priority, the wording of NCMP letters being perceived as impersonal, confusing and disempowering, and the fact that the choice is not in the hands of families. Providers suggested that, in order to ensure positive uptake and meaningful engagement, referrals should ideally be made by a trusted individual, such as a school nurse or a teacher, after an informal conversation with the family, and with the family's permission.

The referral process for Nathan did not reflect the ideal scenario suggested by professional stakeholders, although it could be argued that preventative measures could have been taken earlier; a paediatrician has monitored Nathan's weight and blood sugar levels since he was 6 years old - he is now 11. Despite him having been bigger as a baby and as a child, it is only when he was 6 that the family started to be concerned about his weight. He was in the top percentile and at risk of developing diabetes. The doctor, however, reassured Charlotte that it was too early to worry, and said he would monitor Nathan's health every 6 months. Ever since, Nathan has seen his pediatrician on a six-monthly basis. It was only last summer when Nathan had his health checks that his pediatrician recommended that he saw a dietician. Nathan's blood pressure was high and he was borderline diabetic. Charlotte received

a call from the weight management programme very quickly providing information about the programme. She registered Nathan for the Go Wild Camp and the subsequent weight management programme. Nathan is clear on why he's signed up to the weight management programme.

For Fahmi and Nadifa, a teacher facilitated the process. Amina received a letter about Fahmi's weight, and decided to speak to the teacher about it to get some clarity. She recognised the problem and did not find it difficult to accept support. The family speak highly of the programme. However, Fahmi has now been referred 3 times, even though he has lost weight over the 3 years, and Nadifa has been referred for the first time this year, despite having accompanied her brother to every session over the previous two years.

No ending

The two programmes described by the families do not seem to have a clear ending point. As mentioned above, Fahmi and his family have attended the programme 3 times already - the programme is delivered in the form of weekly sessions over 3 months each year. During the rest of the year, there is no follow-up. The family does not seem to find it repetitive and, in fact, the children have asked Amina when they can go back. They find it really fun, and see it as a safe space to play and learn new games. However, Amina explains that she can't bring the children to the weight management programme this year because it is taking place in a different school, which is a 30-minute walk and too far away for the family. It is unclear whether they will be able to maintain their healthy habits with the same rigour when they are not on the programme, or whether attending the programme yearly is seen by the family as a useful refresher of what they had learned the previous year. One thing that Amina did mention is that she started attending Zumba classes and going to the swimming pool because the service provider gave her a free gym membership. However, once the programme ended she stopped because she was not able to pay for them herself.

Similarly, Nathan's programme has no specified length. Charlotte mentioned that it is up to families to decide when they are ready to stop. Because they are still early in their journey - Nathan has only attended 3 sessions, in addition to the summer camp - they did not express any concern about ending the programme.

6. Discussion

The above insights drawn from co-design workshops and interviews with service users and professional stakeholders reveal the differing nature of relationship that each service user has with a weight management programme. Reflecting this the superordinate theme that emerges from the grounded theory approach is ‘the unique needs of each individual service user.’ Embedded within this theme are subordinate messages, each reflecting the experience and/or views of service users and/or professional stakeholders. These messages are discussed in the form of Opportunities.

6.1 Tier 2 Adults

Social network and norms

Not being alone

Many participants spoke of the importance of the social aspect of weight management programmes, highlighting the support that a group provides. This is echoed by recent research that highlights the value of attending a weight management programme over basic General Practitioner advice *'that health would benefit from weight loss'*[1]. However, opinion varied concerning the make up of group sessions with a facility for one-to-one meetings within the weekly event being proposed to meet users' needs.

OPPORTUNITIES

Better segmentation
Participants felt that groups centred on health needs (e.g. diabetes, sleep apnoea, mobility issues, etc.) rather than just location or age would enable the sessions to be more focused around specific needs. This would also encourage service users to exchange tips and support each other around specific challenges.

A people's person
Participants felt that the instructor's role should be focused on facilitating positive group dynamics, rather than simply sharing information.

Setting shared goals
Co-design participants suggested that sharing their personal goals with the group at the start of the programme might encourage a sense of peer accountability and impact positively on their motivation.

Individualising support
According to some providers, both closed groups and open groups (drop-in) work, as long as there is enough emphasis on an individualised approach within the provided structure.

1. Paul Aveyard et al. 2016. Screening and brief intervention for obesity in primary care: a parallel, two-arm, randomised trial. www.thelancet.com. Published online October24, 2016. Available at [http://dx.doi.org/10.1016/S0140-6736(16)31893-1] Accessed on 31 October 2016

Bringing family on board

Reflecting Garip and Yardley's 2011 study emphasising that *"family and friends were sometimes identified as unintentional 'saboteurs' of weight management efforts by making unhealthy palatable foods available and disrupting time set aside for physical activity",*[2] the research raises the importance of engaging family in weight management programmes.

OPPORTUNITY

Involving family
Where relevant, family and partners should be involved in the programme. There are good examples of family involvement in programmes for children, but this seems less common for adults. Involving family does not just mean inviting them to attend the sessions. It might also be about nurturing a better understanding of the impact relationships have on health behaviours, and to encourage better navigation of social or relational situations that might lead to risky behaviours.

An offer for couples?

Food and eating habits can carry deep meanings of care and love, and couples face some unique challenges, with complex emotional implications. Routines are often tightly woven together and therefore supporting someone to change their lifestyle without the active involvement of their partner is likely to have a limited, or non-sustainable, outcome.[3]

OPPORTUNITY

CBT for couples
Involving partners should go beyond simply inviting them to come along. It should also prompt reflection on the impact their relationship has on their eating behaviours, and to develop strategies to makes changes together.

2. G. Garip and L. Yardley (2011) A synthesis of qualitative research on overweight and obese people's views and experiences of weight management. International Association for the Study of Obesity.

3. Kelly D. Brownell, Carol L. Heckerman, Robert J. Westlake, Steven C. Hayes, Peter M. Monti. The effect of couples training and partner co-operativeness in the behavioral treatment of obesity. Behaviour Research and Therapy. Volume 16, Issue 5, 1978, Pages 323-333

Wellbeing and self-image

Body image or health?

During the study both body image and improved health were identified as reasons for weight management. Wing and Phelan's research, aiming to identify which factors encourage long-term maintenance of weight loss, supports the view that medical triggers promote longer-term behaviour change. *"A medical trigger was defined broadly and included, for example, a doctor telling the participant to lose weight and/or a family member having a heart attach. Findings indicated that people who had medical reasons for weight loss also had better initial weight losses and maintenance."*[4]

However, LaRose et al argue that age is a contributing factor: *"In sum, YA [young adults] successful weight losers (SWL) are motivated more by appearance and social influences than OA [older adults] ..."*[5] These findings may indicate that older adults with medical reasons to lose weight will be more successful and poses a challenge to the ability of tier 2 services to have a long-term impact with young adults.

4. R. R. Wing and S. Phelan (2005) Long-term weight loss maintenance. American Society for Clinical Nutrition

5. LaRose JG1, Leahey TM, Hill JO, Wing RR. Differences in motivations and weight loss behaviors in young adults and older adults in the National Weight Control Registry. Obesity (Silver Spring). 2013 Mar;21(3):449-53. doi: 10.1002/oby.20053.

OPPORTUNITIES

Timely referrals
Stakeholders highlighted an opportunity to refer people following major health events, during which people tend to be more open to making long-term changes to their lifestyle and to receiving support.

Better conversations
Some stakeholders felt that health care professionals, especially GPs struggle to have the 'weight conversation' with people. They need to be better equipped to tap into people's inner motivations for losing weight, help them understand long-term health impacts and offer a concrete plan of action, including referring people to the right system of support.

Understanding the mind

Participants in the study talked about the influence that their thoughts had over the success of their weight management. The National Obesity Observatory recommends that interventions "consider both the physical and mental health of patients. It has been recommended that care providers should monitor the weight of depressive patients and, similarly, in overweight or obese patients, mood should be monitored. This awareness could lead to prevention, early detection, and co-treatment for people at risk."[6] The following Opportunities highlight where stakeholder perceptions converge with user desire.

6. National Obesity Observatory (2011) Obesity and mental health. Available at [http://www.noo.org.uk/uploads/doc/vid_10266_Obesity%20and%20mental%20health_FINAL_070311_MG.pdf]

However provision of certain services are at present limited to tier 3.

OPPORTUNITIES

CBT and psychological input
Steve strongly believes that a psychological input would make the course much better. This opinion is supported by some providers, who believe that CBT is effective.

Holistic assessment
Participants felt that weight management services should start with an in-depth assessment of the individual's situation, using motivational interviewing methods and focus on understanding the individual's motivation, their environment, their social network, as well as their mental wellbeing. This seems to be common practice for tier 3, but not for tier 2.

Wellbeing outcomes matter
Some stakeholders suggested that wellbeing outcomes should be measured, as they impact long-term maintenance of weight loss. However current guidance and commissioners focus mostly on weight loss.

Aspiration and motivation

A commitment to myself?

For some participants, enrolling onto a weight management programme was a clear commitment to themselves. For others, there was a less transparent sense of motive, of whom they were doing it for, and who therefore was accountable for their success or failure. This appeared to be influenced by whether people were actually able to prioritise themselves or not and whether a state of apathy accompanied low prioritization. Desouza et al's study on the role of apathy in weight management programmes found that: *"High levels of motivation and patient activation are an essential ingredient to a successful weight loss programme... Apathy is a state of profound loss of initiative, motivation and persistence... The prevalence of apathy in the obese population is more than 50%. Obese patients with apathy may find it even more difficult to adhere to a weight loss programme."*[7]

7. C.V Desouza, P.R. Padala, G. Haynatzki, P. Anzures, C. Demasi & V. Shivaswamy (2011) Role of apathy in weight management programmes. Diabetes, Obesity and Metabolism; 14: 419-423, 2012

OPPORTUNITIES

Self-monitoring
Some providers felt that there is an opportunity to simplify measures for service users to enable self-monitoring between appointments (e.g.traffic light system).

Owning goals
Some providers felt that a key factor for success is that the overall goal is owned by the individual. Setting realistic and individualised targets is very important to engage participants effectively.

Readiness
Some providers described self-efficacy as a key attitude service users need to have to be successful. Therefore, they conduct a readiness to change assessment at the start, and recognise that sometimes, people need another intervention before they are ready to engage with the content of the programme.

Control and choice

Being in control of your routine

Some people have a lot of control over their life and can design their routine, while others have to fit their lives around many other commitments. As a result, they see *'having a healthy lifestyle'* almost as a separate strand to the norm of their daily life. In the USA in 2001 a study found that only 6.8% of the US population engaged in the recommended four healthy life-style factors. These include not smoking, adequate fruit and vegetable intake, adequate physical activity, and normal body weight.[8]

OPPORTUNITIES

Changing routines
Some providers felt that weight management providers need to better understand people's existing constraints to help them embed changes into their routine.

Problem-solving
Participants thought that the programme should facilitate some problem-solving activities focused on the barriers service users face in their daily life.

8. Ford ES, Ford MA, Will JC, Galuska DA, Ballew C. Achieving a healthy lifestyle among United States adults: a long way to go. Ethnicity & Disease [2001, 11(2):224-231]

Having choice

Both users and providers identified having a choice as good practice, enabling users to benefit from the provision of options. Roux et al argue that *"Because the responsibility for achieving successful weight loss, to a great degree, falls on the shoulders of the individuals attempting weight loss and that their success, in most instances, is related to individuals' willingness and ability to comply with a given program, understanding which factors beyond weight loss may influence program choice and compliance is imperative and deserves more academic inquiry."*[9]

OPPORTUNITY

Modular approach
Providers felt that service users should be given a choice, or a combination of one-to-one or group sessions.

Too much information

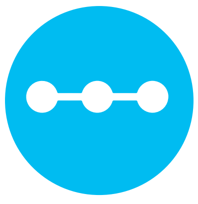
Many of the tier 2 programmes described by participants appeared to be based on a 'class-room' model with users being provided with a lot of information, much of which they did not feel was suited to their individual needs.

OPPORTUNITIES

Experiential learning
Providers suggested that tier 2 weight management programmes should be activity-based, rather than information-based, to enable service users to learn through doing. Co-design participants also mentioned they would prefer to have been supported to implement changes within their own reality (e.g. shadowing, role play, real stories, peer discussions...) rather than being told what to do through presentations.

Coaching, not telling
Providers mentioned that the most effective services use a coaching and problem-solving approach to support people to be make changes in their own terms.

9. Larissa Roux, Christine Ubach, Cam Donaldson, Mandy Ryan. Valuing the Benefits of Weight Loss Programs: An Application of the Discrete Choice Experiment. Obesity Volume 12, Issue 8, August 2004, Pages 1342–1351



Experience of support

Short-term vs long-term view

The standard 12-week structure of tier 2 weight management programmes led a number of participants to categorise the intervention as a 'short-term', quick fix, not as the commencement of a long-term change of life-style. In contrast Wing & Phelan argue that weight management services need to take a long-term stance encouraging users to maintain weight loss over extended periods of time: *"individuals who had kept their weight off for 2 years or more had markedly increased odds of continuing to maintain their weight over the following year. This [...] suggests that, if individuals can succeed at maintaining their weight loss for 2 years they can reduce their risk of subsequent regain by nearly 50%"*[10]

OPPORTUNITY

Long-term planning
Participants felt that providers should support service users at the start to plan for what happens after the programme ends.

Keeping the door open once the programme has ended

In relation to a long-term approach, participants spoke about the sense of loss they experience when a programme draws to a close. Sutcliffe et al suggest the need for a gradual ending: *"Increased effectiveness of weight management services is found among those initially offering a high level of support and which build in a graduated exit from services."*[11] When they do offer a gradual ending, with appropriate signposting, weight management programmes can become a central part of one's life, including nurturing offshoot practices such as exercise classes and exercise habits.

OPPORTUNITIES

Future planning and signposting
Participants felt that a good ending to the programme should include signposting to future support and sustaining change, including online support.

Volunteering
Volunteering in various ways can be a way for service users to reinforce their sense of achievement through giving back to the programme and to manage a smoother exit.

10. R. R. Wing and S. Phelan (2005) Long-term weight loss maintenance. American Society for Clinical Nutrition

11. Sutcliffe, Katy et al. 2015: What are the critical features of successful Tier 2 weight management programmes? EPPI Centre, UCL.

Open door and follow-ups
Some participants felt that 12 weeks is too short to see a significant impact. Providers also mentioned that relapses and repeat users are common on tier 2 programmes. Weight management services need to end progressively, ideally allowing for light-touch follow-ups and peer support.

Quick access
Participants felt that access to services after referral should be quick so that individuals don't lose momentum and motivation.

Rapid referral

Both users and providers recognise prompt referral times as important in order to maintain momentum once the suggestion of a weight management programme has been raised.

OPPORTUNITIES

Changing the experience of waiting
Providers and commissioners felt that service users should be given clear and transparent information about waiting lists, and about what to expect and when. In addition, where waiting time cannot be avoided, there is an opportunity to give service users tools or guidance to prepare for the programme.

Tier 2 Adults user journey
A summary of opportunities

Referral

Quick access

Offering quick acces to services after referral so that individuals don't lose momentum and motivation.

Changing the experience of waiting

Giving clear and transparent information about waiting lists, and about what to excpect and when. Where waiting time cannot be avoided, giving service users tools or guidance to prepare for the programme in the meantime.

Timely referrals

Referring aroun major health event, when people are more open to change.

Better conversations

Enabling GPs and other health professionals to be better equipped to have the 'weight conversation' and tap into people's inner motivations.

Holistic assessment

Starting with an in-depth assessment of the individual's situation, using motivational interviewing methods and focus on understanding the individual's motivation, their environment, their social network, and their mental wellbeing.

Readiness

Asessing readiness to change, and offering psychological support or other support to ensure service users have clear motivations before starting.

Modular approach

Offering a choice, or a combination of one-to-one or group sessions.

Better segmentation

Forming groups around common issues or interests to enable service users to better connect to each other, and to support each other in the long-term.

On th

Long-term planning

Supporting service users to plan for what happens after the programme from the start.

Psychological input

Ensuring tier 2 service users have access to CBT and psychological input.

Owning goals

Setting realistic and individualised targets that are owned by the person.

Setting shared goals

Setting shared goals at the start of the programme to encourage a sense of peer accountability and impact positively on their motivation.

A people's person

Ensuring the instructor facilitates a positive and supportive group dynamic.

e programme

After

Self-monitoring

Enabling users to monitor their own progress between appointments.

Changing routines

Understanding people's constraints in order to help them embed changes into their routines.

Future planning

Supporting service users to find options for future support to sustain changes, including online support.

Experiential learning

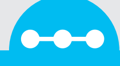
Supporting more effective learning with activities anchored in people's reality rather than through abstract information sharing.

Problem-solving

Faciliating problem-solving activities focused on the barriers service users face in their daily life.

Volunteering

Offering volunteering as a way to recognise people's achievement while providing a smoother exit.



Open door and follow-ups

Ending progressively, with light-touch follow-ups, peer support, and keeping an open door for dropouts and completers.

CBT for couples

Offering tailored support for couples with food-related co-dependencies.

A whole family approach

Recognising the role of social networks on people's health behaviours, and involving family and significant relationships in the programme.

Wellbeing outcomes matter

Measuring wellbeing outcomes, such as confidence or relationships, as they have an impact on long-term weight maintenance.

Individualising support

Allowing enough emphasis on an individualised approach within a group structure.

6.1 Tier 3 Adults

Social network and norms

Not being alone

As with tier 2 adults, the social aspect of weight management programmes was deemed important with tier 3 users seeking a safe space free from stigmatization and conducive to weight loss. Reflecting this Garlip & Yardley argue that people with excess weight experience stigma, which has varied influences on weight management efforts. *"Stigmatising experiences hindered obese people's attempts to manage their weight by deterring them from taking up activities in public spaces."*[12] As a correlate to this Carels et al argue that there are significant economic and psychological costs associated with negative weight-based social stigma. The results of the USA based study - which we argue has bearing for England - suggest that overweight and obese treatment seeking adults have internalized the negative weight-based social stigma that exists in American society.

OPPORTUNITY

Making the most of the group
Participants felt that the instructor's role should be focused on facilitating positive group dynamics, rather than simply sharing information.

D E F G H B

Being able to relate

Factors such as gender, age and the ability to relate to other members of the programme play a particular role for tier 3 users. Participants indicated that an empathetic environment was especially important. To support this argument preliminary evidence from a systematic review by Young et al's *"suggests that men-only weight loss programmes may effectively engage and assist men with weight loss."*[13]

OPPORTUNITY

Better segmentation
Participants felt that forming groups around common characteristics, such as age and gender would enable the sessions to be more focused around specific needs, as well as encourage service users to exchange tips and support each other around specific challenges. Providers supported this view, but expressed how difficult it is to keep on top of the demand.

12. G. Garip and L. Yardley (2011) A synthesis of qualitative research on overweight and obese people's views and experiences of weight management. International Association for the Study of Obesity.

13. Young MD1, Morgan PJ, Plotnikoff RC, Callister R, Collins CE. Effectiveness of male-only weight loss and weight loss maintenance interventions: a systematic review with meta-analysis. Obes Rev. 2012 May;13(5):393-408. doi: 10.1111/j.1467-789X.2011.00967.x. Epub 2011 Dec 28.

Bringing key relationships on board

As with tier 2 services, family influences on people's weight are not always easy to disentangle although, based on our study, there seemed to be a higher level of social isolation in people who were currently on tier 3 services. Again as with tier 2 services providers and commissioners largely agree that involving influential relationships is necessary to improve support for service users

OPPORTUNITY

Involving significant relationships
Where relevant, family and partners should be involved in the programme. There are good examples of family involvement in programmes for children, but we have not come across any services for adults where family is involved. Involving family does not just mean inviting them to attend the sessions. It might also be about nurturing a better understanding of the impact relationships have on health behaviours, and to encourage better navigation of social or relational situations that might lead to risky behaviours.

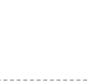
Inspiring others

People on tier 3 weight management services have often tried to lose weight before. All of the tier 3 participants who took part in this research have been on similar journeys of trial and error, and have often lost faith in their ability to lose weight. They express needing to feel that change is possible before starting again. Research indicates that hearing success stories from people who have been in a similar situation to their own is not only supportive but also encouraging: *"contact with peers afforded people with a safe, affirming and supportive environment for sharing experiences related to weight management."*[14]

OPPORTUNITY

Engage completers
Bringing in people who have successfully completed the programme and made significant changes to their lifestyle can boost the confidence of people who are just starting, by making them feel that lasting change is possible. It also helps to make the content of the programme more relatable, if it is partly delivered by someone who has been *"in the same boat."*

14. G. Garip and L. Yardley (2011) A synthesis of qualitative research on overweight and obese people's views and experiences of weight management. International Association for the Study of Obesity.



Wellbeing and self-image

Fear of dying

In contrast to tier 2 service users, the study indicates that tier 3 users are, in the main, motivated more by health rather than body image. A recent evaluation of a multidisciplinary tier 3 weight management service for adults with morbid obesity, or obesity and comorbidities, based in primary care found that *"It was possible to deliver a Tier 3 weight management service for obese patients with complex co-morbidity in a primary care setting with a full multidisciplinary team, which obtained good health outcomes compared with existing services."*[15]

OPPORTUNITY

Timely referrals
Stakeholders highlighted an opportunity to refer people following major health events, during which people tend to be more open to making long-term changes to their lifestyle and to receiving support.

15. A. Jennings, C. A. Hughes, B. Kumaravel, M. O. Bachmann, N. Steel, M. Capehorn and K. Cheema. Evaluation of a multidisciplinary Tier 3 weight management service for adults with morbid obesity, or obesity and comorbidities, based in primary care. Clinical obesity doi: 10.1111/cob.12066

Understanding the mind

According to The National Obesity Observatory there is a definitive link between depression and obesity: *"Weight stigma increases vulnerability to depression, low self-esteem, poor body image, maladaptive eating behaviours and exercise avoidance."* [16]

OPPORTUNITIES

Mental health support
Most stakeholders mentioned that, for T3 services, psychological support is the most important element. Some providers mentioned that service users often make changes in their lives naturally, after having been able to talk about how emotional issues affect their weight.

Wellbeing outcomes matter
Some providers suggested that wellbeing outcomes should be measured, as they impact long-term maintenance of weight loss.

Understanding the mind
Some providers talked about offering psychology courses to service users before starting the programme. This enables them to have a basic understanding of how their emotions might drive their behaviours before starting the programme.

16. National Obesity Observatory (2011) Obesity and mental health. Available at [http://www.noo.org.uk/uploads/doc/vid_10266_Obesity%20and%20mental%20health_FINAL_070311_MG.pdf]

Being listened to empathetically

According to Sutcliff et al the importance of providers' relevant interpersonal skills cannot be underestimated; *"Providers who are approachable, compassionate and non-judgemental make the difference for how effective a weight management service is."*[17]

OPPORTUNITIES

Motivational interviewing
Providers felt that weight management services should start with an in-depth assessment, using motivational interviewing methods and focusing on understanding motivation, environment, social network, and mental wellbeing.

Genuine conversations
Providers and service users alike felt that offering time for service users to talk and be listened to is key.

Case manager
Providers and commissioners discussed the advantage of having a key worker as opposed to a multi-disciplinary team. They concluded that both were needed, to ensure both continuity and specialist input, and that the role of the key worker should go beyond admin and focus on listening and emotional support.

17. Sutcliffe, Katy et al. 2015: What are the critical features of successful Tier 2 weight management programmes? EPPI Centre, UCL.

Technology for self reflection

Technology increasingly offers avenues for self-reflection and motivation,[18] whether it is through blogging, social media, or self-monitoring apps. In a study by Bouhaidar et al *"A total of 79% of participants stated that text messages helped in adopting healthy behaviors. Tailored text messages appear to enhance weight loss in a weight management program at a community setting."*[19]

OPPORTUNITY

Build on existing technology
Providers suggested that weight management services could build on existing online sites and apps to intelligently incorporate them into the design of their programmes.

18. Monica Jane, Jonathan Foster, Martin Hagger and Sebely Pal. Using new technologies to promote weight management: a randomised controlled trial study protocol. BMC Public Health (2015) 15:509 DOI 10.1186/s12889-015-1849-4

19. Claudia M. Bouhaidar, PhD, RN, MSN, Jonathan P. Deshazo, PhD, MPH, Puneet Puri, MD, Patricia Gray, PhD, RN, Jo Lynne W. Robins, PhD, RN, ANP-BC, and Jeanne Salyer, PhD, RN. Text Messaging as Adjunct to Community-Based Weight Management Program. Comput Inform Nurs. 2013 October ; 31(10): 469–476. doi:10.1097/01.NCN.0000432121.02323.cb.

Aspiration and motivation

Clear tangible goals

People with clear goals find it easier to stay focused and motivated. Service users and providers deemed weight management services that support people to find tangible milestones that they can use to self-monitor their progress more successful. This is reflected in Holley et al's research concluding that *"Lack of motivation, time constraints because of job commitments and cost were the most commonly reported factors influencing weight management."*[20]

OPPORTUNITIES

Owning goals
A key factor for success is that the overall goal is owned by the individual. Setting realistic and individualised targets is very important to engage participants effectively.

Self-monitoring
There is an opportunity to simplify measures for service users to enable self-monitoring between appointments, preferably using milestones that are based on their own motivations.

Being ready

Service users and providers alike alluded to the fact that what makes a service work for some and not for others is often linked to timing. Ensuring service users are ready to embrace change before engaging helps to sustain their momentum through the programme. This perspective links with Byrne's work on the Psychological aspects of weight maintenance where a review of studies in this area suggest that the *"a number psychological factors, such as having unrealistic weight goals, poor coping or problem-solving skills and low self-efficacy, may have an important effect on the behaviours involved in weight maintenance and relapse in obesity, and further research in this area is warranted."*[21]

OPPORTUNITY

Readiness
Some providers described self-efficacy as a key attitude service users need to have to be successful and conduct a readiness to change assessment at the start.

20. Holley TJ, Collins CE, Morgan PJ, Callister R, Hutchesson MJ. Weight expectations, motivations for weight change and perceived factors influencing weight management in young Australian women: a cross-sectional study. Public Health Nutr. 2016 Feb;19(2):275-86. doi: 10.1017/S1368980015000993. Epub 2015 May 6.

21. Susan M Byrne. Psychological aspects of weight maintenance and relapse in obesity. Obesity November 2002 Volume 53, Issue 5, Pages 1029–1036

Learning to deal with failure

As previously pointed out, tier 3 patients have often tried various ways to lose weight before attending a particular weight management programme. This implies that they already have a sense of what might or might not work for them, based on their past experiences. This can have a negative impact on engagement. There may be an inclination to judge the programme, contrasting what is offered with past, failed, attempts. Despite wishing to lose weight they may be sceptical as to whether it will work this time. If, however, the programme offers new information, shares contemporary weight lose evidence, engages the user in different activities or helps them reflect of the reasons for past failure then engagement can be positive.

OPPORTUNITY

Clarity about what success looks like
Tier 3 programmes tend to last between a year to two years. Sustaining motivation and belief through this period of time is demanding for service users, especially if their past attempt have been unsuccessful. While they encourage steady and incremental weight loss, rather than rapid weight loss, tier 3 services also need to manage expectations and support people when their weight plateaus.

Control and choice

Responsibility and attribution

Research on attribution[22] suggests that whether service users blame their weight gain on internal or internal factors has an impact on their sense of initiative. It also has an impact on the extent to which they feel in control of the changes they need make to their routine, and ultimately, on their success in a weight management programme.

OPPORTUNITIES

Outreach
Having a fatalistic attitude or blaming external factors can prevent people from recognising they need help. Better outreach would make it easier to ask for support. Jack suggested that weight management services should be recruiting male participants in pubs, through providing free health screenings.

Self-accountability
Weight management programmes need to support people to understand their own sense of accountability, and support them to progressively move from blaming external causes to initiating and taking responsibility for their own weight management journey.

Having choices

Flexible approaches are valued. People want to be able to try and choose between different durations, group or individual sessions, types of content and activities. Having a choice early also enables people to feel a greater sense of ownership and responsibility over their weight loss journey. This is important as 'drop-out' is a major problem and it is suggested that *"the assessment of 'goal ownership' prior to a weight reduction intervention could identify patients who are sufficiently motivated to participate."*[23]

OPPORTUNITIES

Enabling choices and ownership
Some providers mentioned enabling people to choose which programmes to attend, through taster sessions, rather than booking them in, as the drop-out rates are high when they do the latter.

A modular approach
Participants felt that a modular approach made more sense than a tiered approach. They suggested that service users should get tailored support. They might take part in a core programme and build their own journey around that core programme. This implies that weight management services are delivered and commissioned in an integrated way.

22. G. Garip and L. Yardley (2011) A synthesis of qualitative research on overweight and obese people's views and experiences of weight management. International Association for the Study of Obesity.

23. Huisman S1, Maes S, De Gucht VJ, Chatrou M, Haak HR. Low goal ownership predicts drop-out from a weight intervention study in overweight patients with type 2 diabetes. Int J Behav Med. 2010 Sep;17(3):176-81. doi: 10.1007/s12529-009-9071-3.

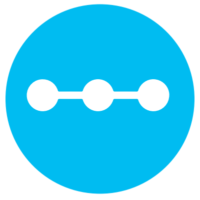
Being in control of your routine

As with tier 2 service users, some people have a lot of control and can design their routine, while others have to fit their lives around many other commitments and may see 'healthy living' as a separate, parallel strand to existing practices. Weight management services need to understand people's existing constraints to help them embed long-term changes into their routine.[24]

OPPORTUNITY

Embedding change
Some providers mentioned that, for tier 3 service users, intense one-to-one support is necessary, and needs to extend beyond medical settings, to include supporting them in their daily lives, by showing people to shop healthily or go to the gym for example.

24. Ford ES, Ford MA, Will JC, Galuska DA, Ballew C. Achieving a healthy lifestyle among United States adults: a long way to go. Ethnicity & Disease [2001, 11(2):224-231]



Experience of support

Short-term vs long-term view

For many participants, be they tier 2 or tier 3 service users, success in the form of weight loss and an embedded healthy lifestyle can be seen to be proportional to a short or long-term view. With 66% of tier 3 weight management services linked to tier 4 services and present as a gateway to bariatric surgery,[25] it can be argued that a long-term view is necessary, not only to prevent people moving up the tiers, but also to implement the correct assistance at the optimum point in people's journeys. Indeed Garip &Yardley argue the importance of starting with realistic expectations. *"Unrealistic expectations of weight management lead to disappointment and negative attitudes towards the weight management programme and/or towards themselves. People with realistic expectations develop effective strategies to deal with potential relapses."*[26]

OPPORTUNITY

Managing expectations
Stakeholders felt that there was a need, right from the start, to manage expectations and have honest conversations about surgery. If the service user wants surgery, they should also be given regular opportunities to review their decision based on their progress.

Ending

Some providers mentioned that people who are particularly vulnerable find it difficult to end a weight management programme. The most vulnerable service users can grow a sense of dependency on the service. Weight management services need to end progressively, ideally allowing for light-touch follow-ups and peer support after a more intense period. This will allow people to sustain their weight loss independently. There also needs to be consideration given to the transition from a tier 3 service to tier 4 surgery.

Evidence-based research similarly reflects the need for a gradual ending: *"Increased effectiveness of weight management services is found among those initially offering a high level of support and which builds in a graduated exit from services."*[27]

OPPORTUNITIES

Follow-up offer
There is often a lack of social support post-programme. People might sometimes transition into tier 2, but that is not always supported and managed well.

Peer support
Some providers mentioned that peer mentors to work with individuals after the service has ended is a good way of sustaining behaviour change.

25. Public Health England (2015) National Mapping of weight management services.

26. G. Garip and L. Yardley (2011) A synthesis of qualitative research on overweight and obese people's views and experiences of weight management. International Association for the Study of Obesity.

27. Sutcliffe, Katy et al. 2015: What are the critical features of successful Tier 2 weight management programmes? EPPI Centre, UCL.

Smooth link into surgery
Where it is the service user's choice, there should be a smooth link to surgery.

Open door
Participants felt that, if service users put weight back on, the door should be open for them to go back onto the programme.

Owning your journey

People who own their goals and feel like they are in the 'driving seat' are more likely to make the most of the support both during and after the programme. Weight management services need to support people to own their story, and to clearly see what is in it for them.[28]

OPPORTUNITY

Being in the driving seat
Providing services that are tailored to individuals does not just mean offering choice. It also means enabling people to build their own pathway, to feel able to challenge the programme when it does not work for them, and to feel a sense of agency.

28. Huisman S1, Maes S, De Gucht VJ, Chatrou M, Haak HR. Low goal ownership predicts drop-out from a weight intervention study in overweight patients with type 2 diabetes. Int J Behav Med. 2010 Sep;17(3):176-81. doi: 10.1007/s12529-009-9071-3.

Tier 3 Adults user journey
A summary of opportunities

Referral

On the

Timely referrals
Referring aroun major health event, when people are more open to change.

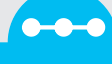
Better segmentation
Forming groups around common issues or interests to enable service users to better connect to each other, and to support each other in the long-term.

Motivational interviewing
Starting with an in-depth assessment of the individual's situation, using motivational interviewing methods and focus on understanding the individual's motivation, their environment, their social network, and their mental wellbeing.

Readiness
Asessing readiness to change, and offering psychological support or other support to ensure service users have clear motivations before starting.

Outreach
Promoting the service in places where people go (e.g. pubs)

Enabling choices and ownership
Supporting people to chose what journey would work best for them.



Managing expectations
Having honest conversations with users about the length of the programme and the commitment required.

Owning goals
Setting realistic and individualised targets that are owned by the person.

Clarity about what success looks like
Managing expectations and supporting people through setbacks during the whole length of the programme.

Engage completers
Engaging successful completers to inspire service users who are just starting.

A modular approach
Letting people design their own pathway around a core programme.

Being in the driving seat
Enabling people to own their journey.

Mental health support
Ensuring that the psychological component is prominent through empathic emotional support.

Case manager
Offering continuity through a single point of contact, who can both provide empathic listening, and coordinate specialist input form the multi-disciplinary team.

programme

Building on existing technology

Using existing apps and social media platforms to encourage self-reflection.

Genuine conversations

Providing enough time for people to explore their own issues through one-to-one support.

Self-monitoring

Enabling users to monitor their own progress between appointments.

Making the most of the group

Ensuring the instructor facilitates a positive and supportive group dynamic.

A whole family approach

Recognising the role of social networks on people's health behaviours, and involving family and significant relationships in the programme.

Embedding change

Support more effective learning with activities anchored in people's own reality.

Self-accountability

Activating people's sense of agency and responsibility.

Smooth transitions

Providing a smooth transition into tier 4 or tier 2 depending on the service user.

Wellbeing outcomes matter

Measuring wellbeing outcomes, such as confidence or relationships, as they have an impact on lng-term weight maintenance.

After

Peer support

Engaging peer mentors to support the transition.

Open door and follow-ups

Ending progressively, with light-touch follow-ups, peer support, and keeping an open door for dropouts and completers.

6.3 Tier 2 Children

Social network and norms

When being overweight is a norm

A range of factors, including family norms and cultural standards, influences perceptions around what is an acceptable size. Providers report that approaching parents about their child's weight can be difficult; especially when parents do not recognise that their child's weight is an issue. Often, they expect their child to grow out of their "baby fat" or consider that being a bit overweight is a sign of health. They also want to avoid or inspiring complex eating patterns or disorders by pointing out their child's weight.

Providers echoed this, by saying that simply telling parents that their child needs to lose weight is not an effective way to convince them to engage. Some providers suggested that letters from the National Child Management Programme were disempowering for parents. Instead, they suggested that a phone call or face-to-face conversation, giving them the chance to ask questions was a better way. Finally, they talked about framing the conversation in terms of long-term health, rather than mentioning weight loss.

OPPORTUNITIES

Better conversations
Some participants felt that health care professionals, especially GPs struggle to have the "weight conversation" with people. They need to be better equipped in informing people about the services they can refer them to.

Health vs. weight
Some participants suggested that raising awareness in schools about weight management services and emphasising the health and lifestyle element rather than focusing on weight would be an effective way to engage families.

Finding the right words
Participants felt that standardised letters from NCMP are disempowering for parents. An individualised conversation with children and parents is usually more effective at turning them around.

Understanding family dynamics

The tier 2 programme attended by both families in the study was designed for whole families. The impact of actively involving family members in the programme seems to have positive for both families. This supports the notion that family based treatment programmes have positive affects on child weight loss.[29]

OPPORTUNITIES

Diversity
Providers thought that weight management programme need to consider how different cultures impact on family habits, norms and rituals, and take this into account into the design of the activities.

Whole family support
Providers felt that family involvement was key. It is also important to allow space for sisters, brothers and other family members to be part of the programme. This requires flexible time for family members to come to the programme, e.g. Saturday mornings.

Family reflection
Some providers felt that services for children need to engage the whole family, address family dynamics, and give parents some time to reflect on their own behaviours and how it affects their child.

29. Kitzman-Ulrich H1, Wilson DK, St George SM, Lawman H, Segal M, Fairchild A. The integration of a family systems approach for understanding youth obesity, physical activity, and dietary programs. Clin Child Fam Psychol Rev. 2010 Sep;13(3):231-53. doi: 10.1007/s10567-010-0073-0.

Being part of a team

Linked to the above point, our data suggests that the communal aspect of a service is important. The children spoke of feeling nervous before starting, wanting to feel that they 'belong'. We therefore argue that the instructor's role needs to be about facilitating positive group dynamics as much as about sharing information.

OPPORTUNITIES

Making friends
Providers agreed that creating a positive group dynamic, where the children as well as the accompanying adults all get along and form friendships is key. They suggested that weight management programmes could use social media such as Facebook groups to encourage people to stay in contact and support each other outside of the sessions.

Kind reminders
Some providers suggested that following up by text message or by phone with families who have not attended makes them feel valued and is effective in engaging them.

Wellbeing and self-image

Happy activities

A theme that emerged from Woolford et al's study, 'Eat, play, love: adolescent and parent perceptions of the components of a multidisciplinary weight management program' was Exercise-Fun where *"achievable activities were a valued means of making exercise enjoyable and building self-efficacy."*[30] Both in and outside of weight management services, having fun and being able to just be in the moment helped children feel good about themselves and, therefore, to engage in healthier behaviours.

This suggests that it is key for weight management programmes to include, or link to fun physical activities.

OPPORTUNITY

Fun
Providers strongly felt that emphasising the fun and social aspects is what makes families engage positively. Games also helps learning. Providers suggested that pub quiz style group discussion, for example, could be a fun way to recap information.

Making place for emotional issues

While the programme actively involved family members, some providers suggested that a true whole family approach would also enable families to address deeper issues. This reflects the work of Schalwijk et al whose study concluded that *"Participants in a lifestyle behavior intervention program benefit from parental support and help from their (extended) family, peers and friends. They would also profit from the sustained involvement of their general practitioner in assisting in the maintenance of lifestyle behavior changes."*[31]

OPPORTUNITIES

Wellbeing outcomes matter
Becoming more confident, making friends, school attendance and better family relationships all impact on weight reduction. Some providers felt that addressing whole family wellbeing rather than simply focusing on weight loss and healthy lifestyles was key.

Addressing deeper issues
Some providers suggested that the assessment should take place in the family home, to assess the other issues that are going on their life. If psychological issues arise that are likely to have an impact on their engagement or their success on the programme, families should be referred to relevant services.

30. Woolford SJ, Sallinen BJ, Schaffer S, Clark SJ. Eat, play, love: adolescent and parent perceptions of the components of a multidisciplinary weight management program. Clin Pediatr (Phila). 2012 Jul;51(7):678-84. doi: 10.1177/0009922812440839. Epub 2012 Apr 5.

31. Schalkwijk AA, Bot SD, de Vries L, Westerman MJ, Nijpels G, Elders PJ. Perspectives of obese children and their parents on lifestyle behavior change: a qualitative study. Int J Behav Nutr Phys Act. 2015 Aug 19;12:102. doi: 10.1186/s12966-015-0263-8.

Body image ambivalence

Both families we met seem to subscribe to the ‘body positive’ movement and want to avoid problematising their weight. There was also a desire to ‘fit-in.’ This can pose a challenge for contemporary black women who are today faced with the ideal of a ‘curvaceous’ body; big breasts, small waist and big bottom as exalted in urban music.[32]

For others, who might be more ambivalent about their body image, or who might be motivated purely by a desire to fit in, the challenge for weight management services is to find ways to reinforce positive body image, while at the same time challenging perceptions around what is healthy.

OPPORTUNITY

Messaging
Stakeholders suggested that providers use the term ‘weight loss’ and instead use ‘be healthier’, but the messaging still needs to indicate some information about losing weight. However, they thought that for some groups such as teenagers, awareness around losing weight could work better.

Aspiration and motivation

Confused expectations

Reflecting the results from the research with adult users of tier 2 services, both families alluded to some confusion about the purpose of the programme. They both enrolled without understanding that it was inherently about weight loss and felt surprised when they found out it was the goal. This is an issue that providers and commissioners struggle with; do they promote weight management programmes as primarily for weight loss or to attain a healthy life-style.

OPPORTUNITY

Induction
While word of mouth or ‘bring a friend’ schemes seem to work better than referrals from professionals, as it provides reassurance, it can also mean that people who self-refer have an approximate understanding of what the programme is for. A short induction during or after the assessment could help to manage expectations.

32. BBC- Radio 4 – Curvalicious – Sept 2016

Baby steps

As for adults, having to set clear and tangible goals is key. The children on the programme had to set two kinds of goals each week: one active goal, and one nutrition goal. They found it empowering, and easy to manage.

As can be seen from the different approaches, goals can be 'small' or 'large'. The level of effectiveness being directly aligned to a service user's inner motivations.

OPPORTUNITIES

Momentum
Some participants felt that intensive engagement (several times per week) is more effective in reducing weight, as it keeps the momentum going.

Clear tangible goals
Participants' experiences show that setting clear and achievable goals is effective. However, there is an opportunity for weight management services to support children to set their own goals once the programme has ended.

H

When I grow up…

The tier 2 children involved in this study had clear aspirations about what they wanted to do in the future. Their passions linked to a physical activity.

OPPORTUNITY

Build on long-term aspirations
This represents an opportunity for weight management services to tap into children's passions and long-term aspirations. This would also help them to have a greater sense of purpose, and to see their participation in the programme as a commitment to themselves, rather than as something their parents have decided to enrol them onto.

Control and choice

A structured routine helps

The research took place during school holidays, when routines are usually disrupted. Both families reflected on how school holidays and weekends make it harder to stick to good habits. In a 2007 Roblin argues that *"Children's food habits and choices are influenced by family, caregivers, friends, schools, marketing, and the media. Successful interventions for preventing childhood obesity combine family- and school-based programs, nutrition education, dietary change, physical activity, family participation, and counselling."*[33] We would argue that during school holidays in particular a positive routine, supported by school and family, may well be challenged.

OPPORTUNITY

Recognising risk moments
There is an opportunity for weight management services to support families to recognise risk moments, tackle holiday boredom, and build new rituals.

Real life learning

Families mostly felt that the information given was engaging and the language was helpful, even though they found that it felt "a bit like school" at times. This suggests that weight management services need to be more innovate including for example more active sessions that cover real scenarios that families might encounter.

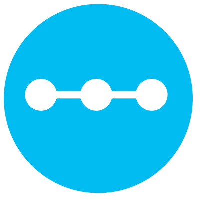
OPPORTUNITIES

Cooking classes
Participants thought that learning cooking skills would engage the whole family and help children understand what healthy food looks like. The cooking classes should have different recipes each week to motivate the children, and also give them different challenges to solve. Participants felt that children would be excited to cook with friends for the first time.

Coaching not telling
Providers mentioned that the most effective services use a coaching approach (working with participants) to support people and see good outcomes.

Embedding change
Some providers mentioned that working around the family's daily routines is key to effectively embedding new habits; ie. instructor picking up child from school with the parents and showing them exercises to do in the park on their way home.

33. Roblin L. Childhood obesity: food, nutrient, and eating-habit trends and influences. Appl Physiol Nutr Metab. 2007 Aug;32(4):635-45.



Experience of support

Ending

Reflecting the findings for tier 2 and 3 adults, families can grow a sense of dependency on the service. Providers and service users alike felt that 12 weeks is too short to see a significant impact on weight, behaviour and wellbeing. Relapsing and repeat users are common. Weight management services need to end progressively, ideally allowing for light-touch follow-ups and peer support after a more intense period. For children this could include the use of technology, especially game based. For example a recent study on the Impact of Game-Inspired Infographics on User Engagement and Information Processing in an eHealth Program concluded that *"Overall, findings support the use of game-inspired infographics in behavioral assessment feedback to enhance comprehension and engagement, which may lead to greater behavior change."*[34]

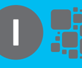
OPPORTUNITIES

Long-term planning
Participants felt that providers should support service users at the start to plan for what happens after the programme has finished, including providing information about affordable services or activities.

Flexible ending point
Providers suggested that service users should have a say on when to end the programme.

School support
Providers suggested that schools should play a bigger role in continuing to support children and families by engaging them around healthy lifestyles.

Open door and follow-ups
Participants thought that it is important to set up follow-up times with parents and check if the weight and lifestyle have been sustained or if there has been any progress.



34. Maria Leonora G Comello1, PhD ; Xiaokun Qian1, MA ; Allison M Deal, MS ; Kurt M Ribisl2,3, PhD ; Laura A Linnan2,3, ScD ; Deborah F Tate2,3, PhD. Impact of Game-Inspired Infographics on User Engagement and Information Processing in an eHealth Program. Journal of Medical Internet Research Published on 22.09.16 in Vol 18, No 9 (2016): September

Tier 2 Children user journey
A summary of opportunities

Referral

Better Conversations

Equiping GPs and other professionals to feel confident in raising weight issues and informing people about the services they can refer them to.

Health vs weight

Promoting weight management services with messages about healthy living rather than directly about weight loss.

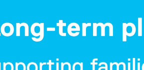
Finding the right words

Following-up NCMP letters with face-to-face or phone conversations with parents.

Induction

Delivering short inductions to clarify expectations about what can be achieved with the timeframe of the programme.

On the



Long-term planning

Supporting families to plan for what happens after the programme from the start.

Building on long-term aspirations

Designing activities that tap into children's passions and aspirations to make them feel a greater sense of purpose.

A whole family approach

Recognising the role of social networks on people's health behaviours, and involving family in the programme, including extended family.

Diversity

Designing programmes that take into account different cultural norms around health behaviours.

Fun

Emphasising the fun and social aspects of group sessions.

Momentum

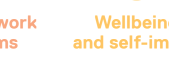
Encouraging momentum through intensive and regular engagement.

Coaching not telling

Using a coaching approach rather than a classroom approach.

Recognising risk moments

Working with families around how to manage school holidays, weekends and other unstructured or unsupervised times.



programme

After

Addressing deeper issues

Providing additional one-to-one support or home visits for families where psychological issues are raised.

Kind reminders

Following-up with families who drop out or don't attend to make them feel they belong.

Family reflection

Addressing family dynamics and enabling parents to reflect on how their own behaviours affect their child.

Making friends

Ensuring the instructor facilitates a positive and supportive group dynamic.

Cooking classes

Integrating cooking classes as a way to embed new practical skills in both children and their parents.

Embedding change

Supporting more effective learning with activities anchored in people's own reality.

Flexible ending

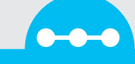
Allowing families to decide on when they are ready to end the programme.

Wellbeing outcomes matter

Measuring wellbeing outcomes, such as confidence or relationships, as they have an impact on lng-term weight maintenance.

School support

Encouraging schools to play a bigger role in supporting families around healthy lifestyles.



Open door and follow-ups

Ending progressively, with light-touch follow-ups, peer support, and keeping an open door for dropouts and completers.

6.4 Tier 3 Children

Social network and norms

Focusing on the whole family or focusing on the individual

The study results indicate a dilemma between an individual child referral or whole family focus when engaging obese children in tier 3 weight management programmes. Whilst research indicates the family approach is beneficial to aid the embedding of healthy lifestyle routines within the family, research also indicates that a family focus may not provide an adequate opportunity to address the specific causes of obesity, be they physical, psychological, environmental or a combination of all three. As delays in addressing an individual child's needs, and hence their obesity, may result in both physical and psychological decline, including decreasing levels of self esteem as in the case of Hispanic and white females,[35] early productive intervention is essential. This we argue is imperative as being overweight during adolescence has important social and economic consequences considered greater than those of many other chronic physical conditions.[36] Therefore an argument can be made on multiple levels for embedding manifold avenues for addressing early childhood obesity within tier 3 child programmes.

OPPORTUNITY

The voice of the child
Whole family engagement with additional structures to focus on the obese child, allowing the child to express himself or herself as an individual whilst enacting their role as an integral part of a family approach.

Involving the extended family

Alongside the above findings, the messages coming from participants indicate that without the engagement of influential members of a child's family then successful weight loss will be severely challenged.[37] As example, in a mixed methods study conducted in Iran 'unsupportive family' was found to be one of the main barriers to physical activity among adolescents.[38] Therefore, positive, effective, interventions in a family setting can be beneficial to a child's eating and exercise habits.[39] Young children especially have little control over the choice of available food or serving size, nor often their opportunity for physical activity.

Hence the engagement of extended family in weight management programmes ensures that key members benefit from dietary and exercise advice and strategies to help the obese child. This insight suggests that weight management services need to look beyond the immediate family,[40] and investigate, with the child, who within their social network has the most significant influence on their

35. Strauss R. S. Childhood obesity and self-esteem. Pediatrics. 2000 Jan;105(1):e15.

36. Gortmaker, S.L., Must, A., Perrin, J.M., Sobol, A.M. and Dietz, W.H. Social and Economic Consequences of Overweight in Adolescence and Young Adulthood. N Engl J Med 1993; 329:1008-1012

37. Carraro R, García Cebrián M. Role of prevention in the contention of the obesity epidemic. Eur J Clin Nutr. 2003 Sep; 57 Suppl 1():S94-6.

38. Kelishadi R, Ghatrehsamani S, Hosseini M, Mirmoghtadaee P, Mansouri S, Poursafa P. Barriers to Physical Activity in a Population-based Sample of Children and Adolescents in Isfahan, Iran. Int J Prev Med. 2010 Spring; 1(2):131-7.

39. Sameera Karnik and Amar Kanekar. Childhood Obesity: A Global Public Health Crisis. Int J Prev Med. 2012 Jan; 3(1): 1–7.

40. De Almeida Mota Ramalho (2016). A qualitative study of the role of food in family relationships: An insight into the families of Brazilian obese adolescents using photo elicitation. Appetite 96 (2016) 539e545

choices. Focusing on the individual child and the family/significant others produces an argument for a flexible approach to weight management programmes.

OPPORTUNITY

Whole family approach
Whole family approaches mean involving the 'right' extended family members - i.e.: those who have the most influence over the child be they parents, extended family such as grandparents or even child-minders.

Making friends

The SHINE programme[41] couches success for young people in terms including 'ma(de)king lots of new friends' and, likewise, data from the study indicates that making friends and building positive group dynamics is considered by users and stakeholders alike as positive for both the referred child and the family. This said, the study found programmes whose atmosphere does not encourage family to stay for sessions, nor help their child to integrate, but instead to 'drop' the child off for the duration.

With confidence and self-esteem linked to the making of friends we would argue that enabling a nurturing environment for children and parents alike is important. Likewise considering the impact of mixed age groups on session dynamics is important. In general younger children more readily commit to activities whilst teenagers are harder to engage. Therefore the needs of a child of primary school age may be very different to those of a young person at secondary school. Data indicates that attempting to meet the needs of both groups without distinction is challenging and can result in disquiet and tension.

OPPORTUNITIES

Positive group dynamics
Facilitate positive group dynamics, including for parents. Encourage the making of friends and building of peer groups to reinforce positive habits.

Age appropriateness
Construct programmes that provide a choice of activities to cater for the significant age range covered by 'tier 3 children'.

Social media
Use social media platforms to strengthen relationships between families outside of the programme.

41. http://www.healthtalk.org/young-peoples-experiences/health-and-weight/community-weight-management-programmes#ixzz4P9BhSSjb

Wellbeing and self-image

Confidence to try new things

Being obese challenges children both physically and mentally, with often a connection between the two as illustrated by Nathan's attitude to team sports. As discussed by professional stakeholders, raising confidence and boosting self-esteem is an effective way to help children develop a positive identity and a healthy body image. According to Tool Kits For Kids[42] confident children and adolescents are then increasingly able to refuse food temptations and a sedentary life style working instead toward the goals of healthy eating and healthy exercise. This we would argue is a good and understandable goal. However, our data indicates that despite gaining in confidence and visibly incorporating more movement into their day, Fahmi and Nadifa, who have attended three consecutive programmes over a total of 3 years, are still significantly overweight – despite the height that each child has gained over the 3 years. Reflecting the lack of weight lost by a number of adults we interviewed, the question needs to be asked whether increased confidence and acceptance of one's body without weight loss meets the aims and objectives of weight management services and programmes?

OPPORTUNITY

Building confidence
Slowly building children's confidence and self esteem and exposing them to new experiences, such as new games.

42. http://toolkitsforkids.com/index.php/child-confidence-and-the-initiative-against-child-obesity/ Accessed 5 Nov 2016

Reflective parenting

Research indicates that the way parents engage with their child's obesity is important for the outcome of weight management interventions. For example it is argued, *"A change in father's acceptance may indicate a home environment in which all family members are supportive of the healthy behaviour changes attempted by the participating child. In contrast, fathers who, for example, continue to keep unhealthy foods in the home for themselves yet expect the overweight child to resist eating them could be seen as not supportive of the child in his/her efforts at health behaviour changes."*[43] Aligned with this, although there is substantial causal evidence that parenting affects child eating, there is also much correlational evidence that child eating and weight influence parenting.[44] The dilemma is to understand in each situation the impact of cross-sectional cause and effect.

Added to the parent/child relationship is also the parents weight, as research indicates that the strongest risk factor for childhood overweight is parent overweight, mediated by child temperament.[45]

OPPORTUNITY

Helping parents to help children
Weight management services should support parents to reflect on their parenting methods.

43. Stein, R.I., Epstein, L.H., Raynor, H.A. and Kilanowski, C.K. The influence of a parenting change on Pediatric Weight Control. Obesity, 2005, Vol 13 (10)

44. Ventura, A.K. and Birch, L.L. Does parenting affect children's eating and weight status? International Journal of Behavioral Nutrition and Physical Activity 2008 5:15

45. Agras, W.D., Hammer, L.D., McNicholas, F., and Kraemer, H.C. Risk factors for childhood overweight: A prospective study from birth to 9.5 years. The Journal of Pediatrics, Volume 145, Issue 1, July 2004, Pages 20–25

Psychological input

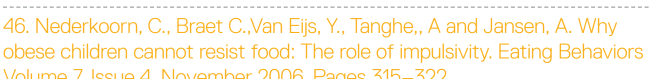
There would appear to be a lack of clarity and standards concerning what is a useful criterion to be followed for tier 3 children? Is it for example, as suggested by professional stakeholders 'complex needs' or by user experience visible weight/BMI?

None of the programmes (tier 3 or 2 children) described by families appear to delve into emotional issues. This raises questions concerning the long-term effect of weight management intervention; once the intervention stops and the child ceases to take part in activities, what tools do they have to sustain weight management if they have not understood the issues that impact their relationship to food? For example, from the data it appears that Fahmi has an intense relationship to food, yet this is his third programme (3rd year) without psychological input. However, there is research in evidence that theorizes that people who are not able to resist eating to excess are more impulsive and that such a personality characteristic has crucial consequences for the treatment of obesity.[46]

Engaging tier 3 children in psychosocial assessment through whichever medium they are most comfortable – for example the artistic for children such as Nathan – would provide additional information to support their weight management.

OPPORTUNITY

Understanding the mind
A need to engage with children either in group format or one-to-one to enable the child to express themselves and share their own understanding and insight


46. Nederkoorn, C., Braet C.,Van Eijs, Y., Tanghe,, A and Jansen, A. Why obese children cannot resist food: The role of impulsivity. Eating Behaviors Volume 7, Issue 4, November 2006, Pages 315–322

Aspiration and motivation

A commitment to myself?

Who should be responsible for a child's weight management journey is not a simple question. With a recent call for more research on whether child obesity should be an issue for child protective services[47] pressure is on parents to act and with this may come the desire to 'own' a child's weight management journey, to take over the child's goals in a desire to secure rapid weight loss. In the long term however we would argue this might prove to be injurious to both child and parent. Recent research in education supports *"meeting the needs, interests and aspirations of young children as individuals to be nurtured and supported in their early childhood development."*[48] This is echoed by the American organisation responsible for Tool Kits For Kids who extols young people to *"think independently and value their own effort' when it comes to weight management."*[49]

OPPORTUNITY

Goals owned by the child
Supporting children to own their weight management journey, defining their own goals.

F

47. Should Child Obesity be an Issue for Child Protective Services? A Call for More Research on this Critical Public Health Issue. Trauma Violence Abuse April 2014 15: 113-125

48. https://www.teachers.org.uk/files/9.-early-childhood-education-and-care.pdf - accessed 5 Nov 2016

49. http://toolkitsforkids.com/index.php/child-confidence-and-the-initiative-against-child-obesity/ Accessed 5 Nov 2016

Parent as a coach

The issue of parent as coach is closely related to the above issue of parental responsibility and child autonomy. Data indicates that the role of parent as 'coach' is arguably ideal spanning both the role of responsible adult whilst utilising the tools offered by weight management services to support their child at the optimum time in their journey.

OPPORTUNITY

Coaching skills
Providing coaching skills training for parents or other family members.

Visible changes

The tension between users being weighed or not on a regular basis during the programme (and being told their weight) surfaces again in the case of tier 3 children. Specific research on the effect of weighing children was not to be located, however a systematic review on 'self-monitoring in weight loss' concluded that *"A significant association between self-monitoring and weight loss was consistently found; however, the level of evidence was weak because of methodologic limitations."*[50] In a 2008 study VanWormer et al conclude that for adults *"frequent self-weighing, at the very least, seems to be a good predictor of moderate weight loss, less weight regain, or the avoidance of initial weight gain."* However they also concluded that the optimal dose of self-weighing should be assessed, as well as the risks posed for negative psychological consequences.[51] The National Obesity Observatory quote Flodmark's 2005 study to the effect; *"It has been argued that psychosocial factors in childhood obesity are more important than functional limitations, and that we might better help the obese child by providing social support rather than to focus on the child's obesity"*[52] and the author themselves suggest *"a happy obese child might have greater resources to cope with the problem than previously thought."*[53]

Generally our research would indicate that providers appear to be in dispute as to the value of weight knowledge as a motivational positive tool and, of course, there is nothing to stop an adult or a parent weighing themselves or their child. However, the ambiguity around the worth of being regularly weighed is confusing for users, both adult and child, and we would argue the issue requires clarifying.

OPPORTUNITY

Self-monitoring
There is an opportunity to simplify measures for service users to enable self-monitoring between appointments, preferably using milestones that are based on their own motivations.

50. VanWormer, J.J., French, S.A., Pereira, M.A. and Welsh, E.M. The Impact of Regular Self-weighing on Weight Management: A Systematic Literature Review. International Journal of Behavioral Nutrition and Physical Activity20085:54

51. Burke, L.E., Wang, J. and Sevick, M.A. Self Monitoring in Weight Loss:A Systematic Review of the Literature. Journal of the American Dietetic Association, Volume 111, Issue 1, January 2011, Pages 92–102

52. National Obesity Observatory: http://www.noo.org.uk/uploads/doc/vid_10266_Obesity%20and%20mental%20health_FINAL_070311_MG.pdf Accessed 6 Nov 2016

53. Flodmark, C.E., The happy obese child. Int. Journal of Obesity, 2005:29 Suppl 2: S31-3

Control and choice

Picking up new habits

Echoing the experiences of tier 2 users, the data indicates that tier 3 children learn through doing and putting that learning into practice. Hands-on activities such as cooking are valued and appear to have impact. Practices, habits and routines have been altered through implementation and repetition.

OPPORTUNITY

Embedding change
Some providers mentioned that working around the family's daily routines and learning through doing is key to effectively embedding new habits. In addition, intense, out of context experiences to break the child's routine or change the dynamic of their family relationships can be helpful to introduce new norms (e.g.: summer camps)

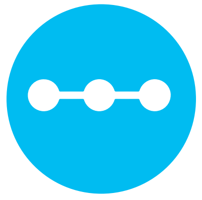
Navigating tempting environments

Again, echoing the experiences of tier 2 users, the level of dietary information imparted to the children is questionable; is it too much, could it lead to an unhealthy relationship with food and future eating disorders? The data indicates a potential for children to develop associations of guilt, blame and shame around food, as in the case of Fahmi needing to confess his consumption of chocolate almost as soon as the researcher had arrived at his home. In the discipline of Psychology there is new evidence that parents are being blamed for their children's eating disorders[54] highlighting the challenge faced by parents of obese children and providers of weight management programmes to keep learning in context, to make sure the learning is relevant to all the varying contexts the family might experience and to maintain a balance between a form and level of information that leads to reduction in weight whilst nurturing a healthy relationship with food.

OPPORTUNITY

Learning in context
Supporting people to navigate temptation and make positive choices by anchoring learning experiences in real environments.

54. https://www.psychologytoday.com/blog/when-food-is-family/201203/shame-blame-and-eating-disorders Accessed 6 Nov 2016



Experience of support

Referral

According to professional stakeholders referral processes could be improved and although our data does not have the breadth to cover a multitude of routes several discussion points emerge. Which factors make a referral effective? Is it via a trusted person such as teacher? How do parents and guardians relate to a referral via a medical authority? What are the considerations around access – how prompt should it be, taking into account that some families may need time to understand the referral and its consequences? How is medical variation in referral handled, considering that referral criteria are open to interpretation – as in the case of Nathan and his GP? Are there occasions when a 'preventative' referral may be called for and how are these situations handled? Linked to this point is how do those who refer receive feedback on the progress of the families and is there room for improvement in the systems of 'follow-up'?

OPPORTUNITIES

Better referrals
Participants felt that professionals form universal services, such as teachers, school nurses, GPs, etc. should be better equipped to recognise when a child's weight is an issue and make preventative referrals.

Feedback to referrers
Participants felt that weight management providers to feedback to referrers on the progress a child has made while on the programme, to avoid duplicate referrals, and ensure light-touch follow-up from the school, GP or other referrer where relevant.

No ending

In contrast to weight management programmes for adults and tier 2 children the programmes for tier 3 children do not appear to have either a set end point or, if they do, sequential referral is possible. Our data indicates that the children and parents in our research were not overly concerned by the lack of definitive end point and providers said that having an open door policy, where families can return to the programme if needed, was positive. However, providers also warned against services with no fixed ending, as in their opinion these can generate a sense of dependency in the family. Some stakeholders pointed to examples of peer mentoring working with families over a whole year, in order to maintain some light touch support after the programme as ended.

OPPORTUNITIES

Long-term planning
Participants felt that providers should support service users at the start to plan for what happens after the programme has finished, including providing information about affordable services or activities.

Flexible ending point
Providers suggested that service users should have a say on when to end the programme.

Open door and follow-ups
Participants thought that it is important to set up follow-up times with parents and check if the weight and lifestyle have been sustained or if there has been any progress.

Tier 3 Children user journey
A summary of opportunities

Referral

Better referrals
Training professionals from universal services to make preventative referrals.

On the

Long-term planning
Supporting families to plan for what happens after the programme from the start.

Whole family approach
Actively involving the people who are closest to the child and have the greatest influence on their behaviour, including extended family.

Goals owned by the child
Supporting the child to set their own goals.

Coaching skills
Training parents or other family members in coaching methods so they can support the child.

Embedding change
Support more effective learning with activities anchored in people's own reality.

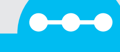
Understanding the mind
Giving children the tools to understand their internal emotional triggers.

programme

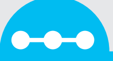
After

Positive group dynamics
Facilitating positive group dynamics to enable families to connect with one another.

Age appropriateness
Taking into consideration the needs of different age groups when designing activities.



Feedback to referrers
Providing feedback on the child's progress to the referrer, to ensure light-touch follow-up.



Flexible ending
Allowing families to decide on when they are ready to end the programme.

Social media
Using social to enable families to connect with one another outside of the sessions.

Open door and follow-ups
Ending progressively, with light-touch follow-ups, peer support, and keeping an open door for dropouts and completers.

Self-monitoring
Poviding useful tools and metrics for self-monitoring.

The voice of the child
Providing opportunities for the child to express their own perspective, independently from their family.

Helping parents to help children
Providing opportunities for parents to be reflective about their own parenting.

Building confidence
Slowly building children's confidence and self esteem and exposing them to new experiences.

8. Conclusion

This section presents a summary of the insights that were relevant across tiers and age groups.

An extended family approach

Most ethnography participants reflected on the impact their partner, family, or friends had on their routine, including exercise and eating patterns.

The role of family is well understood by weight management services for children, and most programmes involve parents. However, particularly concerning children, significant influences might go beyond the nuclear family, and include the extended family. This insight suggests that weight management services need to look beyond the immediate family, and investigate, with the child, who within their social network, have the most significant influence on their choices.

When it comes to adults, however, users are almost exclusively approached as individuals. Significant relationships that have an impact on their emotional wellbeing, food intake or level of physical activity, are rarely included. This is especially true for couples, where co-dependencies around food and emotional rituals can have deep and complex implications on the dynamics of a relationship. Working with service users to positively navigate their relationships so that they work in favour, rather than against of their effort to achieve a healthy weight is key.

Working with service users to positively navigate their relationships so that they work in favour, rather than against of their effort to achieve a healthy weight is key.

Empathy and in-depth emotional support

Facilitators that were relatable, empathic and non-judgmental had an overwhelmingly positive impact on people's experiences. Where these qualities were missing, service users sometimes felt sceptical, patronised, or felt that their individual needs were not taken into account. Most importantly, people valued services that recognised the emotional aspect of weight management. Having the opportunity to be listened to and to be supported through genuine conversations made a real difference to people's engagement and sense of achievement during the weight management service.

Recognising that weight, body image, and eating are often emotionally-charged issues for service users, and supporting them to understand and navigate their own emotions it is key to designing successful weight management services.

Clarity of purpose

Most of our conversations with service users highlighted a level of confusion surrounding the purpose of weight management services. Some service users were surprised to learn, after enrolling onto a programme, that the objective was weight loss. In contrast a number of services, particularly tier 2 services, were described by service users as abstract, providing general information sessions about what constitutes a healthy lifestyle, rather than exploring activities explicitly focused on losing weight. As a result, participants wishing to lose weight reported feeling confused and unable to make concrete changes to their lives. In some cases, whilst participants were weighed, their weight was not shared with them. And out of all our respondents, few had actually seen a significant weight loss as a result

of being on the weight management programme. This does not mean that the experience was not valued: most participants felt positively about the programme they had attended, but this was not always necessarily linked to weight management. For some, it metamorphosed into an opportunity to meet new people or to take part in a regular activity.

This gap in expectation and purpose was reflected by our interviews with providers and commissioners. Indeed certain service providers spoke of choosing to emphasise either 'weight loss' or 'healthy lifestyle' depending upon who they were speaking to, feeling that an emphasis on weight-loss may 'put-off' certain perspective users. There was also a mismatch between the outcomes providers' felt mattered, and the outcomes commissioners valued. Some providers argued that wellbeing outcomes, such as confidence and positive relationships, were essential to achieving a healthy weight in the long-term. However, most felt that commissioners almost exclusively focus on weight loss measures, and have unrealistic expectations of what can be achieved within a short amount of time (12 weeks for tier 2 programmes).

This suggests that there needs to be greater clarity about the purpose of weight management services generally, and that expectations from different stakeholders, including the user themselves, the provider, the referrer and the commissioner, must be better aligned from referral to the end of a programme and through continuing support.

Learning how to navigate internal and external triggers

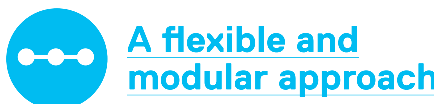
Being given the tools to navigate both internal and external triggers was the aspect of weight management programmes that service users found had the greatest impact. By internal triggers we refer to the psychological and emotional states that drive behaviours. The programmes that participants found most valuable were the ones that helped them to understand their own 'self-talk', to increase their self-awareness and decode their food behaviours. Where this psychological aspect was missing, participants often felt that the programme just gave *"too much general information"*, and would have preferred if instead it had helped them to reflect on their own routine, and provided them with concrete coping and motivational strategies; "I know I shouldn't do it, but I do it anyway. I don't know why."

Most participants also recognised that their environment influenced their choices and had contributed to their weight gain. While all services gave out nutritional information, this information was more successfully assimilated and applied if the learning had taken place in real life, through being shown, rather than through being told. Some of the services, especially the ones targeted at children and families, did this well. Participants mentioned being taken on a trip to the supermarket, where they had a chance to taste different products and learn about their nutritional value, applying the principles of 'labelling' rather than just learning about it. However, the application of this knowledge dwindled once participants had completed the programme.

Many programmes also did not touch on the many potential settings where participants might have to make healthy choices, such as fast food outlets or family dinners, where there are no labels. Eating and exercise behaviours appeared to be so deeply embedded in people's lives that fully adopting a healthy lifestyle was inordinately challenging with

the result that many practiced a ‘healthy lifestyle’ parallel to their ‘normal’ practice, with greater or lesser effect depending on their circumstances.

For both psychological and environmental triggers, this suggests that weight management sessions need to go beyond simply conveying information, and be anchored in the real experience of users.

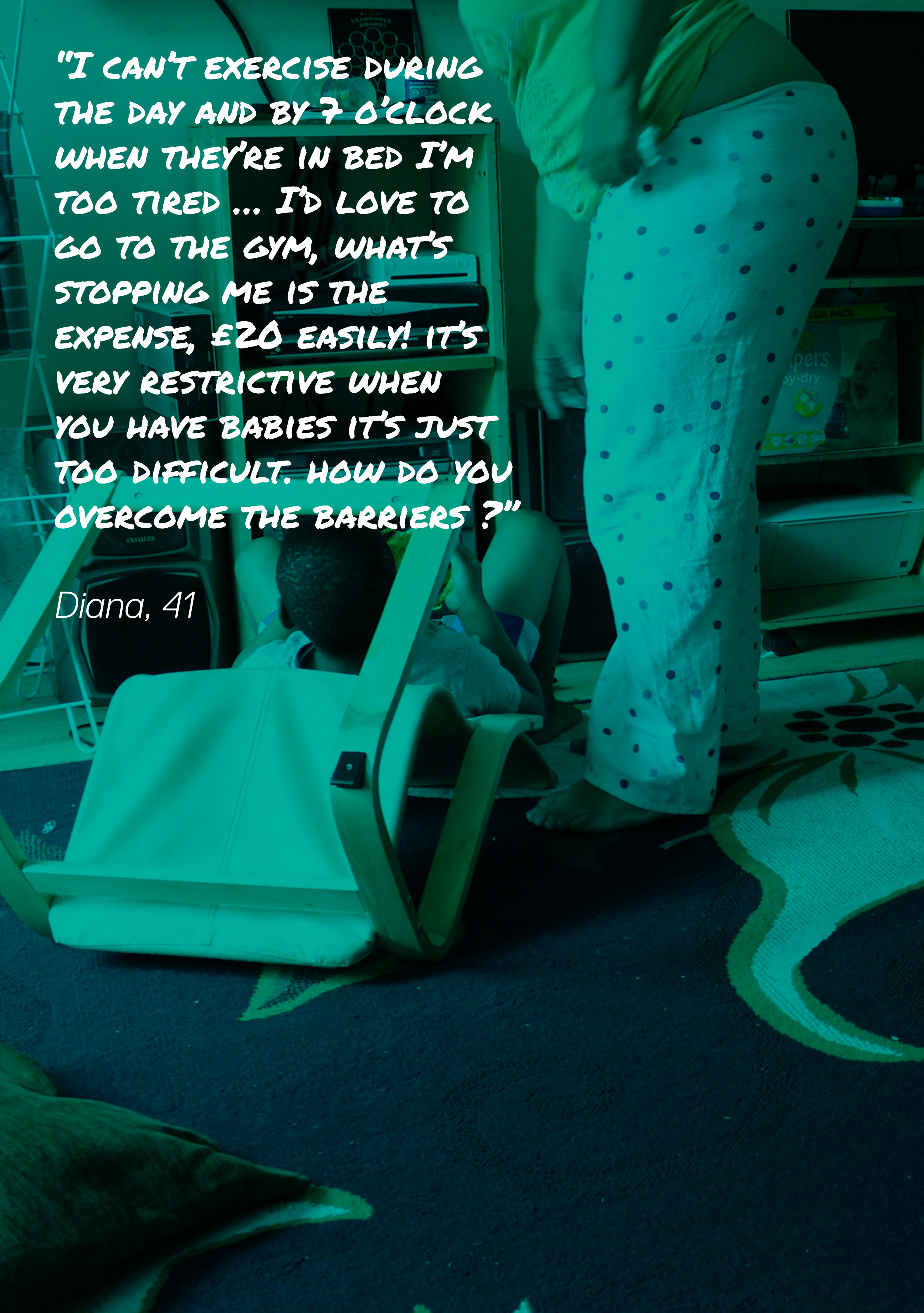


A flexible and modular approach

One of the inevitable consequences of conducting in-depth research is that it offers a deep insight into the mindsets that drive each individual, and reinforces the understanding that each individual’s experience is unique. Their reasons for becoming overweight or obese are unique, their relationship to food is unique, their perception of exercise is unique, their family structure is unique, and the health conditions that they experience as a result of being overweight or obese are unique. Therefore, any blueprint aimed at defining the content and the shape of a weight management programme requires inherent flexibility to reflect the unique experience of each individual.

This does not mean that every program needs to become a one-to-one programme, as people really valued the social dimension of group sessions. However, it implies that weight management programmes, even tier 2, need to be tailored to the specific needs of the individual. This was also a strong message emerging from our workshop with stakeholders. When prompted to design the ideal weight management service after having heard the in-depth stories of ethnography participants, all stakeholders argued for a flexible, stepped or modular approach, which would start with an in-depth, holistic assessment using motivational interviewing to uncover the root causes of their weight gain, their level of motivation, their level of support outside of the weight management programme, etc. Based on this assessment, providers would then work with service users to design a customised journey around a core programme.

This approach requires an integrated approach, where weight management services are linked to, and able to refer to, related activities available in the community. Ultimately, it questions the relevance of a tiered approach.



"I can't exercise during the day and by 7 o'clock when they're in bed I'm too tired ... I'd love to go to the gym, what's stopping me is the expense, £20 easily! It's very restrictive when you have babies it's just too difficult. How do you overcome the barriers ?"

Diana, 41

Appendices

Appendix 1 - **Stakeholders engagement research questions and activities** **118**

Appendix 2 - **Stakeholder interviews - write-ups** **124**

Appendix 3 - **Stakeholders engagement synthesis** **TBC**

Appendix 4 - **Co-design - research questions and activities** **TBC**

Appendix 5 - **Co-design synthesis** **TBC**

Appendix 6 - **Ethnography - research questions and activities** **TBC**

Appendix 7 - **Ethnography stories** **TBC**

Appendix 8 - **Ethnography - recruitment materials** **TBC**

Appendix 9 - **Ethical Approval letter** **TBC**

Appendix 1 **Stakeholders engagement research questions and activities**

WORKSHOP 1 FEBRUARY 2016

Description

Half day session with 21 with commissioners from local authorities and Clinical Commissioning Groups (CCGs), Community and Voluntary Services (CVS) representatives, service managers and practitioners.

The aim was to understand how the current weight managament system works, including what are the system challenges and opportunities for commissioners and service providers to commission and deliver effective weight management services.

Attendance

Tier 2 adults

- Kate Anderson, Head of Service Development, ABL Health, Greater Manchester
- Paul Sharpe, Partnership Manager, Slimming World, National
- Frances Mason, Weight Watchers, Provider, National
- Harry Macmillan, Director, Momenta, Provider
- Caroline Angus, Senior Health Improvement Commissioner, Suffolk County Council
- Gareth Hill, Public Health Manager, Wirral County Counil

Tier 3 adults

- Rachel Batterham, Head of the Centre for Obesity Research, UCL, London
- Aniko Szucs, Commissioning & Service Improvement Manager, Merton CCG
- Dianne Clarke, Strategic Lead for Healthy Lifestyles, Live Wire, Cheshire
- Caitlin Thomas, GLL, London

Tier 2 children

- Stuart King, CEO, Beezee Bodies, Bedfordshire and Hertfordshire
- Karen Davies, Consultant Dietitian for Healthy Lifestyle Services, Live Well Suffolk
- Layla Ravey, Child Weight Management Lead, Live Well Luton
- Sultana Choudhury, Redbridge Council, London
- Sue Carmichael, Public Health Lead for Healthy Lifestyles, West Sussex
- Ashlee Mulimba, Public Health Strategist, Tower Hamlets, London

Tier 3 children

- Bimpe Oki, Commissioner for Lambeth & Southwark, London
- Julie Craig, Public Health Specialist, Wiltshire County Council
- Paul Westerby, Head of Research and Service development, My Time Active

Research questions

- What is their current understanding of what an effective approach to tackling obesity is and of what is currently working well for them?
- At a system level, what are the main challenges to commissioning and delivering the right support?
- What kinds of evidence or guidance are currently being used to drive service delivery and commissioning? What kinds of evidence or guidance would they find useful?

Activities

Attendees were separated into 4 smaller groups:

- Group A: commissioners and providers of tier 2 adult services
- Group B: commissioners and providers of tier 3 adult services
- Group C: commissioners and providers of tier 2 children and early years services
- Group D: commissioners and providers of tier 3 children and early years services

People who cover more than one of the above, as well as people with a more general remit were able to self-select their group.

1. Mapping what we know

Groups explored existing evidence, and were given an opportunity to share their own insight. Each group received a set of cards. Each card has a statement about existing evidence about what works and what doesn't. Small groups work through each statement, asking themselves the following questions:

- What does this imply for you as a commissioner / provider?
- What challenges does that bring up?
- What examples do we have of practices that overcome this challenge?

2. What drives behaviour change?

Researchers provided an overview of what drives behaviour based on evidence from the Behavioural Insight Team. Small groups were given personas corresponding to their group's remit. Based on behavioural evidence, groups mapped barriers and enablers from the point of view of an individual going through a service, from referral to sustaining, lifestyle changes.

3. Mapping what we don't know

Group discussion on what are the big unknowns, or the big challenges that get in the way of commissioners or providers delivering effective weight management services.

INTERVIEWS MARCH - JUNE 2016

Description

Six interviews with commissioners from local authorities and Clinical Commissioning Groups (CCGs), Community and Voluntary Services (CVS) representatives, service managers and practitioners.

The aim was to understand how the system currently works, including what works well, what are the barriers, challenges and gaps, for commissioners and service providers.

Themes and research questions

- **Commissioning the right support -** What works well for local authorities and CCGs in relation to commissioning? What challenges do they face? What support could be provided to them to improve the issues they face around commissioning?
- **Measuring outcomes -** How do commissioners and service providers currently measure outcomes? How does that align with patient's aspirations? What are barriers to collecting outcome data?
- **Service design -** How is existing evidence and guidance currently used in the design of services? How do commissioners and service providers understand and perceive service users experiences?
- **Joining-up pathways -** Where are the gaps in existing provision? Who is responsible for what? How does that impact on the experience of service users?

Interview questions

Note: The questions below were adapted to reflect the role and circumstances of the interviewee. The interview style was be open-ended, and follow-up questions were asked to enable the interviewee to provide more elaborate answers.

- Describe your role in supporting adults / children who are overweight or obese to achieve a healthy weight (strategy, commissioning, delivering, evaluating).
- How would you describe the tier 2 and tier 3 support that is available locally to adults / children who are overweight or obese? Which aspects of these services work well?
- What would you point to as a really effective approach to tackling obesity in adults / children?
- What would you say are the main challenges they face as a service user? How would you describe the journey of a user through your service (if service provider) or through the local pathway (if commissioner)?
- How would you describe the outcomes you or your organisation are trying to achieve? How do you define meaningful success? How are these outcomes established and measured? What are the challenges, if any, linked to evaluation?
- What kind of evidence or guidance do you currently use in your work? What would you find useful?
- At a system level, what would you say are the main challenges to commissioning and providing the right support for adults / children? What support would you want, if any, to help you solve the challenges you face around commissioning or delivering weight management services for adults / children?
- Describe what your professional network looks like. What challenges are there, if any, linked to partnership working? How might those be solved?

WORKSHOP 2 AUGUST 2016

Description

Full day session with just under 50 commissioners from local authorities and Clinical Commissioning Groups (CCGs), Community and Voluntary Services (CVS) representatives, service managers and practitioners.

The objectives were:

- To share our emerging insights with providers and commissioners.
- To challenge their understanding of what good looks like by getting them to really listen to the experience of service users.
- To design an ideal service, responding to real stories and bringing together their collective expertise of what is feasible.
- To feed into the wider insights project which will contribute to the development of Public Health England's tier 2 and tier 3 weight management blueprints.

Attendance - morning

Tier 2 adults

- Carol Douet, Barnet & Harrow Public Health Team, Public Health Strategist, Barnet
- Sue Bradish, Thurrock Council, Public Health Manager, Adults Health and Commissioning, Essex
- Damani Goldstein, MSc, DFPH,London Borough of Hackney, Senior Public Health Strategist, Hackney
- Gwenda Ellison, Public Health, Health Improvement Specialist, Hereford
- Anna Frearson, Consultant in Public Health (Healthy Living and Health Improvement), Leeds
- Natalie Coghlan, People Directorate, Milton Keynes Council, Public Health Practitioner, Public Health, Milton Keynes
- Alison Trout, Public Health & Commissioning Directorate, Solihull MBC, Senior Specialist in Public Health, Solihull
- Sally Burns, City of York Council, Director of Communities & Neighbourhoods, York
- Claire Dunne, Bromley by Bow Centre, Fit4Life Programme Manager, Bromley
- Stuart King, BeeZee Bodies, CEO
- Francesca Speakman, ABL Health, Head of Service Development

Tier 3 adults

- Val Thomas, Public Health Directorate Cambridge
- Dr Alistair Robertson, Harrow and Barnet Public Health, Barnet
- Vicky Tovey, Kent County Council Commissioning Manager, Public Health, Kent
- Donna Husband, Oxfordshire County Council Head of Commissioning - Health Improvement, Public Health, Oxfordshire
- Martin Lee Wakefield Council, Commissioning Specialist - (Healthy Weight), Wakefield
- Joanne Pittard, Royal Borough of Kingston Upon Thames, Public Health Principle (Obesity Lead), Kingston-upon-Thames
- Alexandra Humphrey, Bromley CCG Commissioning Manager, Bromley
- Sevim Mustafa, "The Bariatric Consultancy Limited, NHS WEST KENT CCG" Snr. BACP & UKRC Reg. Psychotherapist & Consultant Kent
- Kim Rickard, Crawley, Horsham and Mid Sussex CCGs, West Sussex
- Anna Young, Homerton Hospital, Specialist Adult Weight Management Physiotherapist, Staff Move for Health Activity Team Lead, Healthy Homerton Staff Member, London
- Rachel Coombs, Brighton and Hove Food

Partnership, Community Nutrition Manager & Dietitian (BSc), Brighton

- Dr Jackie Doyle, University College London Hospitals, Clinical Psychologist, London
- Judith Joseph, PhD, CPsychol, University of Southampton, Research Fellow Southampton
- Helen Turner, The Pennine Acute Hospitals NHS Trust Community Dietetic Section Manager, Nutrition and Dietetics
- Kate Anderson, ABL Health, Head of Service Development

Attendance - afternoon

Tier 2 children

- Sarah Hawken, Public Health, Community Wellbeing, Brent Council, Active Lifestyles Manage, Brent
- Helen Reed, Public Health Directorate, Cambridge
- Jacqueline Smith, Directorate of Care, Wellbeing & Education, West Sussex County Council, Health Improvement Programme Manager (0-5), Children & Families Commissioning Team, Chichester
- Anna Card East Sussex County Council, Health Improvement Specialist, Physical Activity, Healthy Eating and Obesity, East Sussex
- Sophie Young, Public Health, Health Improvement Practitioner, Hereford
- Chad Oatley, Public Health Team | Isle of Wight Council, Public Health Practitioner Isle of Wight
- Rimple Poonia, Public Health Portsmouth Senior Manager, Portsmouth
- Adriana MacNaughton, Enable Leisure and Culture, Programme Coordinator Wandsworth
- Gabrielle Miller, Bromley Healthcare Community Interest Company, Healthy Weight Dietitian, Bromley
- Katherine Reeves, Solutions4Health Weight Management Services Coordinator, Reading
- Stuart King, BeeZee Bodies, CEO
- Francesca Speakman, ABL Health, Head of Service Development

Tier 3 children

- Dr Alistair Robertson, Harrow and Barnet Public Health, GPVTS Public Health, Barnet, MB BS BSc. PG Dip. MRCP, Harrow
- Gemma Mann, North Yorkshire County Council, Public Health, Health and Adult Services, Health Improvement Manager, North Yorkshire
- Katy Scammell, Consultant in Public Health, Health & Care Improvement Practitioner Redbridge
- Ashlee Mulimba, London Borough of Tower Hamlets, Interim Public Health Strategist - Child and Family Healthy Weight Lead Tower Hamlets
- Helen Turner, The Pennine Acute Hospitals NHS Trust, Community Dietetic Section Manager, Nutrition and Dietetics, Greater Manchester
- Dr Jackie Doyle, University College London Hospitals, Clinical Psychologist, London
- Sonia Fihosy, Mytime Active, Clinical Psychologist, London
- Valerie Kuijpers RNutr, Weight Management Centre & Discovery Learning, Project Manager, Tooting
- Kate Anderson, ABL Health, Head of Service Development, Manchester
- Rachel Coombs, Brighton and Hove Food Partnership, Community Nutrition Manager & Dietitian (BSc), Brighton

Activities

1. Storytelling

Each group was told 2 stories, corresponding to the tier they have chosen to focus on. The stories gave a rich picture of the service users' day-to-day, their outlook on life, and their health and weight history.

As they listen to the stories, participants captured challenges and opportunities.

Each person had to individually formulate a challenge. The challenge should be framed as *"How can we...?"* and respond to the stories they have heard. For example, *"How can we ensure weight management services understand an individual's family context and work with whole families?"*

2. Insights

Presentation from Innovation Unit about:

- negative and positive experiences from the point of view of service users
- synthesis of opportunities

3. Designing the ideal journey

Moving back into groups, each group selected one or two user challenges (from the ones they have generated before), then:

- Researchers presented the detail of the user journeys through referral to, and on the weight management programme for both stories
- As a group, they reflected on whether the programmes described help to address the challenges they have prioritised.
- The group designed a service that would better respond to both service users needs, as well as to the challenges described.

Appendix 2 **Stakeholder interviews write-ups**

TBC

Appendix 3 **Stakeholders engagement synthesis**

Each of the visual journeys below present a synthesis of what professional stakeholders said about weight management services during Workshop 1 and the interviews. The insights are separated by tier and age group and mapped across the service user journey.

Referral

Better conversations

Some participants felt that health care professionals, especially GPs struggle to have the "weight conversation" with people. They need to be better equipped in informing people about the services they can refer them to.

B G

Word of mouth or 'bring a friend' schemes seem to work better than referrals from professionals. It provides reassurance.

Getting a deal

One commissioner mentioned that commercial providers tend to attract more participants as they perceive the 'free offer' as a 'deal'. Bringing in a well perceived commercial provider can raise the level of interest and leads to uptake in services.

Readiness

Some providers described self-efficacy as a key attitude service users need to have to be succesful and conduct a readiness to change assessment at the start. Sometimes people need another intervention before they are ready to engage with the content of the programme.

On the

Not just weight

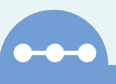
Some providers felt that most people are motivated by a desire to improve their mental health and wellbeing. They want to feel more confident, and weight management services need to build on that.

Owning goals

Some providers felt that a key factor for success is that the overall goal is owned by the individual. Setting realistic and individualised targets is very important to engage participants effectively.

programme

After



Individualising support

According to some providers, both closed groups and open groups (drop-in) work, as long as there is enough emphasis on an individualised approach within the provided structure.

Self-monitoring

Some providers felt that there is an opportunity to simplify measures for service users to enable self-monitoring between appointments (e.g.traffic light system).

Duration of support

Some participants felt that 12 weeks is a very short amount of time to see a significant impact on weight, behaviour and wellbeing. Relapsing and repeat users are common.

Coaching not telling

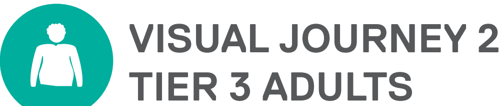
Providers mentioned that the most effective services use a coaching approach (working with participants) to support people and see good outcomes.

Power of social networks

Involving not just professionals, but also friends and family where possible is necessary to ensure lifestyle changes are embedded.

Wellbeing outcomes matter

Wellbeing, improvement in mental health and being off medication is success. But current guidance and commissioners focus mostly on weight loss.



VISUAL JOURNEY 2 TIER 3 ADULTS

Referral

Mental health issues

People accessing T3 services have often more fundamental issues like addiction and self-harm which are perceived to be at the root of their weight problem. The service needs to address these more complex needs. Data from one locality, for example, suggests that 60% have moderate depression. And therefore the biggest focus has to be psychological.

C

Enabling choices and ownership

Some providers mentioned enabling people to choose which programmes to attend, through taster sessions, rather than booking them in, as the drop-out rates are high when they do the latter.

B E G

On the

Readiness

Some providers described self-efficacy as a key attitude service users need to have to be succesful and conduct a readiness to change assessment at the start. Sometimes people need another intervention before they are ready to engage with the content of the programme.

G E

Accessibility of WMS

One provider, located in in a region, which is predominently large and rural finds it hard to engage people in the T3 service due to the fact that it not easily accessible.

C

Intensity

Some providers mentioned that, when given the choice, people tend to prefer short-term (3 months) intense commitments, rather than long-term, as hey want to see results quickly.

G

Owning goals

Some providers felt that a key factor for success is that the overall goal is owned by the individual. Setting realistic and individualised targets is very important to engage participants effectively.

G

Mental health support

Most participants mentioned that, for T3 services, psychological support is the most important element. By the time people move onto the lifestyle component they will often have made some changes in their lives naturally, as they have been able to talk about some issues for the first time and are able to see the links between their issues and their weight.

B C F E

Coaching not

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C E

Enabling owner

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Mental healt support

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Power of social networks

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Self-monitoring

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Gamification

Some providers mentioned that tools to gamify or motivate can be useful (e.g. medals, signing a mutual agreement with goals, etc).

Holistic support

Some participants mentioned that, for T3 service users, intense one-to-one support is necessary, and needs to extend beyond the medical, to include supporting people to shop healthily or go to the gym for example.

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One-to-one contact

One participant mentioned that T3 service users tend prefer individual contact to group contact.

After

Wellbeing outcomes matter

Wellbeing, improvement in mental health and being off medication is success. But current guidance and commissioners focus mostly on weight loss.

Dependency

Some providers mentioned that people who are particularly vulnerable find it difficult to end a weight management programme. Often the people they see in this service are the only people they see regularly.

Follow-up offer

Some participants felt that there is a lack of social support post-programme. People might sometimes transition into T2, but that is not always supported and managed well.

Peer support

Some providers mentioned that peer mentors to work with families after the service has ended is a good way of sustaining behaviour change.

VISUAL JOURNEY 3
TIER 2 CHILDREN

Referral

Health vs. weight

Some participants suggested that raising awareness in schools about weight management services and emphasising the health and lifestyle element rather than focusing on weight would be an effective way to engage families.

Self-identification

Parental attitudes are often a barrier to engagement. They might not recognise the problem, are afraid of creating a complex, or feel it's not their responsibility.

Lack of standards

Participants felt that the provision of weight management services for children and families is much more patchy and less standardised than for adults.

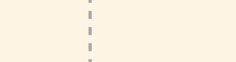
Better conversations

Some participants felt that health care professionals, especially GPs struggle to have the "weight conversation" with people. They need to be better equipped in informing people about the services they can refer them to.

Word of mouth or 'bring a friend' schemes seem to work better than referrals from professionals. It provides reassurance.

Finding the right words

Participants felt that standardised letters from NCMP are disempowering for parents. An individualised conversation with children and parents is usually more effective at turning them around.

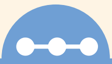


Holistic assessment

Some providers felt that it does not make sense to define people's level of support based purely on their BMI. We need to look at their mental health and their vulnerability to identify the appropriate level of support. Service is piloting a new approach which takes a more holistic approach of assessing people's needs and providing support.

Owning goals

Some providers felt that a key factor for success is that the overall goal is owned by the individual. Setting realistic and individualised targets is very important to engage participants effectively.



Individualising support

According to some providers, both closed groups and open groups (drop-in) work, as long as there is enough emphasis on an individualised approach within the provided structure.

Power of social networks

Involving not just professionals, but also friends and family where possible is necessary to ensure lifestyle changes are embedded.

n the programme

After

Kind reminders

Some participants suggested that following up with families (via text or phone call) who have not attended makes them feel valued and is effective in engaging them.

Coaching not telling

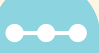
Providers mentioned that the most effective services use a coaching approach (working with participants) to support people and see good outcomes.

Reflective practice

Some participants felt that services for children need to engage the whole family, address family dynamics, and give parents some time to reflect on their own behaviours and how it affects their child.

FUN

Participants strongly felt that emphasising the fun and social factor (building confidence and social networks) is what makes families stick.



Intensity

Some participants felt that intensive engagement (several times per week) is more effective in reducing weight, as it keeps the momentum going.

Embedding change

Some providers mentioned that working around the family's daily routines is key to effectively embedding new habits; ie. instructor picking up child from school with parent and going to the park on their way home. Intense one-to-one support is necessary, and needs to extend beyond the medical, to include supporting people to shop healthily or go to the gym for example.

Duration of support

Some participants felt that 12 weeks is a very short amount of time to see a significant impact on weight, behaviour and wellbeing. Relapsing and repeat users are common.

Wellbeing outcomes matter

Becoming more confident, making friends, school attendence and better family relationships all impact on weight reduction. Some participants felt that we need to measure these 'soft outcomes' too when assessing the success of weight management services.

VISUAL JOURNEY 4
TIER 3 CHILDREN

Referral

Finding the right words

Participants felt that standardised letters from NCMP are disempowering for parents. An individualised conversation with children and parents is usually more effective at turning them around.

A G

Troubled families

Providers mentioned that families referred to T3 services often have chaotic lifestyles and complex social and psychological issues. Weight tends to be the least of their issues.

B E G

Self-identification

Parental attitudes are often a barrier to engagement. They might not recognise the problem, are afraid of creating a complex, or feel it's not their responsibility.

E G

Lack of standards

Participants felt that the provision of weight management services for children and families is much more patchy and less standardised than for adults.

C E

Holistic assessment

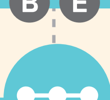
Some providers felt that it does not make sense to define people's level of support based purely on their BMI. We need to look at their mental health and their vulnerability to identify the appropriate level of support. Service is piloting a new approach which takes a more holistic approach of assessing people's needs and providing support.

A B E

Holistic assessment

Some participants suggested that having a specialist school nurse working with families first, to assess their situation and motivation is a good way to assess their 'readiness' before investing in that family. The nurse also refers or signposts to other available services.

B E



Flexible gateway into services

Some providers offer flexible engagement options (drop-in) as a gateway into more structured support is an effective way to recruit.

B E

On the

Power of social networks

Involving not just professionals, but also friends and family where possible is necessary to ensure lifestyle changes are embedded.

G

Mental health

Most participants mentioned that, for T3 services, psychological support is key. By the time people move onto the lifestyle component they will often have made some changes in their lives naturally, as they have been able to talk about some issues for the first time and are able to see the links between their issues and their weight.

B C E F

Mental health

Some providers offer interim psychological support when waiting lists for mental health services are too long.

E

Reflective pra

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and give parents
time to reflect on
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One-to-one con

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providers, for comp
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support works bet
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it is an effective wa
build trust, especiall
families with experie
of child protection
often find it hard to
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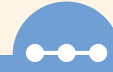
Coaching not telling

Providers mentioned that the most effective services use a coaching approach (working with participants) to support people and see good outcomes.



Embedding change

Some providers mentioned that working around the family's daily routines is key to effectively embedding new habits; ie. instructor picking up child from school with parent and going to the park on their way home. Intense one-to-one support is necessary, and needs to extend beyond the medical, to include supporting people to shop healthily or go to the gym for example.

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Accessibility

The professionals who make up the multidisciplinary team are often on a nine to five schedule, meaning children have to miss schools to attend sessions.

Enabling ownership

One provider bases their lifestyle programme on CBT and focuses on problem-solving and reflective practice which emphasises people's level of control and responsibility over their choices.

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'Fix my kid'

Some participants mentioned that because, T3 services are often delivered in clinical settings, this might impact negatively on parents' sense of responsibility.

Gamification

Some providers mentioned that tools to gamify or motivate can be useful (e.g. medals, signing a mutual agreement with goals, etc).

After

Wellbeing outcomes matter

Becoming more confident, making friends, school attendence and better family relationships all impact on weight reduction. Some participants felt that we need to measure these 'soft outcomes' too when assessing the success of weight management services.

Dependency

Some providers mentioned that children and families with complex needs can become dependent on the service, as they are given one to one dedicated attention.

Peer support

Some providers mentioned that peer mentors to work with families after the service has ended is a good way of sustaining behaviour change.

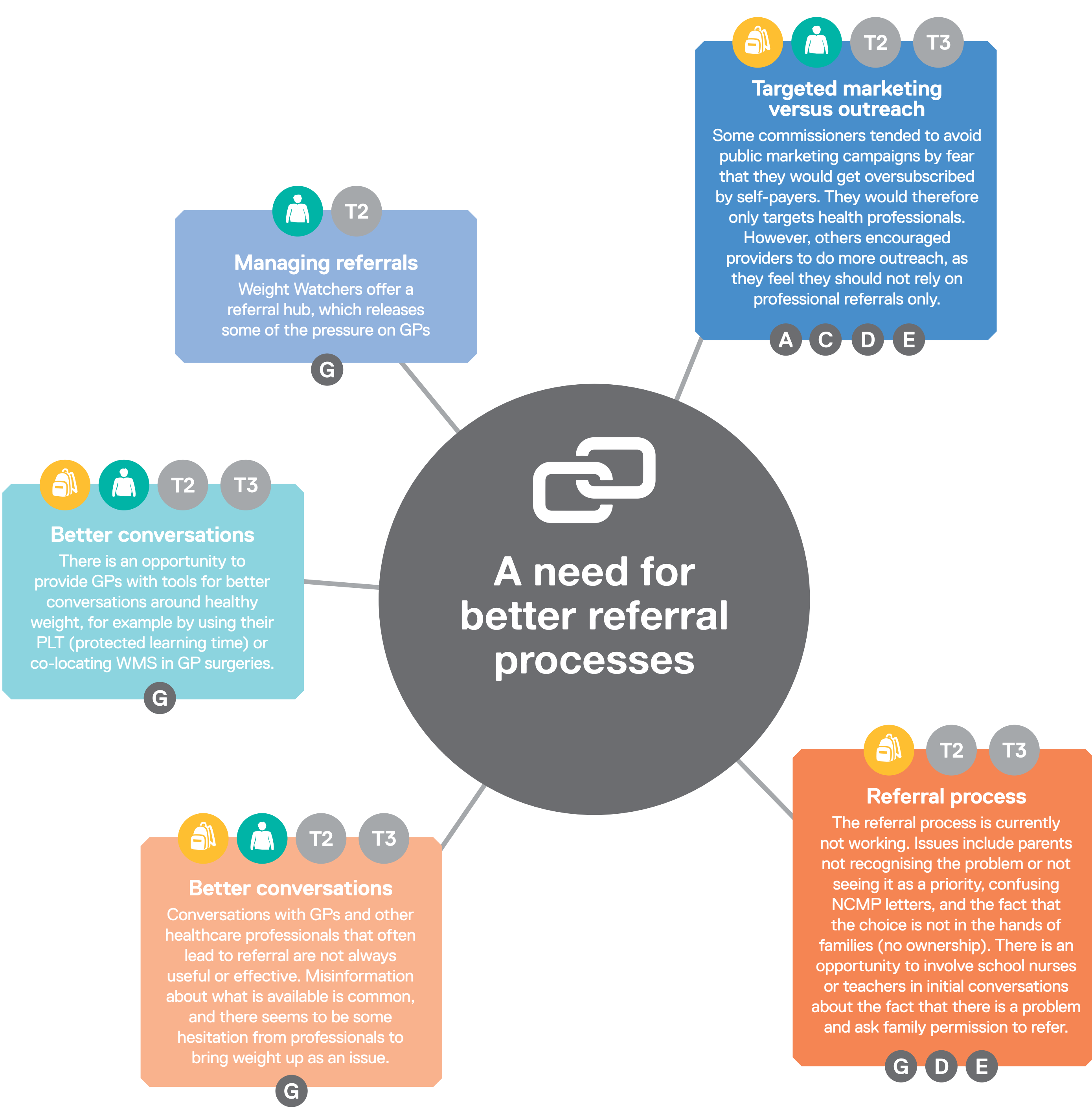
Follow-up offer

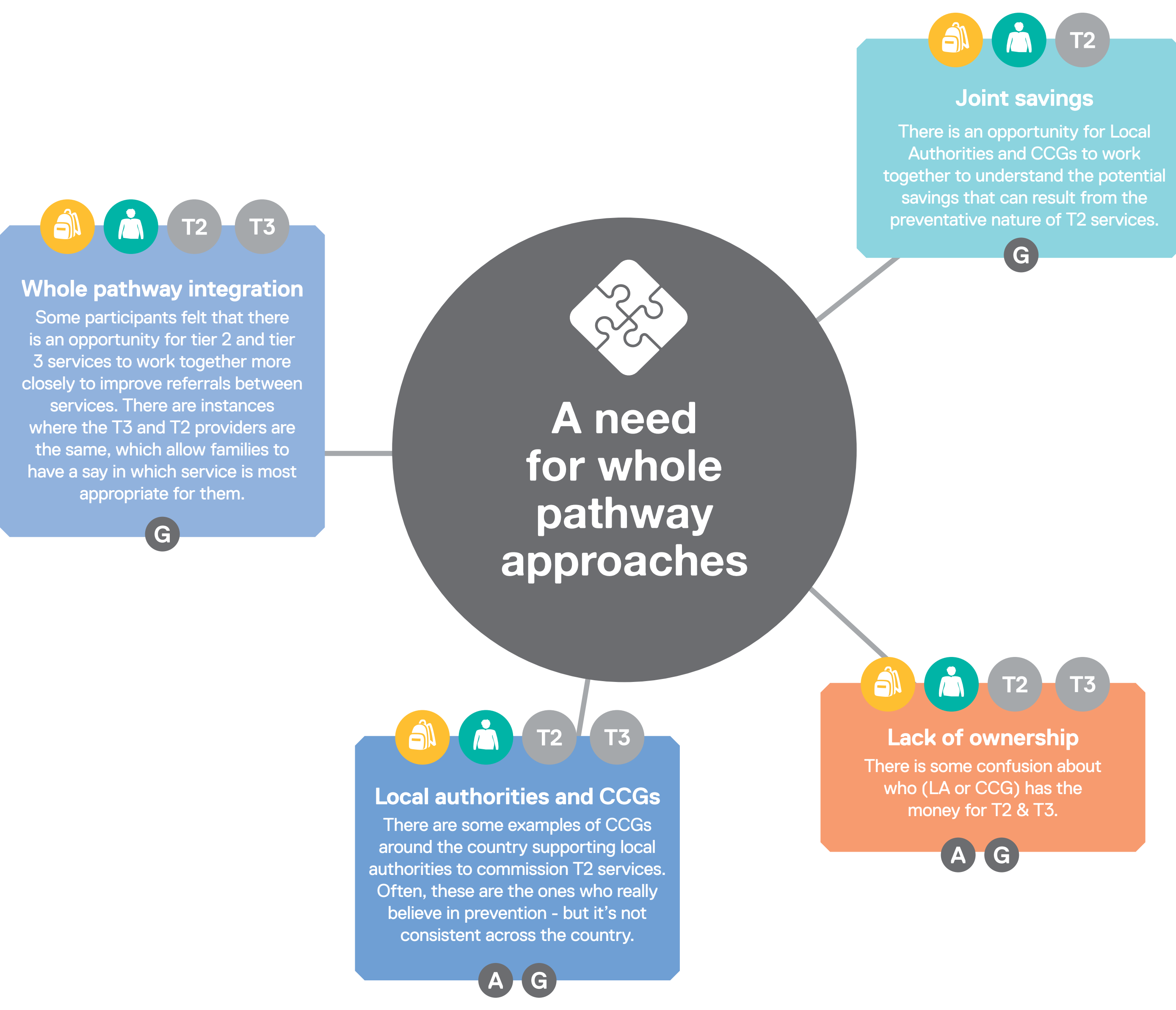
Some participants felt that there is a lack of social support post-programme. People might sometimes transition into T2, but that is not always supported and managed well.

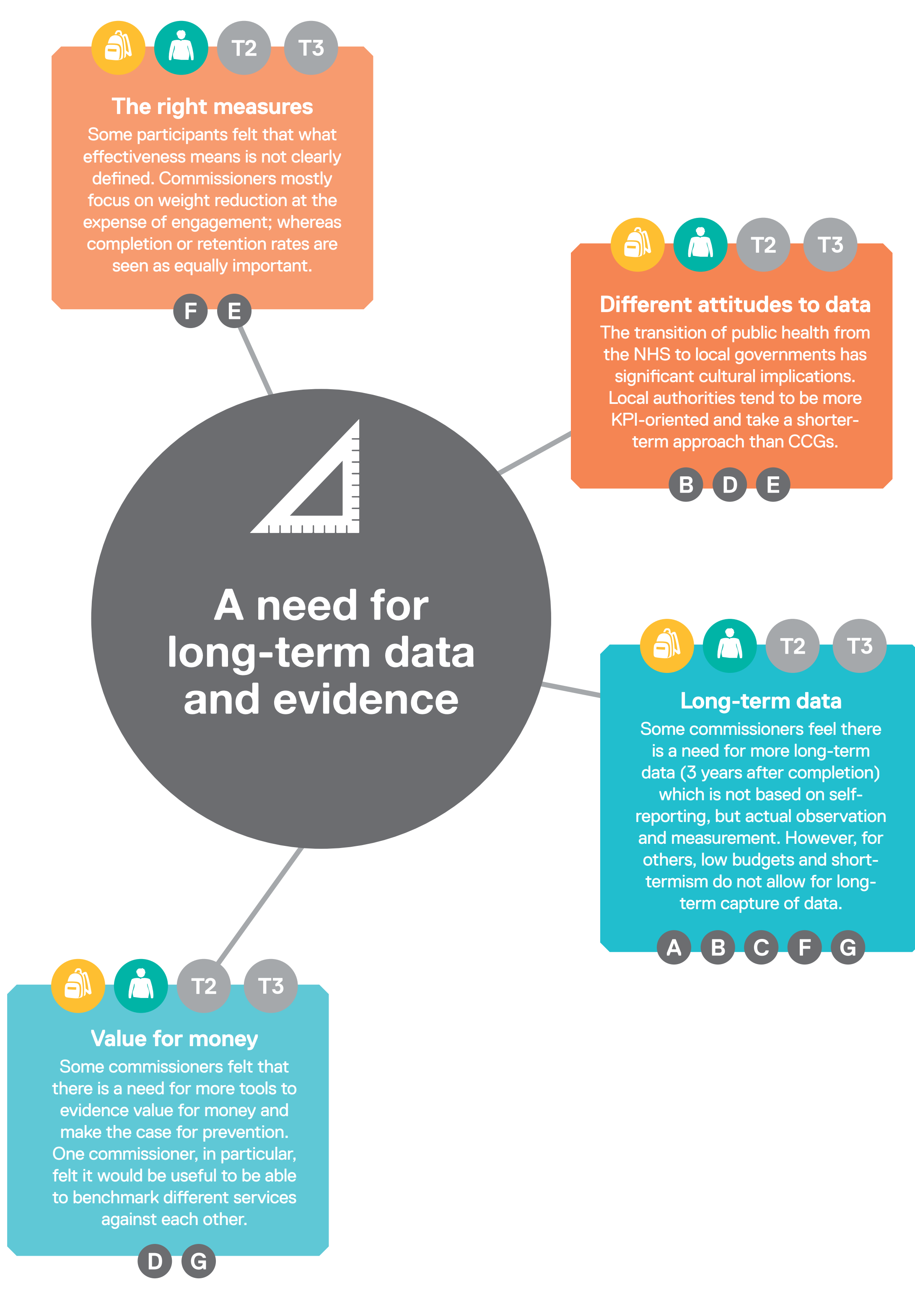
SYSTEM INSIGHTS

The visuals below present a synthesis of what professional stakeholders said about systemic issues during Workshop 1 and the interviews.

T2
T3
Short-termism
Local authorities face a huge pressure to do more with less money, which means that commissioners rarely contract beyond 3 months. From the perspective of providers, contracts are often too short; longer-term contracting would enable a more integrated approach (providers having the time to scope out the local landscape, build partnerships, etc.)
B
G
T2
T3
Contracting
Some participants felt that the ideal contracting period, that would allow commissioners to measure outcomes, and providers to deliver long-term impact is 3 to 5 years, but this requires strong local leadership and commitment.
B
D
T2
A luxury
Some participants mentioned that commissioners feel the pressure to invest in critical universal services rather than in weight management services, which are not statutory and are therefore particularly scrutinised. T2 weight management services in particular, are at risk of being decommissioned.
A
B
A need for strong local leadership
T3
Complex and expensive
T3 services for children are expensive, dealing with really complex situations. There is a big question around value for money. It is difficult to make an 'invest to save' case.
B
T2
T3
Minimum support
Some providers find it hard to be innovative in the current financial context. Support that does not appear directly linked to weight loss, is often disregarded by commissioners even though providers know that it will have a positive impact.
G
T2
Changing roles
Some local authorities can no longer afford to deliver services that are free at the point of access and have started to see their roles as signposting residents to commercial providers instead.
G


A need for better referral processes
T2
Managing referrals
Weight Watchers offer a referral hub, which releases some of the pressure on GPs
G
T2 T3
Targeted marketing versus outreach
Some commissioners tended to avoid public marketing campaigns by fear that they would get oversubscribed by self-payers. They would therefore only targets health professionals. However, others encouraged providers to do more outreach, as they feel they should not rely on professional referrals only.
A C D E
T2 T3
Better conversations
There is an opportunity to provide GPs with tools for better conversations around healthy weight, for example by using their PLT (protected learning time) or co-locating WMS in GP surgeries.
G
T2 T3
Better conversations
Conversations with GPs and other healthcare professionals that often lead to referral are not always useful or effective. Misinformation about what is available is common, and there seems to be some hesitation from professionals to bring weight up as an issue.
G
T2 T3
Referral process
The referral process is currently not working. Issues include parents not recognising the problem or not seeing it as a priority, confusing NCMP letters, and the fact that the choice is not in the hands of families (no ownership). There is an opportunity to involve school nurses or teachers in initial conversations about the fact that there is a problem and ask family permission to refer.
G D E


A need for whole pathway approaches
T2
Joint savings
There is an opportunity for Local Authorities and CCGs to work together to understand the potential savings that can result from the preventative nature of T2 services.
G
T2
T3
Whole pathway integration
Some participants felt that there is an opportunity for tier 2 and tier 3 services to work together more closely to improve referrals between services. There are instances where the T3 and T2 providers are the same, which allow families to have a say in which service is most appropriate for them.
G
T2
T3
Lack of ownership
There is some confusion about who (LA or CCG) has the money for T2 & T3.
A
G
T2
T3
Local authorities and CCGs
There are some examples of CCGs around the country supporting local authorities to commission T2 services. Often, these are the ones who really believe in prevention - but it's not consistent across the country.
A
G


T2
T3
The right measures
Some participants felt that what effectiveness means is not clearly defined. Commissioners mostly focus on weight reduction at the expense of engagement; whereas completion or retention rates are seen as equally important.
F E
T2
T3
Different attitudes to data
The transition of public health from the NHS to local governments has significant cultural implications. Local authorities tend to be more KPI-oriented and take a shorter-term approach than CCGs.
B D E
A need for long-term data and evidence
T2
T3
Long-term data
Some commissioners feel there is a need for more long-term data (3 years after completion) which is not based on self-reporting, but actual observation and measurement. However, for others, low budgets and short-termism do not allow for long-term capture of data.
A B C F G
T2
T3
Value for money
Some commissioners felt that there is a need for more tools to evidence value for money and make the case for prevention. One commissioner, in particular, felt it would be useful to be able to benchmark different services against each other.
D G

A need for a clarity about what is value for money
T2
T3
A confusing landscape
The provision of services for children and families is patchier and less standardised than for adults: thresholds, and the type of support being provided tend to vary a lot from place to place.
C
G
T2
T3
Private providers
Some participants perceive private providers as more cost-effective: they retain more people, get better results and do it at a lower cost
A
E
T2
T3
Drop-out
High drop-out rates were seen as a common problem by participants. There was a general agreement that commissioners tend to have unrealistic expectations about retention rates.
G

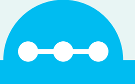
Each of the visual journeys below presents a synthesis of the ideas and opportunities professional stakeholders generated during Workshop 2, after hearing the ethnography stories.

OPPORTUNITIES TIER 2 ADULTS

Referral

Changing the experience of waiting

Participants felt that service users should be given clear and transparent information about waiting lists, and about what to excpect and when. In addition, where waiting time cannot be avoided, there is an opportunity to give service users tools or guidance to prepare for the programme.



Better referrals

Participants felt that GPs and other potential referrers need to be trained to be able to identify people, as well as to raise their awareness of what is available.

Referral around life events

Participants felt that there is an opportunity to refer people around key life events (hospital, bereavement) as during periods of transitions, people tend to be more open to changing and to receiving support.

Quick access

Participants felt that acces to services after referral should be quick so that individuals don't lose momentum and motivation - 5 days would be ideal.

Choice

Participants felt that service users should be given a choice, or a combination of one-to-one or group sessions.

Motivational interviewing

Participants felt that weight management services should start with an in-depth assessment of the individual's situation. This should use motivation interviewing methods and focus on understanding the individual's motivation, their environment, their social network, and their mental wellbeing. It should also assess their readiness to change.

On the

Long-term planning

Participants felt that providers should support service users to plan for what happens after the programme at the start.

Interest groups

Participants felt that create groups around common issues or interests would enable service users to better connect to each other, and to support each other in the long-term.

THEMES

Social network and norms

Wellbeing and self-image

Aspiration and motivation

Control and choice

Experience of support

programme

Family

Participants thought that, where relevant, family and partners should be involved in the programme.

Problem-solving

Participants felt that the programe should faciliate some problem-solving activities focused on the barriers service users face in their daily life.

Single point of contact

Participants felt that having a single point of contact throughout referral and during the programme would enable service users to better feel in control of their journey.

A people's person

Participants felt that instructor needs to be a people's person, able to inspire confidence. They would need to have psychology skills, to be able to support service users to understand their own behaviours.

Experiential learning

Participants felt that weight management sessions should be activity-based, rather than information-based, to enable service users to learn through doing.

Flexibility

Participants felt that flexibility was key. Instructors should be available for catch-ups outside of the regular sessions if necessary.

After

Future planning

Participants felt that a good ending to the programme should include support for service users to find options for future support and to sustain changes, including online support.

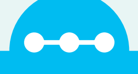
Feedback

Participants felt it is important that providers give feedback to the referrers on how well the person has done.

OPPORTUNITIES TIER 3 ADULTS

Referral

On the



Consistency

Participants felt that service users should receive clear messages about what to expect regardless of who makes the referral.

Motivational interviewing

Participants felt that weight management services should start with an in-depth assessment of the individual's situation. This should use motivation interviewing methods and focus on understanding the individual's motivation, their environment, their social network, and their mental wellbeing. It should also assess their readiness to change.

Readiness

Some participants talked about offering psychology courses to service users before starting the programme. This would enable them to have a basic understanding of how their mind works and of how their emotions might drive their behaviours.

What to expect

Participants suggested that one way to manage expectations might be for past service users to share their experiences with new service users.

Managing expectations

Participants felt that there was a need, right from the start, to manage expecations and have honest conversations about surgery. If the service user wants surgery, they would need to know what to expect and how long the wait might be. They should also be given regular opportunities to review their decision based on their progress.

THEMES

Social network and norms

Wellbeing and self-image

Aspiration and motivation

Control and choice

Experience of support

programme

Tailored to individual

Participants felt that a modular approach made more sense than a tier approach. Service users should get tailored support. They might take part in a core programme and build their own journey around that core programme. This implies that weight management services are delivered and commissioned in an integrated way.

Going deep

Participants felt that it would be important to not just focus on sharing information or giving strategies, but also to address the why behind the weight gain.

Genuine conversations

Participants felt that offering time for service users to talk and be listened to is key.

Case manager and multi-disciplinary team

Participants discussed the advantage of having a key worker as opposed to a multi-disciplinary team. The concluded that both were needed, to ensure both continuity and specialist input, and that role of the key worker should go beyond admin and focus on listening and emotional support.

After

Smooth link into surgery

Where it is the service user's choice, participants felt that there should be a smooth link to surgery.

Open door

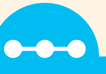
Participants felt that, if service users put weight back on, the door should be open for them to go back onto the programme.

OPPORTUNITIES TIER 2 CHILDREN

Referral

Messaging

Participants strongly felt that messaging around the service is important. It is important not to use the term 'weight loss' and instead use 'be healthier.'



Training

Participants felt that training GPs and other professionals on raising weight issues is needed.

Readiness

Participants felt that one-to-one assessment with the family is needed to understand their readiness to change before they go onto the programme.

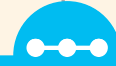
On the

Diversity

Participants thought that WMP needs to consider families with different languages/ cultures and the service should be more universal in its approach.

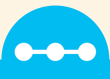
Environment

Participants felt that WMP needs to create a pleasant environment, which makes children want to come.



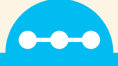
Being informed

Participants felt that service users should be informed and reassured about what's going on with waiting lists. A clear referral pathway is also required, so that children and families understand what's next.



Long-term planning

Participants felt that the WMP programme needs a sustainable exit strategy embedded into programme early on, not just the last session.



Holistic support

Participants suggested that physical, psychological and nutritional aspects all need to come together during the programme.

Whole family support

Participants thought that parental/family responsibility (+ extended family) to help the child is important. It is also important to allow space for sisters/brothers/family members to be part of the programme. This requires flexible time for family members to come to the programme, e.g. Saturday mornings.

THEMES

Social network and norms

Wellbeing and self-image

Aspiration and motivation

Control and choice

Experience of support

programme

Fu n

Participant thought that having a pub quizz style group discussion could be a fun way to recap information, so that children don't forget what they learnt.

Making friends

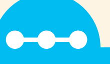
Participants thought that making friends at WMP would help children engage with the programme. Children and parents can also meet other people through social media such as Facebook groups.

Relationship

Participants strongly felt that it is important to plan the WMP programme where parents and children can play together to change the relationship between parents and children.

Addressing deeper issues

Some participants felt that WMP needs to visit family homes to assess the other issues that are going on their life. If there are psychological issues which need to be addressed, the WMP team can refer to relevant service to support the family.



Flexible approach

Participants strongly felt that having a flexible approach for individuals' needs within the provided structure is a key. Also acting upon the needs of the children is needed throughout the service.

Cooking classes

Participants thought that learning cooking skills would engage the whole family and help children understand what healthy food looks like. The cooking classes should have different recipes each week to motivate the children, and also give them different challenges to solve. Participants felt that children would be excited to cook with friends for the first time.

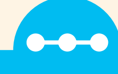
Flexible ending point

Participants thought that it is important that service users determine an ending point. There should be flexibility around options to stay on the programme or drop out if they want.

Wellbeing outcomes matter

Participants felt that taking account of positive behaviour changes and improved self-esteem are ways to measure success. For example, an indicator of improved self-esteem might be a statement like 'it's easy to make friends now.'

After

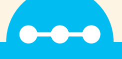


Signposting

Participants thought that WMP needs to provide information about affordable services and activities after programme finishes.

School support

Participants thought that schools need to continue supporting children and families by engaging them around healthy lifestyles e.g. summer / holiday camps.

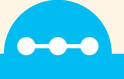


Flexible follow-up

Participants thought that it is important to set up follow-up times with parents and check if the weight and lifestyle have been sustained or if there has been any progress.

OPPORTUNITIES TIER 3 CHILDREN

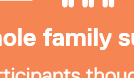
Referral



Being informed

Participants felt that service users should be informed and reassured about what's going on with waiting lists. A clear referral pathway is also required, so that children and families understand what's next.

On the



Whole family support

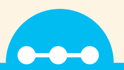
Participants thought that parental/family responsibility (+ extended family) to help the child is important. It is also important to allow space for sisters/brothers/family members to be part of the programme. This requires flexible time for family members to come to the programme, e.g. Saturday mornings.

Set smart goals

Participants thought that setting reasonable but smart goals together with children and the family is a key factor for success.

Local information

Participants thought that the programme should provide information about what's available in a local area to link into activities outside of the service.



Determined professionals

Participants felt that people need motivational professionals who are determined and committed.

Informal conversations

Participants felt that it is important to understand individual's needs and have a 5 – 10 minute informal chat about what's going on in their life.

programme

Holistic support

Participants suggested that physical, psychological and nutritional aspects all need to come together during the programme.

Groups

Participants felt that appropriate age ranges are important and flexibility around group and one to one sessions is needed.

Supporting families

Participants thought that there is a need to support parents/ families to maintain children's healthy lifestyle.

Flexible approach

Participants strongly felt that having a flexible approach for individuals' needs within the provided structure is a key. Also acting upon the needs of the children is needed throughout the service.

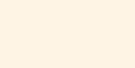
Feel supported

Participants felt that both child and parents should feel supported throughout the programme and not feed judged.

Wellbeing outcomes matter

Participants felt that taking account of positive behaviour changes and improved self-esteem are ways to measure success. For example, an indicator of improved self-esteem might be a statement like 'it's easy to make friends now.'

After



Flexible follow up

Participants thought that it is important to set up follow-up times with parents and check if the weight and lifestyle have been sustained or if there has been any progress.

Technology support

Participants thought that technology could be a great tool to sustain a healthy lifestyle, especially for children.

Appendix 3 **Co-design research questions and activities**

Description

Two half-day session co-design sessions hosted in collaboration with existing service providers.

The aim was for service users to co-design their ideal journey of weight management support, based on what did or didn't work for them.

Research questions

- **Access and pre-journey -** What thought process do service users go through before engaging? How does that impact on their experience?
- **Experience of support -** What works and doesn't work from the perspective of service users?
- **The ideal support -** What motivates service users? What are their short-term and long-term health goals?

Attendance

Participants	Age	Tiers	Genders	Ethnicity	Engagement	Location	Reference
7 participants	35 to 50	T2	5 female 2 male	4 White British 2 South-East Asian 1 White European	7 completers and repeat users	London	A
7 participants	43 to 70	T2 T3	All male	7 White British	6 first-time users and completers 1 repeat user	Greater Manchester	B

Activities

1. Peer interviews - understanding the current experience

The facilitator asks the following questions to the group, to prompt quiet reflection first. Individuals write their answers down. The group is then divided into pairs. Each pair takes turn interviewing each other, delving deeper into some of the answers each individual has written:

- Before engaging with this service, what has been your experience of weight management services?
- What goals and hopes do you have in relation to your health?
- What do you think is preventing you from attaining those goals at the moment?
- What were your motivations at different points in the journey?
- What are / were your expectations when you started this programme?
- What has worked and hasn't worked for you along the journey? Why?
- How did you feel at different points in your journey through the programme? Why?
- What do/did you hope to be the outcome by the end of the programme? What will that require?

2. Whole group activity - understanding what engages and motivates people

A range of promotional or informational materials for different weight management programmes are displayed on the wall. Participants have to assign words to each material to describe how it makes them feel (for example, words might include "motivated" / "intrigued" / "sceptical" / etc). Participants are asked to keep their answers private in the first place, so as to not influence others. This exercise will be followed by a group discussion, where participants will be invited to share their words and asked why.

3. Small group activity - designing the ideal journey of support

Based on what they have learned while interviewing their peers, small groups design the ideal service, each group focusing on a different part of the journey, from being referred to sustaining lifestyle changes after the service has ended.

- Who would need to be involved at which stage? Who would make which decisions?
- How would you know you are achieving your goals? What would prevent you from achieving goals?
- How would your progress be monitored? How would your successes be rewarded?
- What would be the ideal format (one-to-one, peer-to-peer, group, online)? How would information be shared?

Each group then describes their design to the rest of the group, allowing others to give their feedback, and build on their design.

Co-design tool - Current experience

Co-design tool - Ideal journey

Co-design tool - Peer interview cards

Hope for the outcome

What do/did you hope to be the outcome by the end of the programme? What will that require?

Previous service experience

Before engaging with this service, what has been your experience of weight management services?

Barriers

What do you think is preventing you from attaining those goals at the moment?

Goals and hopes

What goals and hopes do you have in relation to your health?

Good and bad

What has worked and hasn't worked for you along the journey? Why?

Feelings

How did you feel at different points in your journey through the programme? Why?

Motivations

What were your motivations at different points in the journey?

Expectations

What are / were your expectations when you started this programme?

Appendix 4 **Co-design synthesis**

CO-DESIGN A – T2 ADULTS 15 JULY, LONDON, 7 PARTICIPANTS

The group included 7 participants. All attended the same weight management service in North-East London. Most participants were in their late fifties or early sixties.

Social networks and norms

Feeling like they are not alone with the issue seemed to be an important motivator for the participants. Group conversations throughout the service contribute to that feeling and encourage participants to engage and make changes.

Setting shared goals, as well as individual ones encourages people to help each other, keep each-other accountable, and feel a sense of achievement together both during and after the programme.

CO-DESIGN B – T2 ADULTS 11 AUGUST, GREATER MANCHESTER, 7 PARTICIPANTS

The workshop brought together 7 male completers, aged 35 to 50, all White British.

Social networks and norms

Men want gender-based weight management programmes - The participants in the group appreciated that this weight management programme was gender-based and delivered in a way which did not focus on "dresses and shoes". In mainstream weight management programmes men seem to feel uncomfortable and excluded by the conversations that the dominantly female participants are leading. The participants recognised that men 'were different' - they were more aggressive, more competitive and physical. They recognised the importance of peer-pressure and competitiveness among the male participants as a driver for participants to continue their 'weight battles'. They also acknowledged that men were also encouraging each other when things did not work out for one person or the other.

Wellbeing and self-image

Being able to discuss and work through emotional issues as well as simply the practical aspects of weight management was seen as really important. It was felt that group conversations are not always the right forum to do that, and that a combination of one-to-one and group session would be ideal.

Aspiration and motivations

Images and messages framed around lifestyle management, rather than just weight loss, were seen by participants as aspirational and motivating. This suggests that people look for support that is holistic and helps them to change their lifestyle towards general health.

Control and choice

Monitoring weight and progress was seen as important, though participants expressed a preference for doing that informally, as and when they felt they had lost weight, as a way to keep track of their progress and maintain momentum.

Experience of support

Digestible information and real examples - Participants mentioned that the information they were given was sometimes hard to absorb, remember and action in real life. They felt it would be easier if the content of the programme was illustrated through real life stories and relatable examples.

Creating a team-spirit in weight management programmes is valued highly by participants - Camaraderie was valued highly in the group. It was very evident in the group conversations that the participants had strong bonds between each other and were supportive of each other. When one of the participants shared some challenges the other participants responded empathically and supportively.

Wellbeing and self-image

Physical activities were key for men - All participants agreed that the physical activities were key for their wellbeing. Even after completing the weight management programme they were keen to continue the weekly physical activity sessions. Aspiration and motivations

Images and messages framed around lifestyle, rather than just weight loss, were seen by participants as aspirational and motivating. This suggests that people look for support that is holistic and helps them to change their lifestyle towards general health.

Aspiration and motivations

Peer-supporters share their experiences - Participants acknowledged the power of peer-supporters - people who had gone through the process of losing weight successfully and who shared their experiences of going through the process. Participants felt highly motivated by these individuals.

CO-DESIGN A – T2 ADULTS
15 JULY, LONDON, 7 PARTICIPANTS

THE IDEAL JOURNEY

Referral

Quick referral

"You go to the doctor and s/he refers you directly to the WMS. You have your first session soon after, ideally within 2 weeks of your referral, as otherwise, your motivation can dissipate quickly."

Referral by a trusted person

People preferred to be referred by professionals, especially their GP which they trust.

Mistrust of commercial services

When asked whether they'd be happy to pay for a weight management service, they said they wouldn't because they perceive commercial providers as *'only-profit-making'* organisations that want to create dependency.

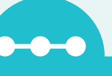
Having something in common

The group thought that the group sessions should be categorised by health needs as well as age groups (20-30; 40-60; 60+).

Choice

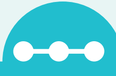
"It would be helpful to be given a choice between individual and group sessions."

On the



Empathy

The instructor should be engaging and able to build a rapport and empathy with people.



Sharing expectations

People felt that the first meeting should be about sharing expectations with other participants. People preferred not to feel alone by this connection. They also want to find out why they're all there.

Not being alone

People seemed to show a preference for group sessions because they found it helpful to see that they are not alone in their struggle and are able to learn from their peers.

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After

lance of group d one-to-one

icipants felt that uld be helpful to e a few individual ons on top of the sessions, either in eginning or at the here to talk about specific issues and s. All participants different health ions which require specific diet.

Too much information

People did not want to have *'that much information'*, even though they acknowledged that it was useful and helpful (exercise, portion control, diet and behaviour change). They would prefer to have space to discuss *'real examples'* and learn from these.

Feedback

Participants felt that if they didn't achieve their goals, it was important to share with the group why they didn't achieve them. In this way, people can encourage each other to continue their journey beyond the course.

Follow-up

"It would be ideal to have a 3 months follow-up after the course is completed."

ing safe to talk out feelings

Participants nowledged that were some issues nd talking openly t their moods and tions which they ld prefer to talk in privacy.

Monitoring

People felt having access to staff when needed them would be great. *"When you think you lost weight, you should just be able to call the staff to check. You would feel more confident if you actually lost weight, or motivated to try harder if you didn't lose weight. I prefer to have informal check-ups for this so that I don't have to worry that this is going to be recorded."*

Duration?

There were different views on duration. Some thought that it *"has to be endless because you have to brainwash people which can't be done in 6 weeks".* Others thought that the ideal duration would be a short intense period, followed-up by 2 years of quarterly meetings.

Further signposting

Professionals should suggest to participants what the available services are for them, so they can continue to lose weight.

anting to be rainwashed'

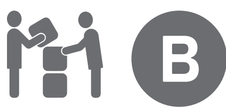
made comparisons n drug addiction asising how hard it o change lifestyle iours and how you o be 'manipulated' rainwashed' into changing.

Sharing progress

Participants said it was important to have someone monitor their weight and share their progress. *"By sharing with the group, you get ideas and hear about different lifestyles. That engages you by knowing how others manage their difficulty."*

Success is individual

There were very different views on what 'success' looks like. Some thought that losing 5 stones and achieving the ideal weight was success. Others said that 'looking alright' was success.



B

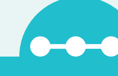
CO-DESIGN B – T2 ADULTS
11 AUGUST, GREATER MANCHESTER
7 PARTICIPANTS

THE IDEAL JOURNEY

Referral

Quick referral
Doctor refers participants to a weight management programme. The same day, or within 2 weeks participants receive a phone call from the weight management provider.

Introductory phone conversations
Participants who just received leaflets were sceptical to engage in a weight management programme. Only, once they spoke to a lifestyle coach over the phone were they ready to attend a session.



Duration and intensity
Weight management programme should last 6 months and happen on a weekly basis. Ideally, participants would like to attend physical activity sessions twice per week. The ideal time for these participants is after work, in the evening.

'Before & after posters' are powerful in attracting people's interest. They should be hung out largely at bus stations and other public domains.

Referrals to gyms
A lot of participants find the idea of going to the gym difficult because they feel self-conscious and lack the confidence to do physical activities in public. Participants expressed a wish for gyms that are only open to people who are overweight or obese to reduce stigma. They also prefer to do team sports because that creates a team spirit and enables camaraderie.

Being in the driving seat
Participants suggested that weight management programmes could be co-designed and that participants could be choosing their individual session plans.

On the programme

Specific and small goals

Participants felt it was important to set specific and small goals. The goal to reduce 5% of your body weight was considered as a good goal.

Reviewing progress

Participants suggested to review participants' progress in losing weight every 3 months in a one-to-one meeting with their life coach. They specifically highlighted that they would find it helpful to get some explanation when they are doing everything as suggested and still not losing enough weight.

Fun healthy activities

Participants thought that weight management programmes should promote healthy activities that can be done as a group - like walks, hikes, cycling trips, football matches, healthy cooking or dancing on a regular basis. This should be offered outside of the regular sessions.

Gamification

Participants valued the nutritional information. However, they thought that this could be 'spiced up' and made 'more sticky' if they did some games - like a pub quizz, or like duolingo.

After

Open-ended

Participants expressed a strong wish for weight management programmes to be open-ended. They explained that they wanted to continue meeting their friends that they had made on the weight management programme. They suggested a subscription for alumni to continue engaging in the physical activities.

Social media

Participants wanted to continue engaging with information related to weight management programmes online. They suggested that weight management programmes could open a Facebook page where they post healthy recipes, or fun healthy events that may be happening in their locality.

Appendix 5 Ethnography research questions and activities

Description

Half a day spent by a researcher with each participant, in their home or in a place of their choice where they feel comfortable. This time was by the participant, and included a combination of observation and shadowing, as well as interviewing using visual tools to prompt reflection or conversation.

The aim was to gain a holistic view of the factors that influence service user's engagement with weight loss services, and to map their experience of weight management services so far.

Research questions

As well as focusing on people's experience of weight management services, researchers explored the wider factors that are likely to impact on their engagement with services. The overarching themes and questions for the ethnographic research included:

- **Social network and norms -** How do service users' relationships shape their health behaviours?
- **Wellbeing and self-image -** How do service users see themselves now and in the future? How does that impact on their ability to achieve a healthy weight?
- **Aspiration and motivation -** What motivates service users, before, during and after the service? What are their short-term and long-term health goals?
- **Control and choice -** To what extent do they feel in control of their health, lifestyle and support? What environmental or external factors influence their health behaviours or their experience of the service?
- **Experience of support -** What works and doesn't work from their perspective? What would they like to see happen with regard to each of the themes described above to increase the quality of their experience?

Research questions - adults

Life before the service

Social networks and norms	• What is their perception of what healthy means? Who or what has shaped this perception? • What social, cultural, technology or family norms influence or dictate their routines around eating, exercising, physical appearance?
Wellbeing and self-image	• What do they consider as important to their sense of identity? • What emotions do they associate with conversations or thoughts about their health and their weight?
Aspiration and motivation	• What are their priorities and aspirations in life? What motivates them to achieve these goals? • To what extent do they feel their health or weight is a priority in their life? Is there anything they feel their weight prevents them from doing / achieving in life? • How tangible are the health issues linked to their weight? How does that impact on their motivation?
Choice and control	• What has led them to put on weight? To what factors do they attribute their weight to? Are these factors something they feel they have control over (ie: lifestyle), or not (ie: genetic, home environment)? • To what extent do they feel in control of their life? Which areas do they feel they have control over? Which areas do they feel a lack of control over? To what extent do they feel in control of the routines that influence their weight? (ie: do they cook for themselves, do they have time or access to spaces to exercise, etc.) • How does their home environment impact on their weight and health?
Experience of support	• Have they tried to lose weight in the past (whether on their own or with support?) What was the outcome? • What kind of support have they experienced around healthy lifestyle or weight management in the past? How helpful has that support been? How does that shape their expectations about future support?

Referral

Theme	Questions
Social networks and norms	• How did their friends and family feel about them enrolling into a weight management programme? How did these perceptions impact on their decision or motivation?
Wellbeing and self-image	• Did they have a goal at the moment of referral? • How confident did they feel about achieving their goal? • What were their fears? What were their hopes?
Aspiration and motivation	• What were their expectations of the service? Did they have high hopes? Were they sceptical? How were their expectations managed by the referrer or provider? • What convinced them to attend?
Choice and control	• Who was in charge of the referral? How much choice did they have over the type of service? • What options were presented by service deliverers?
Experience of support	• How and where did they first hear about the service? • How much were they helped in understanding the intervention before take-up? • What made them realise they needed support? What made them realise they could ask for support? Did they ask for support or were they told they needed support? How did that make them feel? • How smooth has the referral process been? Waiting times? • What or who were the touchpoints pre-referral and post-referral? (leaflets, phone conversation, online information, interview,...)

During the service

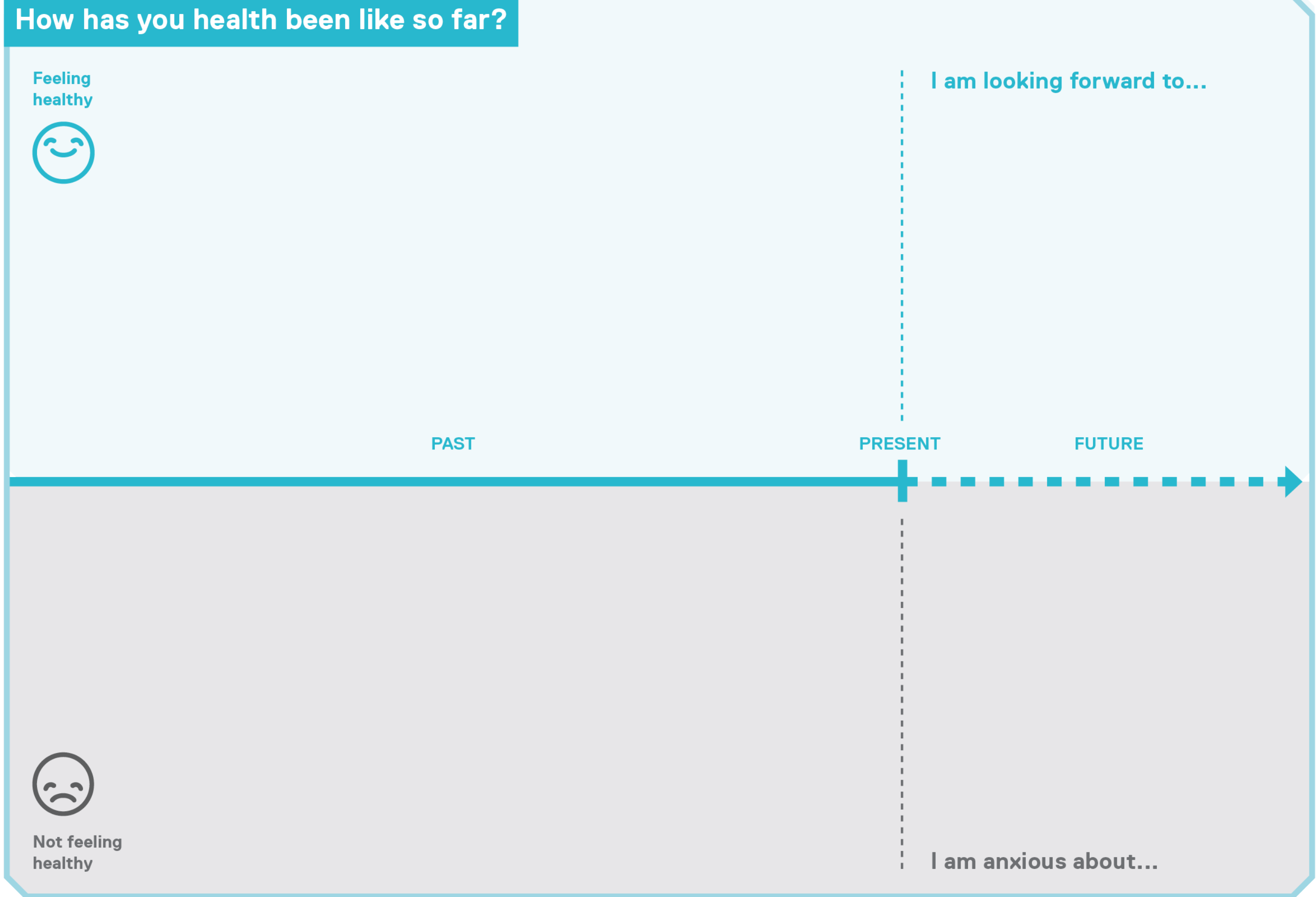
Social networks and norms	• What role do friends and family members take? (practical support? emotional support? or scepticism?) • What is the role of technology? • How did they interact with others on the programme?
Wellbeing and self-image	• What place does the weight management programme occupy in the context of their lives (big step? small commitment?) • What helps to create a safe space, free of stigma or judgement? • How did they feel about the language used by practitioners, what was good? less good?
Aspiration and motivation	• What helps to sustain motivation through the 12 weeks / 1 year? • What does the programme unlock for them? • How did they know they were or were not progressing?
Choice and control	• Who is in charge of goal setting? How does that feel? • How is their progress monitored? How does that feel? • How do they cope with having to change throughout the programme? (lifestyle changes, financial changes, mindset changes, practical changes) • How much structure is too much? How much structure is helpful? • How individualised is the programme?
Experience of support	• What was their first impression? • What stage are they at now? How does it compare to their life before, and to when they first started on the programme? • Looking back, what were the highs and low? How did they feel throughout the process? • What worked or didn't work for them? • Did they start noticing changes to your general health and health behaviour? If so when? How did it make them feel? • How are successes rewarded? What support is available during low points? • To what extent does the programme enable them to embed what they learn into their home environment? How does their home environment changes throughout the length of the programme?

Life after the programme

Social networks and norms	• What role do friends and family members play in supporting service users to sustain lifestyle changes? Who or what gets in the way? • To what extent did they start championing the programme? • Role of technology?
Wellbeing and self-image	• How does their self-image change upon ending the programme? • How does that impact on their overall wellbeing? (virtuous cycle) • What are their biggest fear (and hopes) at the point of ending the programme?
Aspiration and motivation	• What incentives are there for them to sustain those lifestyle changes beyond the programme? • What are the trade-offs they are going to have to make in order to sustain their new habits? How do they feel about these? (impact on social life, family or community rituals, etc)
Choice and control	• To what extent do they understand what they need to change and how much power they feel have to do so? • To what extent has the programme enabled them to embed what they have learned into their home environment? How has their home environment changed throughout the length of the programme?
Experience of support	• What stage are they at now? What feels different to their life before / to when they started? • For completers: what does ending the programme look and feel like? • What support is available at the end of the intervention? • How ready do they feel? • Do any new barriers arise? • Are they aware of any further support or community assets they could tap into if needed?

Tools

My Health Life



We visually mapped the respondent's health life from birth to now:

- When have they felt most healthy? When have they felt least healthy? Why?
- When have they felt most in control of their health? When have they felt least in control of their health? Why?
- What has helped them to feel healthy over the years? What has gotten in their way? Why?
- What were the key life events that impacted on their health and weight? (pregnancy, job loss, moving home, illness,...)
- How do they see their life evolving in the future? What changes do they foresee?

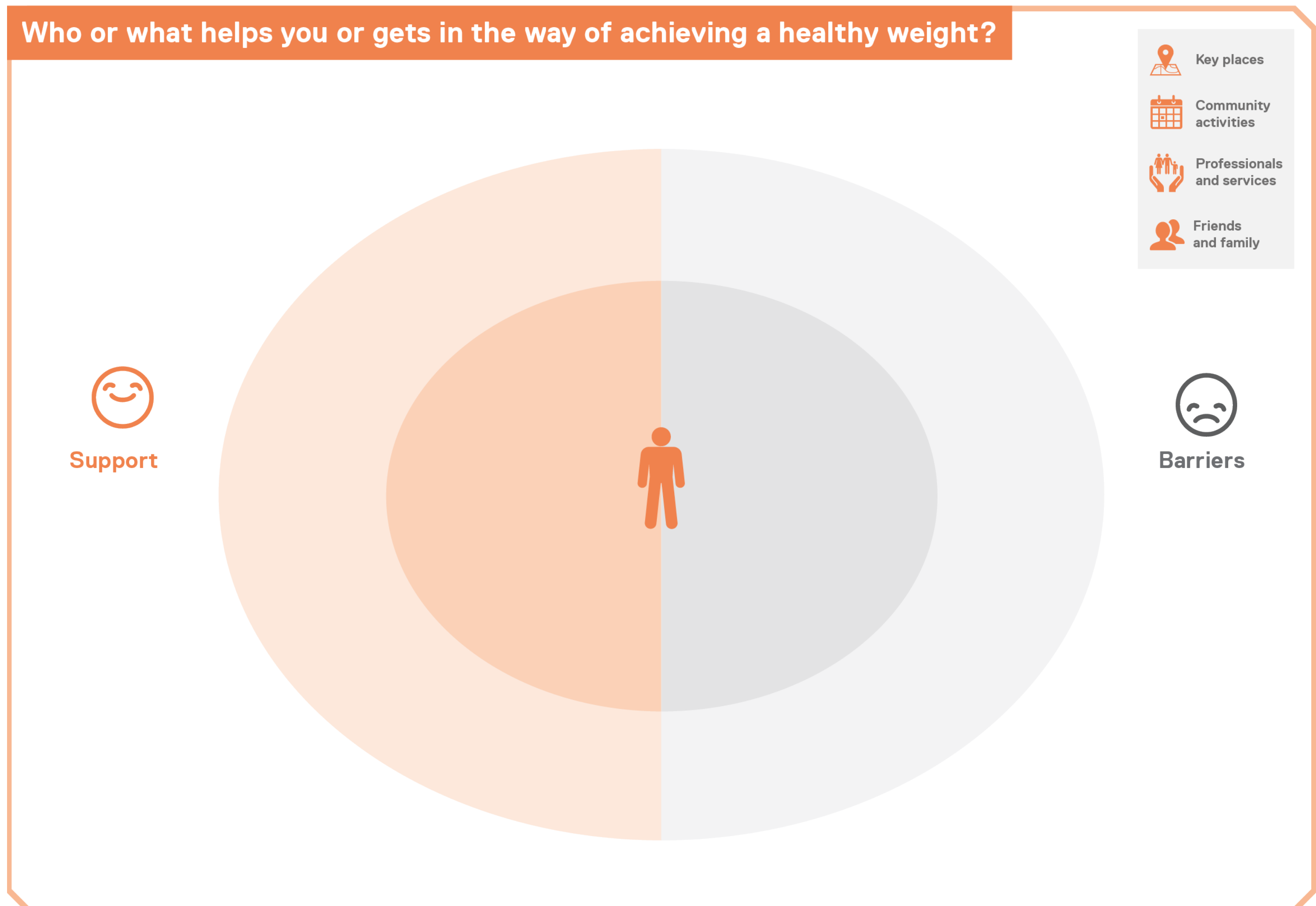
Experience mapping

This exercise focuses on one specific experience of a weight management service. If they have tried a few different ones, we will choose with them which experience provide the most interesting conversation point. This might be one they are enrolled on at the moment, one they have dropped out of, one they feel positive about, or one they feel negative about. Using this template, we will map what happened at different stages of their journey through this service,, how their feelings evolved, and how supported they felt.

Questions might include:

- Before engaging with this service, what had been your experience of weight management services?
- What goals and hopes did you have when you started?
- What did you feel prevented you from attaining these goals before?
- What were your expectations when you started this programme?
- What has worked and hasn't worked for you along the journey? Why? How did it compare with other services you might have tried before?
- How did you feel at different points in your journey through the programme? Why?
- What would have been different if you hadn't attended the programme?

Support network



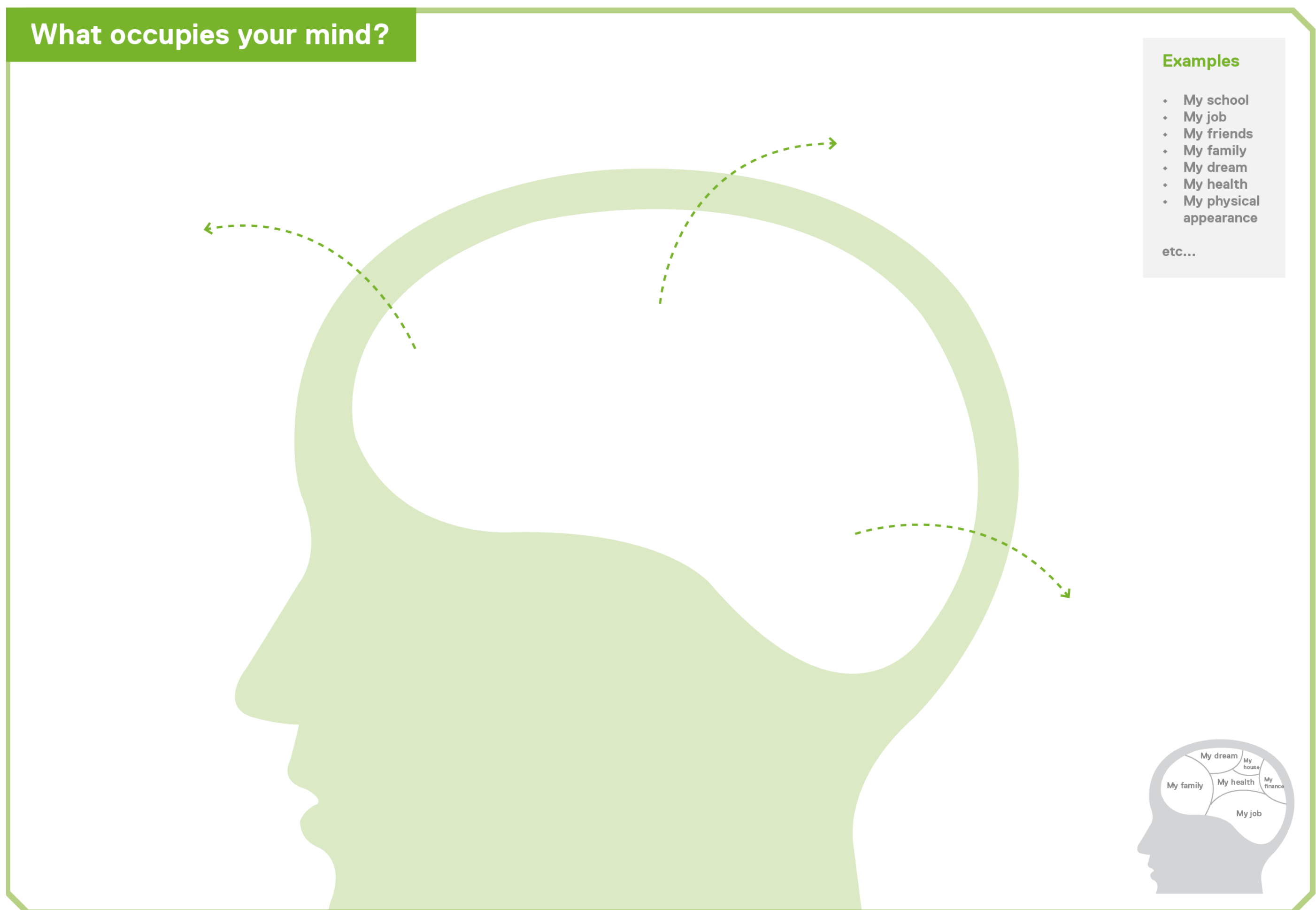
Using this simple template, we visually mapped the key relationships in their life, including friends and family members, as well as professionals and services, key places in their local area including workplace, or community activities which they feel have an impact on their wellbeing.

We then explored who or what supports them or gets in the way of achieving their health goals.

We started with a broad conversation about their health, and, if appropriate, move the conversation on toward what gets in the way of them achieving a healthy weight.

This exercise was also used to consider the environmental factors they feel impact on their weight.

Life priorities

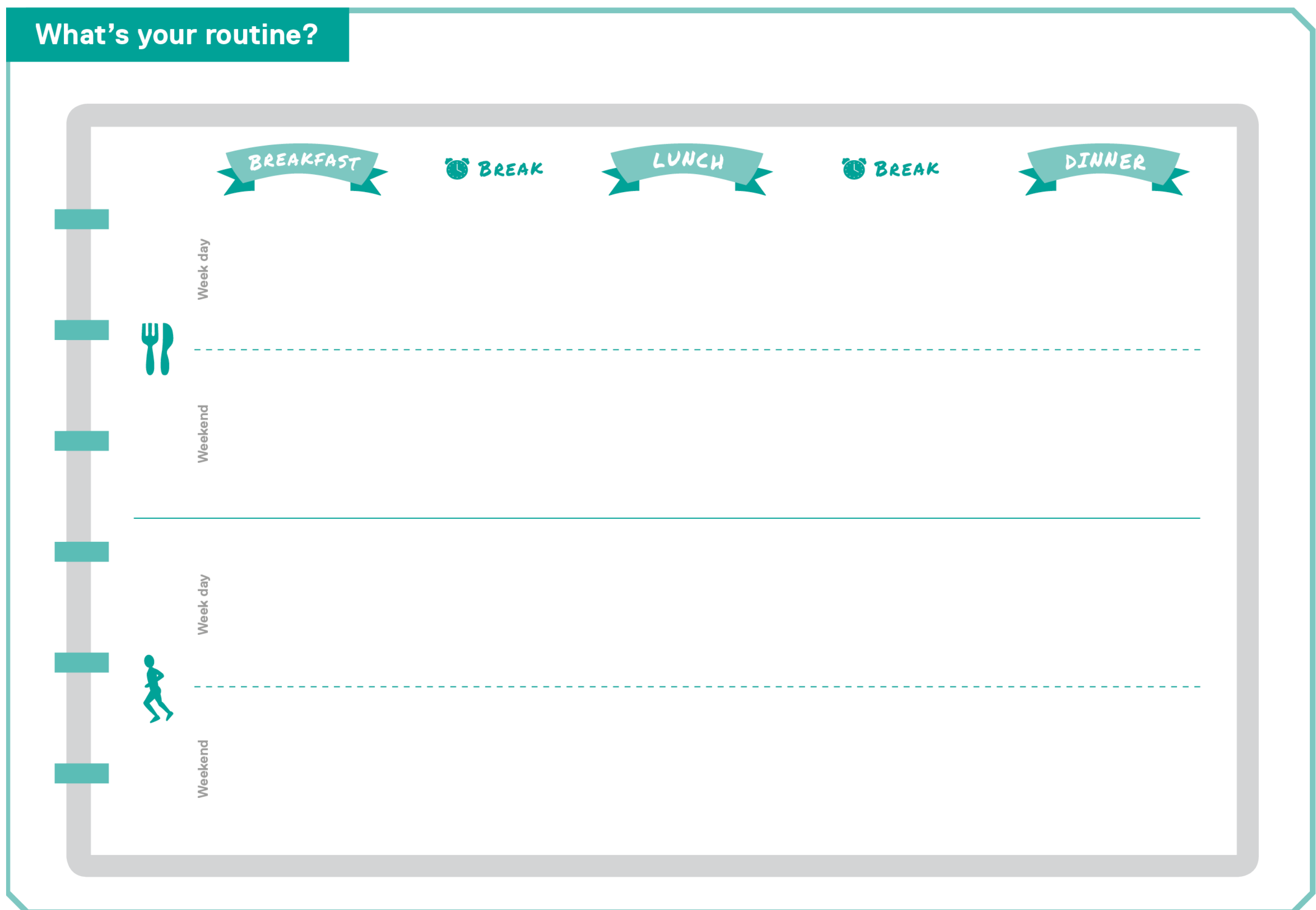


We asked people to draw circles of different sizes representing different aspects of their life in order of importance (my kids, school, my job, my friends, my health, faith setting, my physical appearance, etc).

We used this activity to explore questions around what they currently see as priorities in their life, what do they most worry about, and why.

This formed the starting point for a conversation about what motivates them, and what they prioritise when making every-day life decisions that affect their health.

Daily routine



This tools is intended to help researchers understand what daily life looks like for the research participant, what might be the practical barriers that get in the way of their health, and how much control they feel they have over their routine - focusing particularly, but not exclusively on eating and physical activity patterns.

Questions included:

- Which aspects of this routine have you chosen? Which would you rather avoid?
- Who do you share these moments with? How does their presence affect you?

Everyday scenarios

This tool is designed to understand both the explicit and implicit rules and norms that drive behaviours

Research participants were shown a range of visual prompts (see examples below), and asked to choose one to explore their health behaviours.

Research questions - children

Life before the service

Social networks and norms	• What is their perception of what healthy means? Who or what has shaped this perception? • How do family dynamics and norms around parenting impact on their eating or physical activity behaviours? • How do the expectations parents and grandparents have of themselves contrast with expectations they have of their children?
Wellbeing and self-image	• What do they consider as important to their sense of identity? • What feelings and emotions do they associate with conversations or thoughts about their health and their weight? • o what extent do they feel their weight impacts on their school life and friendships now, and what's important to them in the future?
Aspiration and motivation	• What are their priorities and aspirations in life? What motivates them to achieve these goals? • To what extent do they feel their health or weight is a priority in their life? Is there anything they feel their weight prevents them from doing / achieving in life? • What and who are their role models? How do these impact on their motivation?
Choice and control	• To what factors do they attribute their weight to? • To what extent do they feel in control of the routines that influence their weight? What choices do they feel they have in their eating and physical activity routines? • How does their home environment impact on their weight and health?
Experience of support	• What kind of support have they experienced around healthy lifestyle or weight management in the past? How helpful has that support been? • Who or what do they feel helps them to be healthy? What gets in the way?

Referral

Social networks and norms	• How did their friends and family feel about them enrolling into a weight management programme? How did these perceptions impact on their decision or motivation?
Wellbeing and self-image	• Did they have a goal at the moment of referral? • How confident did they feel about achieving their goal? • What were their fears? What were their hopes?
Aspiration and motivation	• What were their expectations of the service? Did they have high hopes? Were they sceptical? How were their expectations managed by the referrer or provider? • What convinced them to attend?
Choice and control	• Who was in charge of the referral? How much choice did they have over the type of service? • What options were presented to them?
Experience of support	• How and where did they or their guardian first hear about the service? • How much were they supported to understand why they were being referred? How did they feel about it? • What made them or their guardian realise they needed support? What made them realise they could ask for support? Did they ask for support or were they told they needed support? How did that make them feel? • How smooth has the referral process been? Waiting times? • What or who were the touchpoints pre-referral and post-referral? (leaflets, phone conversation, online information, interview,...)

During the service

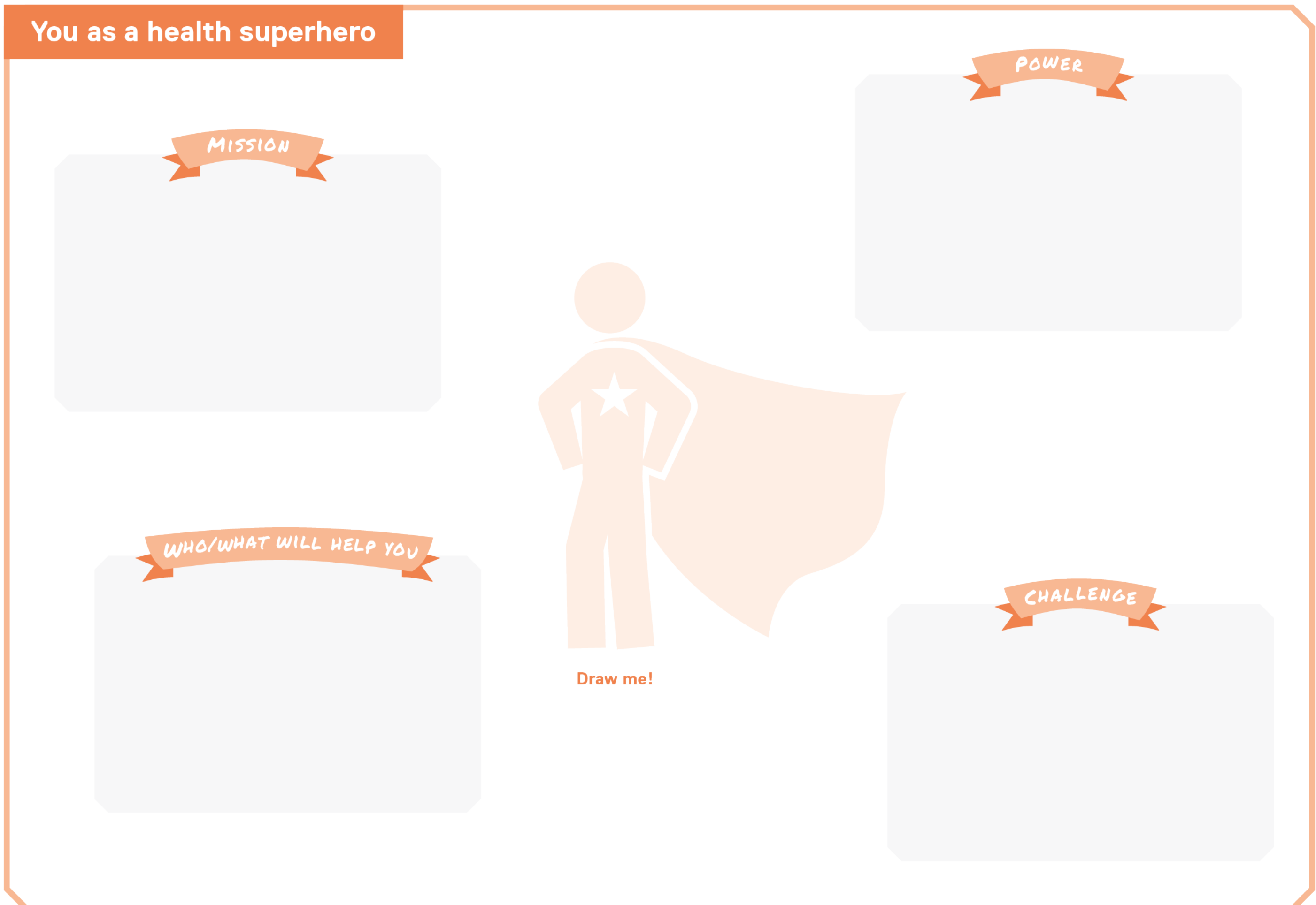
Social networks and norms	• What role do family members take? (practical support? emotional support? or scepticism?) • What is the role of technology? • How did they interact with others on the programme?
Wellbeing and self-image	• What place does the weight management programme occupy in the context of their lives (big step? small commitment?) • What helps to create a safe space, free of stigma or judgement? • How did they feel about the language used by practitioners, what was good? less good?
Aspiration and motivation	• What helps to sustain motivation through the 12 weeks / 1 year? • What does the programme unlock for them? • How did they know they were or were not progressing?
Choice and control	• Who is in charge of goal setting? How does that feel? • How is their progress monitored? How does that feel? • How do they cope with having to change throughout the programme? (lifestyle changes, financial changes, mindset changes, practical changes)? • How much structure is too much? How much structure is helpful? • How individualised is the programme? • To what extent does the programme enable them to embed what they learn into their home environment? How does their home environment changes throughout the length of the programme?
Experience of support	• What was their first impression? • Looking back, what were the highs and low? How did they feel throughout the process? • What worked or didn't work for them? Which moments did they most enjoy? How do the services instill a sense of fun? • Did they start noticing changes to your general health and health behaviours? If so when? How did it make them feel? What do they feel proud of? • How are successes rewarded? What support is available during low points?

Life after the programme

Social networks and norms	• What role do friends and family members play in supporting service users to sustain lifestyle changes? Who or what gets in the way? • To what extent did they start championing the programme? • Role of technology?
Wellbeing and self-image	• How does their self-image change upon ending the programme? • How does that impact on their overall wellbeing? (virtuous cycle) • What are their biggest fear (and hopes) at the point of ending the programme?
Aspiration and motivation	• What incentives are there for them to sustain those lifestyle changes beyond the programme? • What are the trade-offs they are going to have to make in order to sustain their new habits? How do they feel about these? (impact on social life, family or community rituals, etc)
Choice and control	• To what extent do they understand what they need to change and how much power they feel have to do so? • To what extent has the programme enabled them to embed what they have learned into their home environment? How has their home environment changed throughout the length of the programme? • How do they feel their family or their school can support their healthy behaviour? • How much control do they feel they have over their new routine ? Who holds the power? • What opportunities do children have to influence parent or school decisions?
Experience of support	• What stage are they at now? What feels different to their life before / to when they started? • For completers: what does ending the programme look and feel like? • What support is available at the end of the intervention? • How ready do they feel? • Do any new barriers arise? • Are they aware of any further support or community assets they could tap into if needed?

Tools

My Health Goals



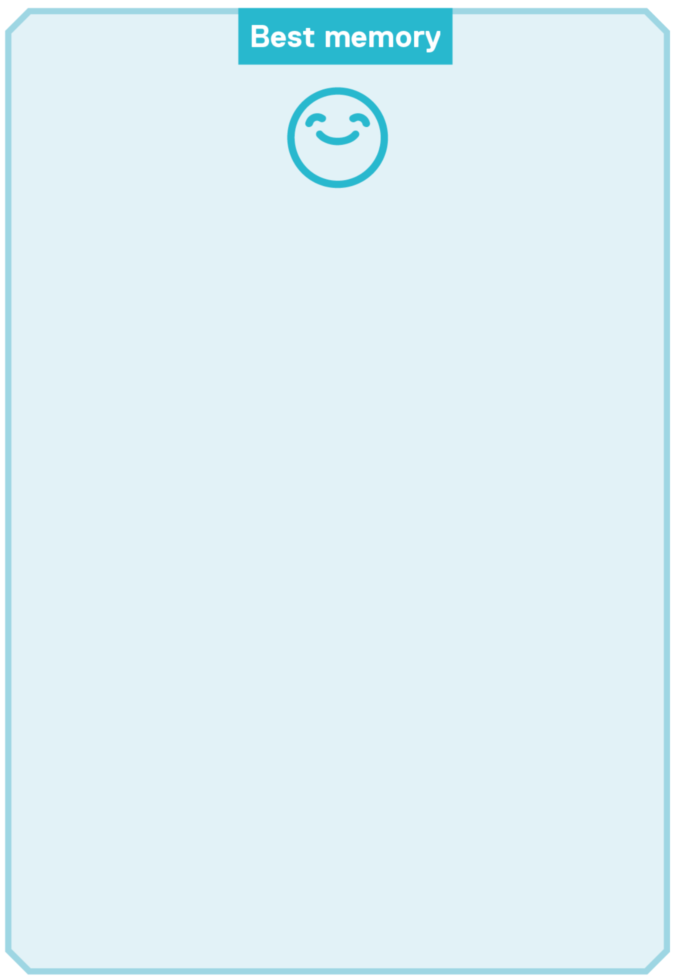
This tool is designed to explore children's aspirations, particularly around their health, as well as their perception of their own capacity to achieve these goals.

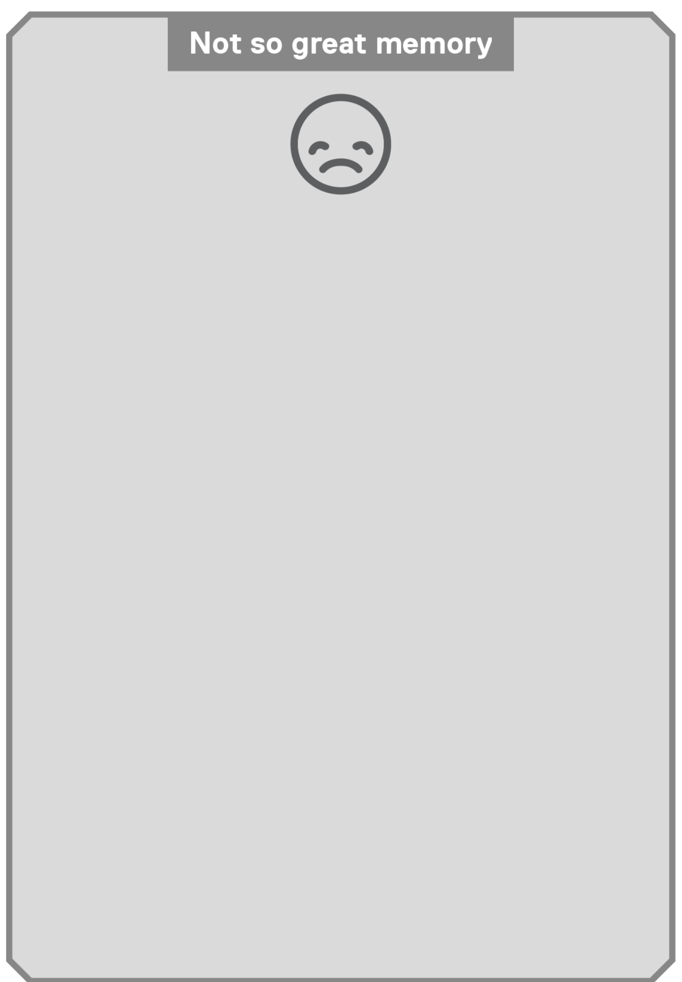
- What does a "healthy me" means to you? What does that look like?
- What goals, if any, do you have in relation to your health? What do you think will get in they way of achieving this mission?
- How far do you think you are from achieving these goals? Why?

We used this tool to explore how they feel their current self compares to their description of their superhero self.

- What are their role models and future aspirations?
- Does their weight or body image feature in conversations about their superhero self? How do their wider life aspirations, relate to their health goals?
- What do they see is the role of the weight management service(s) they currently use or have used in the past in helping them to achieve these goals?

Draw your experience





For this exercise, we asked the child (if age appropriate) to draw a great memory, and not so great memory from their weight management experience so far. This will provide the starting point of a conversation about:

- what makes them feel engaged or disengaged.
- what has worked and hasn't worked for them along the journey? Why?
- How did they feel at different points in your journey through the programme? Why?

Experience mapping

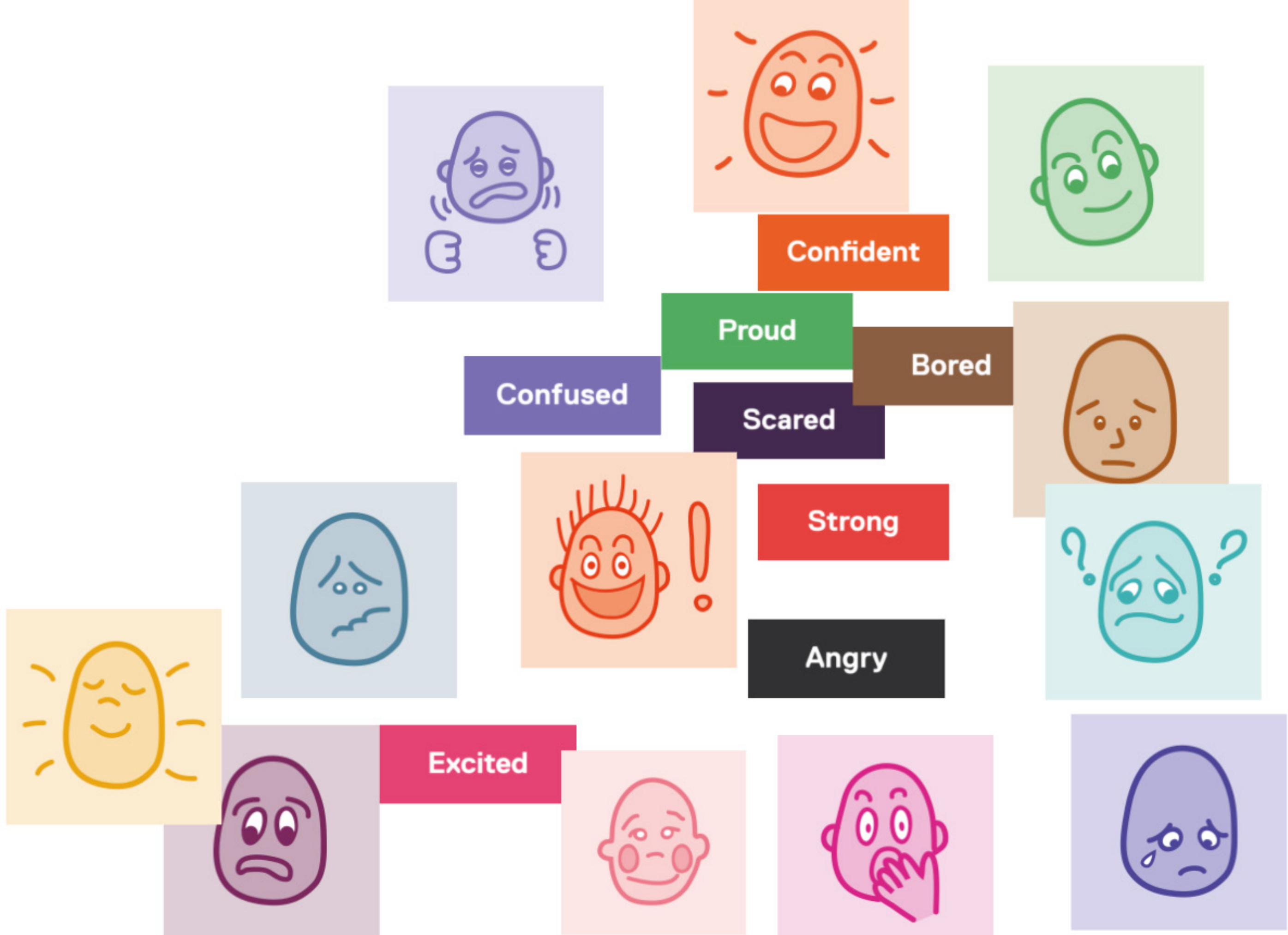
To complete with both the parent and the child

This exercise aims to provide context to the previous exercise, and to understand the journey from the parent's perspective, as well as the child's perspective. If they have tried a few different ones, we will choose with them which experience provide the most interesting conversation point. This might be one they are enrolled on at the moment, one they have dropped out of, one they feel positive about, or one they feel negative about.

Map what happened at different stages of their journey through this service, how their feelings evolved, and how supported they felt.

- Before engaging with this service, what had been your experience of weight management services?
- What goals and hopes did you have when you started?
- What did you feel prevented you from attaining these goals before?
- What were your expectations when you started this programme?
- What has worked and hasn't worked for you along the journey? Why? How did it compare with other services you might have tried before?
- How did you feel at different points in your journey through the programme? Why?
- What would have been different if you hadn't attended the programme?

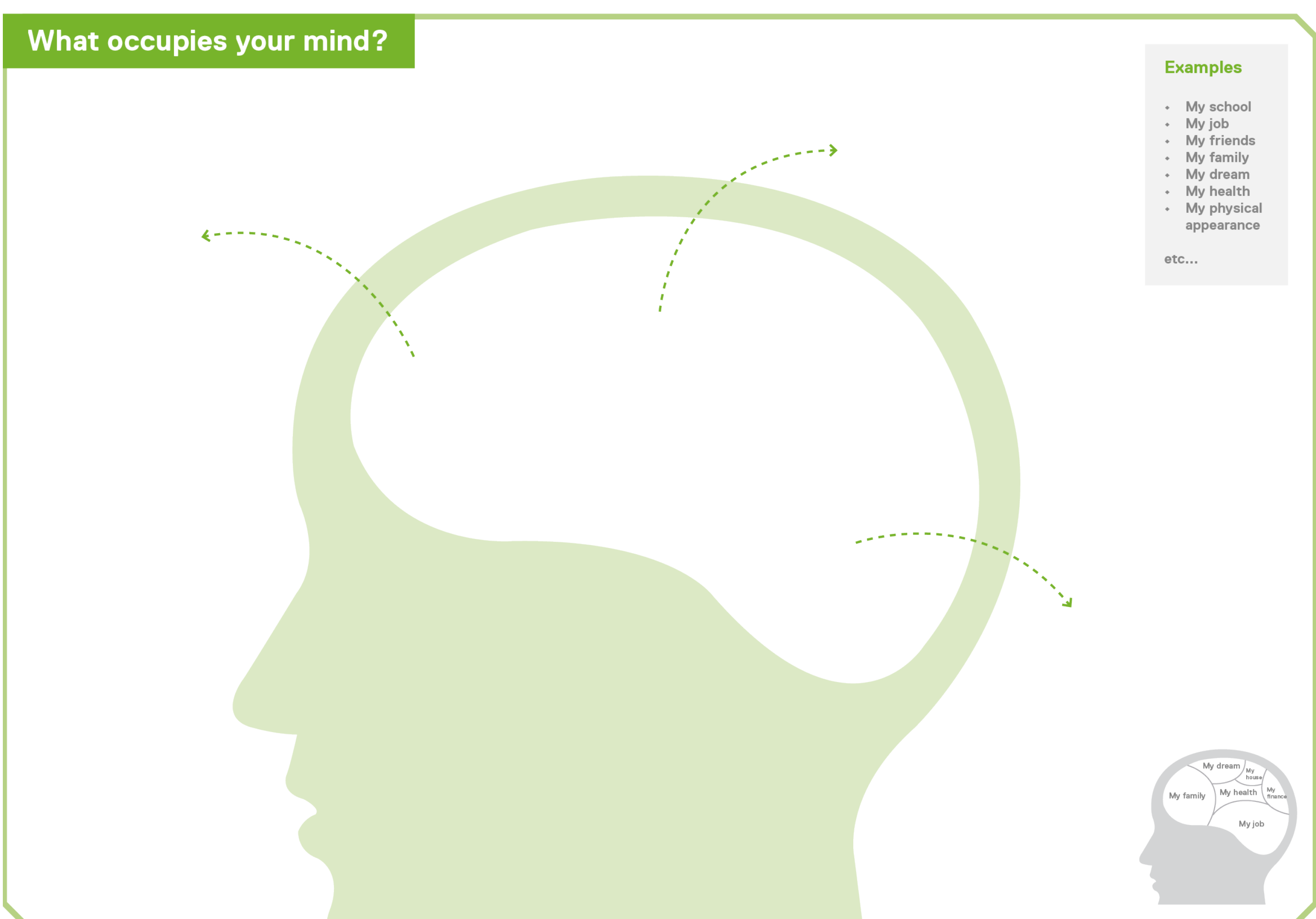
Emotion cards



Children were given a set of cards describing a range of feelings and asked to select the 3 that describe them the most accurately. This formed the starting point of a conversation about body image and self-esteem.

These cards were also used with the life mapping and the experience mapping exercises to reflect on how their sense of identity evolved in relation to major life events, or through the weight management service.

Life priorities



We asked children to draw circles of different sizes representing different aspects of their life in order of importance (school, my friends, my health, my physical appearance, etc).

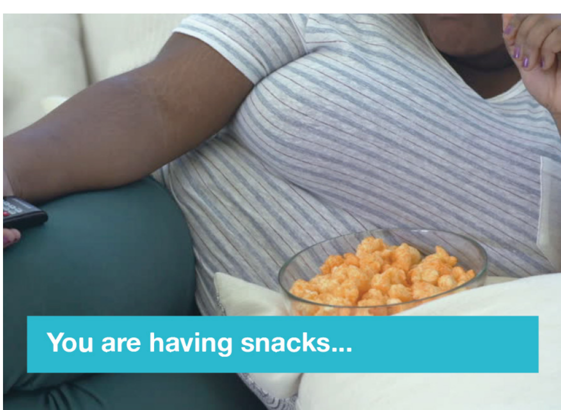
We used this activity to explore questions around what they currently see as priorities in their life, what do they most worry about, and why.

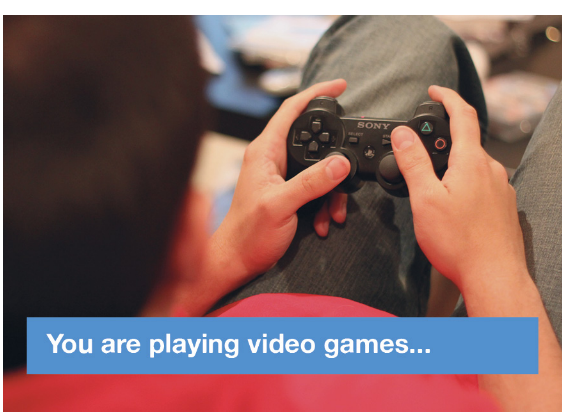
This formed the starting point for a conversation about what motivates them, and what they prioritise when making every-day life decisions that affect their health.

Everyday scenarios

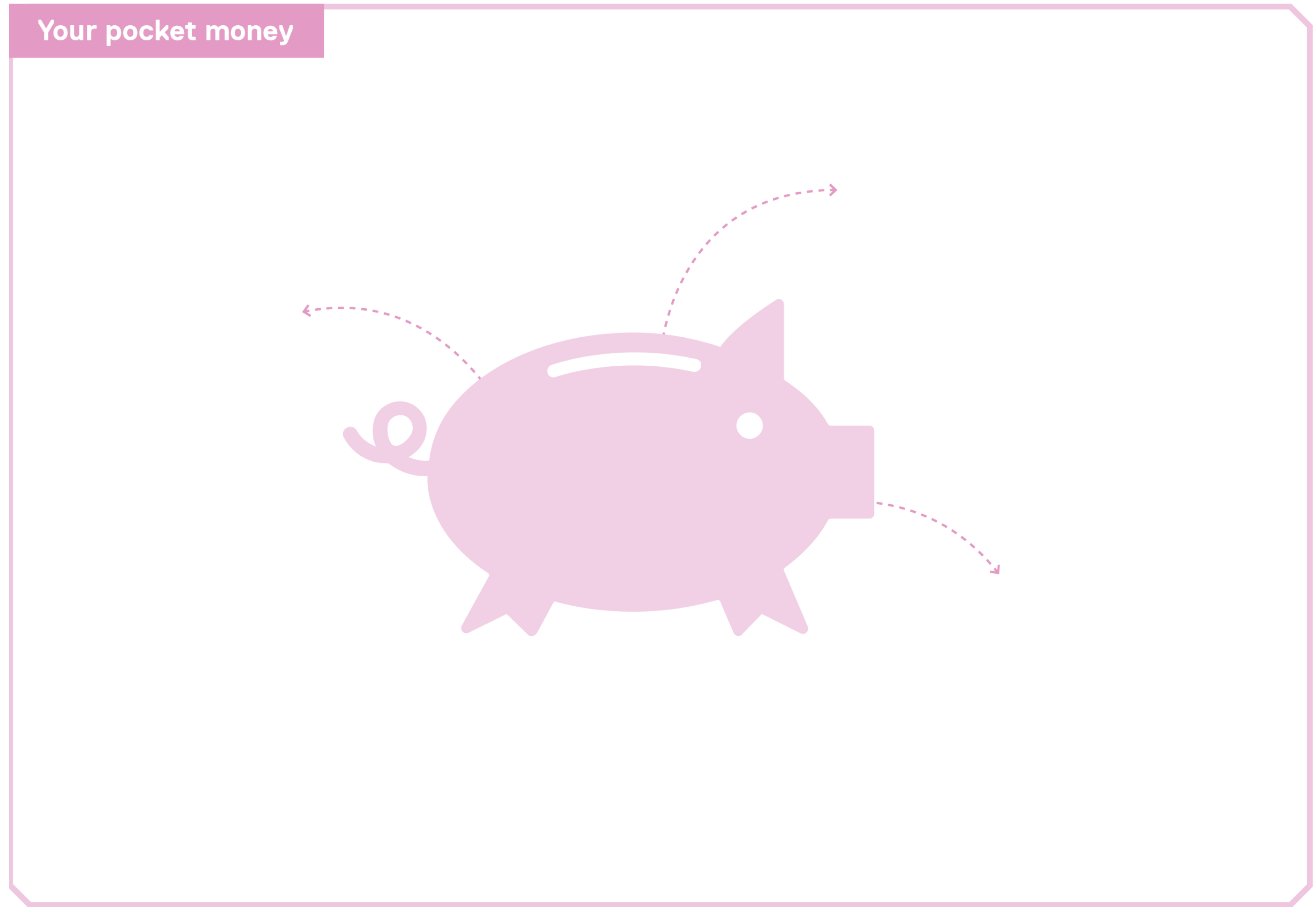
This tool is designed to understand both the explicit and implicit rules and norms that drive behaviours

Research participants were shown a range of visual prompts (see examples below), and asked to choose one to explore their health behaviours.





Pocket money



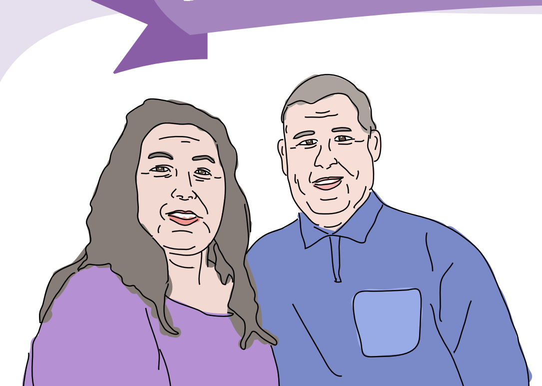
This tool is targeted specifically at children, and was used if relevant. It aims to explore what their dreams and desires are, and might lead to questions around choice, control, and independence.

Appendix 6 **Ethnography stories**

	CHILDREN	ADULTS	TIER 2	TIER 3		
A		●	T2		**Steve & Lucy, 61 and 63, London**	**p?**
B		●	T2		**Diana, 41, London**	**p?**
C		●	T2		**Janice, 64, Cornwall**	**p?**
D		●		T3	**Dean, 48, Greater Manchester**	**p?**
E		●		T3	**Jack, 68, Greater Manchester**	**p?**
F		●	T2	T3	**Dave, 41, Greater Manchester**	**p?**
G		●		T3/4	**Kerri, 60, Greater Manchester**	**p?**
H	●		T2		**Alicia, 18, and Tina, 11, London**	**p?**
I	●		T2		**Wayne & Adam, 9, London,**	**p?**
J	●			T3	**Nathan, 11, Greater Manchester**	**p?**
J	●			T3	**?**	**p?**

Ethnography A - Steve and Lucy - Summary

STEVE AND LUCY'S STORY



TIER 2
AGED 61 AND 63

Quick facts

- Both are retired
- Steve is Lucy's carer since she suffered a thyroid storm 10 years ago. She also has diabetes.
- Steve has type 2 diabetes and an underactive thyroid.
- Both completed a NHS 12 weeks programme. They have not lost any weight.

Steve and Lucy are aged 61 and 63 respectively. They live in Northeast London and their home is a neat two bedroom flat in a quiet area close to shops and public transport. They have two children, a boy and girl, both now in their thirties, and a grandson of 18 months. They have been married for 40 years and are of Jewish descent.

Lucy retired from work as an administrator after experiencing a *'thyroid storm'* in 2005 that left her extremely unwell and in need of hospitalisation for periods of up to 6 months. She now feels much better, with Steve describing her as *"three-quarters"* of the way back to her old self, after having been a *"juddering wreck"* and having *"psychotic episodes"*. Steve describes the period when Lucy was ill, his business was failing and three parents dying in close succession as *"falling out of life". "We didn't work, we didn't see anyone, we didn't know what was going... we fell off the normal line of life".* Steve used to work as an admin manager, stock controller and driver in a factory. It was a ladies clothing family business. Then he worked at William Hill for 5 years, then back in ladies clothing factory. He says that he is happy to do *"the most stupid thing that people call boring work"* in order to be actively engaged.

Lucy's aim in life is to be happy and healthy and to see her family happy and healthy. She would also like to travel, particularly to France to visit her daughter's in-laws and also to Italy. However, both she and Steve describe flying as a bit of a worry. Steve is easy going, his dream is for the family to be happy, whatever they choose to do. He is concerned for his family and the future of the world.

Ethnography A - Steve and Lucy - Core insights

During the day Steve likes to spend time on paperwork in the dining room and sits there for long periods.

"Even stupid work, I don't mind doing it"

"I also think for Lucy I should get some treats"

Lucy's favourite dark chocolate in their fridge.

Addictions to *"bad TV programmes"* is a barrier for Steve.

"I associate TV with food when the programme is not good. With radio, you can do other things but not eating".

Social networks and norms

Good health to Lucy and Steve involves being slimmer and reducing medication. A healthy lifestyle is keeping control over what they both eat. Even though only Lucy was referred to the weight management programme, their co-dependency is evident.

Their family is supportive, especially their son and daughter. Each Monday after they have weighed themselves they give the 'stats' to their children. There is a sense of responsibility surrounding their children; Steve says, *"They beg us to lose weight"*. This was particularly the case for their weddings, with an inference that appearance is important.

Friends are supportive too, but it can be difficult eating out with them when they do not actively support Lucy and Steve's diet when eating as a group.

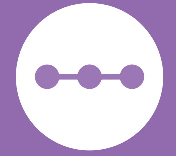
Wellbeing and self-image

Lucy describes herself as *"organised, overweight and happy (now)"*. She had no clear goal at the point of referral onto the WMP - only to lose a *"reasonable amount of weight, but not too quickly - I don't want to boomerang"*. Lucy felt reasonably confident about achieving the goal *"as long as Steve sticks to it"*. She had no fears, only hopes they would be successful. The WMP was important for the six weeks and unlike others they did not drop out. The atmosphere was friendly and enjoyable but not being presented by a native English speaker did cause problems, for Steve, but mostly for other people.

Aspiration and motivations

Keeping healthy is a prime motivation for both Lucy and Steve. Losing weight is important not only for their health but also for their physical appearance. Looking nice, especially for events and functions is important to both of them.

Having little information Lucy had no expectations of the WMP. Being advised to go by her consultant was what convinced her to attend, particularly when he told her that losing weight would help her fatty liver and diabetes. She found the course informative and useful and believes that as long as they read all the information they were given and apply it then they should be successful. Her main concern and reason for doubt is Steve's behaviour.



Experience of support

For Lucy not a lot feels different between life before the programme and life now apart from being in receipt of more information. Lucy felt that the WMP was 'very good' but feels that having been on the course she is just starting the journey. In fact Steve felt that there was too much information to give out in the 6-week course.

Lucy speaks about the course covering fat, exercise, portion control, targets, pitfalls, also how to eat out without overdoing it, keeping within calorific levels, labelling, and traffic lights. Neither thought it was new information, but nice because it was separated out.

Control and choice

Lucy feels in control of her life, except for the impact of Steve's behaviour. Although her cooking repertoire is not vast she cooks for Steve and herself. Steve used to cook and probably will again now that their cooker has been repaired [it was out of use for a few weeks]. Lucy also likes their new flat because there is less storage space in the kitchen so less room for too much food. Lucy puts her weight down to her illness and believes that as she is now getting better she may be able to reduce her weight, as long as Steve helps and they aren't *'naughty'* too often. As far as the WMP was concerned Lucy felt she had no control over the referral, apart from saying 'No' which she wouldn't have done. There was no choice over the type of service and deliverers presented no options.

"I DON'T UNDERSTAND IT, I REALLY, REALLY DON'T UNDERSTAND IT. WHETHER IT'S TELEVISION, YOU THINK YOU SHOULD EAT WITH IT OR SOMETHING ..... AND I KNOW I WOULD FEEL MUCH BETTER, KIDS WOULD BE HAPPIER, I'D LIVE LONGER. WE HAVE A BROTHER WHO LOVES US, THE KIDS WHO DESPERATELY WANT US TO BE AROUND A LONG TIME, YET I DO THIS AND IT MUST BE TREMENDOUSLY HURTFUL TO THEM."

Ethnography A - Steve and Lucy - Full write-up

Introduction

We meet Steve and Lucy in their home in Northeast London, which is about an hour away from central London and located in a quiet area close to shops and public transport. When we arrive at their flat, we ring the bell to their home and Steve comes out to open the front door for us, and says *"Sorry, the door is not working properly, you need to push hard, I will open it for you".* Lucy welcomes us when we open the door and invites us into their living room.

Steve and Lucy are aged 61 and 63 respectively. Lucy retired from work as an administrator after experiencing a 'thyroid storm' in 2005 that left her extremely unwell and in need of hospitalisation for periods of up to 6 months. She now feels very much better, with Steve describing her as *"three-quarters"* of the way back to her old self, from being a *"juddering wreck"* and having *"psychotic episodes".* Steve describes the period Lucy was ill, his business was failing and three parents dying in close succession as *"falling out of life". "We didn't work, we didn't see anyone, we didn't know what was going ….. we feel off the normal line of life".*

Steve has not worked since 2007 when a clothing business he was involved in collapsed. Steve used to work as an admin manager, stock controller and driver in a factory. He worked in the family business with ladies clothing, then William Hill the bookmaker for 5 years, after that again in retail factory for ladies clothing. He says that he is happy to do *"the most stupid thing that people call boring work"* in order to be actively engaged.

They have been married for 40 years and are of Jewish descent. They have two children, a boy and girl, both now in their thirties, and a grandson of 18 months. They live by themselves but have family close by; Lucy's unmarried brother who suffers from MS and depression, who they are very concerned about, feel responsible for, speak to every other day and visit once a week although they describe their visits as *"fruitless".* Also Steve's older brother lives nearby. Steve helps him with various paperwork and 'pattern cutting'. Describes as incredibly fit he is 14 years older but *"looks the same age".* Steve also has another brother who has three children, the elder and younger of whom, both boys aged 40 and 32, are autistic. The middle child, a daughter is, in Steve and Lucy's words *'normal'.*

Lucy's aim in life is to be happy and healthy and to see her family happy and healthy. She would also like to travel, particularly to France to visit her daughter's in-laws and also to Italy. However, both she and Steve describe flying as a bit of a worry. Steve is easy going, his dream is for the family to be happy, whatever they chose to do. He concerned for his family and the future of the world. Steve doesn't like to eat when people are around. He says *"I feel ashamed"* and describes himself as *"a secret eater".* Lucy however is more comfortable eating in front of people.

Daily routine

Steve describes his morning as the most efficient time in the day. He wakes up around 5am including weekends and not feeling hungry at all as he still feels *"full-up"* since the previous evening. He enjoys listening to radio every morning and goes to a local shop to get a newspaper *"for exercise before breakfast".* He doesn't have any snacks in the morning and as far as food is concerned he says *"the morning is quite good"*. Lucy gets up after him around 7.30 am and they have a breakfast around 8.30 am, normally with cereals and a slice of toast. Other than cleaning the flat on a Monday and at the weekend, Steve and Lucy go food shopping regularly on a Monday and Friday. Monday being a *"good"* general shop and Friday being a meat/meal shop for the weekend, which is when *"naughty"* foods are purchased. They go to their local synagogue once a week to help with office work.

At lunchtime they either have pasta or a simple sandwich with 4 slices or normally sit at the table. Steve says, *"in theory, we should go for nice walk after lunch".* Steve and Lucy occasionally go for a nice walk once a week to the park behind their flat. They can't walk fast so it's a really slow walk and this involves sitting down in the bench for an hour and half.

Lucy goes to keep-fit on a Tuesday, swimming, with a meal out afterwards with four friends, on a Wednesday (Steve calls these her 'crazy friends' as she met them through her psychiatric treatment) and yoga on a Thursday. Otherwise Lucy says she is *"a bit lazy, I don't like walking".*

At the weekends in the summer they sometimes like to go to a museum or an art gallery and during the winter they may go to a shopping mall. They are also involved with their local synagogue - Steve more than Lucy, and spending time visiting family and friends. Television is part of their life although Lucy doesn't like to watch daytime TV, just the news. Very often the evening meal is taken with Lucy sitting at the table and Steve on the couch with the television on, perhaps watching *'Pointless'.* They have tried to stop watching soaps as Lucy feels it leads to "mindless eating".

About twice a month Lucy and Steve will eat out using vouchers obtained through their Tesco purchases. She likes to eat in the evening as a lunchtime meal would *"throw her day out"*. Lucy says Steve would like to eat out more often.

Steve says, *"As the day goes on, trouble starts."* The trouble starts at teatime as Steve doesn't have any control over his diet. He feels he should have something nice such as his favourite chocolate biscuits as "it's just tradition". He is not hungry at all and knows it's not necessary saying *"I don't know why I keep eating"* and he thinks the cakes and biscuits are *"absolutely awful"* with a lot of sugar. He adds, *"I feel sick and full up after tea time".* After tea time Steve and Lucy usually have a nap, Steve for an hour, Lucy for several due to the effect of her medication. Steve often eats when she sleeps, usually chocolate bars.

During the day Steve likes to spend time on paperwork in the dining room and sits there for long periods. He describes this as *"mundane and boring"* but he likes it as he feels it's nice to do something and it keeps him busy. He likes the table in the room as he thinks *"I can do whatever in this chair, I can look at my laptop and outside, I also listen to radio here".* When Lucy goes swimming, he listens to drama or comedy on the radio and says *"I associate TV with food when the programme is not good. With Radio, you can do other things but not eating".*

As night draws on, the problem starts again. Steve is full after dinner, continues watching TV, and starts to want to eat again if the TV programme isn't good. He feels *"so full up and awful"* and says *"I fall into bed every night"* describing this as *"the most horrible thing".* He says he won't even bother to prepare for sleep. He continues to "feel awful and full" when he gets up next day and the day repeats itself.

The main difference at the weekend is that Steve and Lucy go to their daughter's house to meet the family around 2 pm. They have lunch together and Steve eats less than usual, as he is aware that his daughter worries about his diet. But he feels hungry after lunch and he stops at a sweet shop and gets *"something bad"* before getting back home.

In contrast to his days at home, Steve describes their two-night stay in a hotel when they went on holiday recently, and says "I was fine, it was nice and I had a shower before going to bed. I'm better when I'm outside of my house."

Steve doesn't do any exercise, especially he doesn't like doing exercise in groups. He recalls his teenage time in an old boy's school where

everyone had to be naked in the swimming class. He thinks this is a very strange tradition and he never knew why, nor did he learn to swim. This incident put him off group exercise and he now feels *"silly"* and thinks he doesn't look nice whilst exercising. Steve is very self-conscious. He likes *"solitary walk sometimes".* When he is with their children, they take him and Lucy on 2-mile walks and he enjoys it. However, he doesn't feel like walking when he and Lucy are on their own, although he thinks the local area is lovely to walk around. He describes the problem as a lack of motivation; *"I always think walking is the best thing but I don't do it. I don't know why we don't do it."*

Their health and weight history

Lucy was slim as a child and teenager despite her mother cooking Jewish food with lots of *"schmutz fat".* At 5'8" she weighed about 8 stone. After the birth of her two children her weight increased to 10 stone, but she still felt fit and healthy. Her childhood contained no major health events apart from being knocked down by a motorcycle at age 12. Lucy talks of the thyroid storm as being the major health event in her life that left her "on the brink" and overweight. She remembers little of the time she was so unwell apart from numerous visits to hospital with stays from one week to 6 months. During this period her weight went from 8 stone to 12 and back to 8. Steve looked after her through this taxing time coaxing her to eat and managing her aggressive behaviour. On occasions she was suicidal, running away to Ilford and threatening to jump from multi storey car parks so that Steve had to *"chase after her".* At present she feels her health is good although she has concerns about her type 2 diabetes and would like to reduce the medication she is on.

Lucy's main concern is her health, losing weight and reducing the number of tablets (15) she takes for her medical conditions (diabetes, thyroid, calcium depletion). She is also concerned about Steve's health, weight and moods and his lack of support concerning their weight loss.
Lucy is careful with her diet, although she speaks about being *"naughty".* This involves things such as having smoked salmon with biegels for breakfast at the weekend or bakewell tart for pudding after the Sunday lunchtime roast. In the later case Steve will say *"Oh go on, you know you like it".* She likes to be organised and structured with her eating throughout the day.

Steve lost an eye due to retinal detachment and has type 2 diabetes and an underactive thyroid. When he was born he couldn't eat, couldn't take anything until about 8/9 months when he started to eat sago. The doctors said he would never grow to a proper size and Steve thinks when he was 3, 4 and 5 years old his parents began to overcompensate which led to him putting on roughly a stone a year until he was 14. When he was 15-16 years old, he was *"quite chubby but not unhealthy".* He says his family ate a lot of sugar, for example, 3 sugars in each tea with chocolate biscuits. He says *"It was the norm. We were a foodie family".* He remembers the sweet shop in front of his father's factory where his father used to get a whole set of box of chocolate cake, and he thinks this was probably why he started to put on weight as a teenager. But he looked fine and says *"when you are kid, you go to the club and walk around, even though you don't do any exercise, you are just active".* When Steve met Lucy he was 17, *"I was fine that time and I think I had slimmed down a bit. We met at a party, Lucy was really nice, tall and slim. We got married when I was 21 and everyone was surprised how thin I was".*

He says he was fine until 40 years old. But the weight started to come back later in life. After losing the family business, he went to work at William Hills, which he describes as *"very noshy environment"* where people brought in sweets and cakes all the time. It was really boring and he sat for a long hours with nothing really happening. While he was in the shop, he had lots of sweets

to fill the boredom gap. He thinks it was really the start of his eating problem and it is still going on. Although he stopped working there after being held up at gunpoint, he kept the eating habit and it became normal to him.

He talks about his *"emptiness"* as he thinks it has a huge impact on his eating problem. After their children got older and became more independent, he felt he lost his role as a father, *"when they left university, we were left alone".* This was also when Lucy got ill. He thinks the absence of their children was a big difference that hit them, *"I lost the reason for being. The kids are gone. I was depressed. My job is gone and the father's role is gone. You don't see the children every day and it's a very big difference."* Steve feels that his eating problem is psychological. He refers to it as a *"relationship thing"* where *"he does not feel as needed as he used to be nor respected or influential".* He feels he has lost his *"role"* in life and eats to compensate.

When Steve was diagnosed with diabetes in 2008, it was the first time when he became conscious of his health. He knew his weight was part of the reason but didn't think it was a real problem. His doctor didn't say anything about his weight and never referred him to weight management service, *"we sort of laughed about it"*. He says that he didn't have any motivation because he wasn't aware of the issue. Steve thinks if someone can work out a financial penalty, the government should somehow find out doctors who don't do anything about the obesity issue, and it might control the world system around this increasing issue. He says *"I don't know how, but it could help".*

Steve is very concerned about his health but thinks he is out of control now and he is damaging himself, Lucy and the rest of his family. *"We've got this awful period, we got over. I am looking forward to trying to control over my life".*

Steve speaks of feeling the burden of his weight, not being able to breath properly, bend down to do his shoelaces up, get dressed, wash the car and often feels bloated. A major issue for Steve is the 'secret eating'. *"I don't understand it, I really, really don't understand it. Whether it's television, you think you should eat with it or something ….. And I know I would feel much better, kids would be happier, I'd live longer. We have a brother who loves us, the kids who desperately want us to be around a long time, yet I do this and it must be tremendously hurtful to them."* When asked what he is thinking of when he eats in a secretive manner Steve says *"I don't know! ….. it's madness! It's a psychological problem, it's not hunger, it's just replacing something or feeling you're not worth it."*

For both of them physical appearance is important and their weight makes them feel uncomfortable.

For Lucy talking about her weight is not a problem. She feels she is lucky to be so well after the thyroid storm. Being able to go out and meet people, in contrast to when she was ill, is an important factor. Steve is more embarrassed about his weight: *"It's awful, I don't know why we are like this!"*

Lucy sees Steve as being one of the barriers to losing weight. She feels she needs to control what he eats and worries when he eats 'secretly' and purchases food that they do not need. They go to the supermarket with a list and when Lucy is busy Steve will gravitate towards the sweet counter and *"sneak things in".* Steve says *"I also think for Lucy I should get some treats".* Lucy feels Steve comfort eats due to his childhood problems with food. Steve also 'treats' Lucy to her favourite foods, which although she sees as *"not deliberately being horrible"* she also sees as unhelpful. Also eating out and going over to friends for dinner pose a problem for her. *"We say we're on a diet and they say 'Nah! You're not!'"*

Steve thinks he himself is the biggest barrier to losing weight, he says "*I get in the way, no one else does".* He doesn't feel in charge of himself and says no one ever asked him to talk about himself. The weight management service he recently got involved with Lucy was helpful and also he feels he can call on other health services if he needs too. His family and also his religious community are very supportive. He talks about the synagogue and says, *"they care for you, we all care about each other. When Ruth was ill, they were very supportive. They've been through mental illness problem as well".* He says the addictions of the *"bad TV programmes"* is also a barrier. He thinks the radio is supportive and any type of work is supportive, *"even stupid work, I don't mind doing it".* He likes to earn something from his work as money is a problem, but he doesn't expect much, *"I'm not very useful. I don't know much about computers and my age is a problem. But I can do more volunteering work, it's a good idea".*

Lucy feels that if she can read through and put into practice everything that she was told at the WMP she can lose weight, be slimmer and hopefully come off some of her meds. In the future Lucy sees Steve and herself as being very much the way they are today just slimmer and healthier and able to fit into nicer clothes and look better.

Their experience of the weight management programme(s)

A Consultant dealing amongst other things with her fatty liver referred Lucy on to the WMP. "He's a nice chap – he used to laugh because I started at 95 kg then I went up to 100 kg and he said you've got to try to get back down to 95kg again in 6 months and I said *"if my husband will help I'll do it"* and Steve didn't so I didn't get down and he used to say 'What are we going to do with you' (laughs). He suggested it might be an idea to go on the WMP course. Lucy said that he didn't know much about the course and gave her no literature, link to a web site or further information. She felt he was too busy to ask for more information although she would have like to know more. She went to see a dietician prior to the course but waited 10 months to go on the course. Lucy feels this was a long wait and a barrier to her weight loss. If she had wanted to self refer Lucy says she would have asked her GP.

Both Lucy and Steve found the 6-week course interesting and useful though the presenter was Greek and Steve found understanding what she had to say difficult. Each week contained a great deal of information. Lucy also kept a food diary each week although many of the other participants did not. Lucy felt this was because English was not their first language and they didn't understand what they were being asked to do. Also people dropped out as the course progressed. Lucy found the food labelling and portion control information very helpful although when she is shopping now she feels she does not have time to read the complex information on the back of food containers *"I quickly look at the back - trouble is if you looked at the back of every packet that you're buying you'd be there for 3 to 4 hours, so I just check a few things I'm interested in every week".* Lucy felt that the room the course was held in was nice although Steve wasn't very happy with the circular layout as he couldn't see the presentation screen properly. Now that the course has finished Lucy intends to read all the material they were given. There is a plan for the group to meet again in 3 months time.

Both Steve and Lucy felt the WMP was interesting and helpful. However, their weight has not essentially decreased (1 kg for Lucy). What Lucy refers to as 'homework' to be done between each week was seen as a challenge - likewise understanding the Greek presenter/tutor was not easy. Lucy liked the food diary and weekly weigh-in and feels that when they have had a chance to put into practice what they learnt (including reading through the material provided) then they should be able to lose weight; as long as Steve tries. In relation to this, when talking about their visits to

the consultant, Lucy says *"Every time we come out I'm convinced he's (Steve) going to mean it, but he slips back into his old ways. I just feel that … I know we love each other and all that … if he really loved me enough he'd do it for me because I've been to the brink".*

Steve strongly thinks that a psychological input would make the course much better. He mentioned a CBT expert could be included and said Lucy had met them before but he has never had the opportunity. He thinks group exercise is nice, but in an ideal world, he thinks they could group it a bit better, for example all diabetes sitting together.

He is now more aware about the food and hidden sugar and salt, but says *"I'm aware but haven't changed much…"* He also says that it was nice having a routine for 6 weeks and in his words, "having something that you had to do". He was disappointed and surprised that some people dropped out although there was a long waiting list, and he says *"it's a shame because someone else could have done it".*

Steve thinks he was a bit more in control of himself during the course but he is aware that he needs to sustain this. He thinks it could be an incentive if they go back to the centre to weigh every week after the course, and the difference between weighing on their own and going to the centre is to have someone else judging him and encouraging him. *"The fact that the time is spent on you, someone spent time on you is a good thing".* He thinks the course worked to an extent because he is more aware of his weight now although he didn't lose any weight. He says *"but the plan is there, the knowledge is there, so I'm ready, but…"* In the future, he says *"I want to feel lighter in the future. More healthy"*. At the moment, he describes himself as unreliable, selfless, and powerless.

Ethnography A - Steve and Lucy - Ideal journey

Referral

On the

WHAT HAPPENED?

Referred by her consultant

A Consultant dealing amongst other things with her fatty liver referred Lucy on to the WMP.

No information

The consultant didn't know much about the course and gave her no literature, link to a web site or further information.

Waiting for 10 months

She went to see a dietician prior to the course but waited 10 months to go on the course.

6 weeks course, 2 ho

Each week contained a g

WHAT WAS GOOD

Interesting and helpful

Both Steve and Lucy felt the WMP was interesting and helpful.

Food labelling

Lucy found the food labelling and portion control information very helpful although when she is shopping now she feels she does not have time to read the complex information on the back of food containers *"I quickly look at the back - trouble is if you looked at the back of every packet that you're buying you'd be there for 3 to 4 hours, so I just check a few things I'm interested in every week".*

WHAT COULD BE BETTER?

Not asking for information

She felt the consultant was too busy to ask for more information although she would have liked to know more.

Long waiting time

Lucy feels the long waiting time was a barrier to her weight loss. If she had wanted to self refer Lucy says she would have asked her GP.

Language

The presenter was Greek and Steve found it difficult to understand her accent.

Room structure

Lucy felt that the room the course was held in was nice although Steve wasn't very happy with the circular layout as he couldn't see the presentation screen properly.

Homework as a challenge

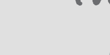
What Lucy refers to as 'homework' to be done between each week was seen as a challenge - likewise understanding the Greek presenter/ tutor was not easy.

KEY

What worked well for them

Challenge or barrier

Opportunity or idea



THEMES

Social network and norms

Wellbeing and self-image

Aspiration and motivation

Control and choice

Experience of support

e programme

After

urs sessions, nutritional information

great deal of information and homework.

Reading all the material

Now that the course has finished Lucy intends to read all the material they were given.

Meeting in 3 months

There is a plan for the group to meet again in 3 months time.

Having a routine

For Steve, it was nice having a routine for 6 weeks and in his words, *"having something that you had to do".*

Putting into practice

Lucy liked the food diary and weekly weigh-in and feels that when they have had a chance to put into practice what they learnt (including reading through the material provided) then they should be able to lose weight; as long as Steve tries.

Psychological input

Steve strongly thinks that a psychological input would make the course much better. He mentioned a CBT expert could be included and said Lucy had met them before but he has never had the opportunity.

Group with similarity

Group exercise is nice, but in an ideal world, Steve thinks they could group it a bit better, for example all diabetes sitting together.

Drop out

Steve was disappointed and surprised that some people dropped out although there was a long waiting list, and he says *"it's a shame because someone else could have done it".*

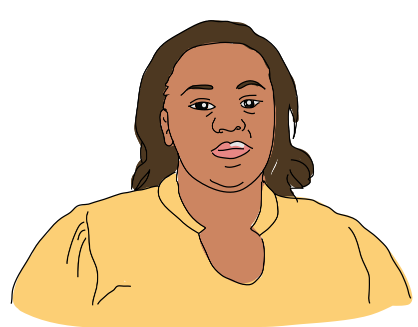
Success

Both Steve and Lucy felt the programme was interesting and helpful. However, their weight has not significantly decreased (1 kg for Lucy).

Someone else judging him

Steve thinks going back to the centre to get weighed every week after the course would be an incentive to lose weight. At the centre, you have someone encouraging you and holding you to account. *"The fact that the time is spent on you.., someone spent time on you is a good thing".*

Ethnography B - Diana - Summary



TIER 2
AGED 41

Quick facts

- Single mother of 5 children, currently unemployed.
- Her weight has always been up and down.
- She found out about a 8 weeks weight management programme through the Children's Centre.
- She had to drop out after 4 weeks because her children got ill.
- Does not know if she has lost any weight, as the data was not shared with her.

Diana is 41, describes herself as *"fun, caring and kind"* and has 5 children – Tamsin 18, Sierra 9, Kody 6, Kevin 4 and Mika 2. Tamsin is waiting for her A level results and getting ready to go to the University of Roehampton where she has a place to study primary teaching. Sierra attends the local school and helps with the younger children. Kody has been diagnosed with autism and attends a special school for children with communication problems between the ages of 4 and 16. Kevin suffers from epilepsy and has to take a daily dose of Epilim. He will be joining Sierra at the local school in September and Mika is about to start nursery.

The family live in SE London in a fairly quiet council location near several public parks and a busy high street. Their home has a small garden containing artificial grass and a trampoline. The children's father lives in SW London with his mother and they get to see him quite regularly. Diana has a younger sister and older brother who live locally. Both are *"slim, average size"*, as is her mother and Diana tells us her father used to be slim too. Diana's mother also lives in SE London and although she doesn't see her *"all that often"* they normally speak on the phone every day.

At present Diana is unemployed but she is looking to join a Health and Social Care Course in September although she does not wish to work with children, new-borns yes, but not older children; *"they are too noisy – I couldn't bear the noise".* Her aim in life is to get a job and lose weight for her health and to look nicer. Being on benefits money is tight and being slimmer would mean she could buy cheaper clothes that also look good.

Ethnography B - Diana - Core insights

Diana's living room

When she cooks Diana will prepare food for two days. They will eat what they need on the first day and then store the rest in the fridge for the following day.

Diana's garden with her children's toys.

Social networks and norms

Diana does not discuss her weight with family. She has received support from her friends, and says, *"yeah, we talk about it"* but it does not seem to be an issue that she talks about much. She does not seem to feel particularly embarrassed about her weight and tells us several of her friends are also overweight.

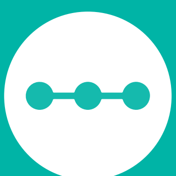
It appears that Diana and Sierra use the term *'healthy'* as a generalisation, an all-encompassing concept to cover certain types of foods and ways of living. It would seem that *'healthy'* is something to aspire to, but not something to always be, or that is imperative to be. It seems that the concept of *'healthy'* is something they are aware of, but not part of everyday life. Diana does not mention Sierra's weight during our stay.

Wellbeing and self-image

During our visit it was apparent that Diana's focus was on the children and their immediate needs. Kody in particular requires a great deal of Diana's attention and it would seem there is little energy or time left for Diana to spend on her own wellbeing.

Control and choice

Finance is a significant issue for Diana – being on benefits she is aware that she cannot afford the type of fruit and vegetables that are recommended by the WMP. In turn this translates into a compromise where diet is concerned. The compromise is accepted, not challenged – so when presenters on the WMP suggest expensive fruit it is not questioned. Indeed Diana did not feel empowered enough to ask for her weight, seeing the WMP's presenters as having *"their purposes"* for knowing her weight and measurements.



Experience of support

Diana found the WMP helpful for nutritional advice including advice on labeling and for the exercise sessions, however she did not feel able to ask about alternatives for the more expensive foods the presenters were recommending. Although the timing of the adult meeting was inconvenient it was dictated by the facilities opening hours, and what the crèche had to offer did not meet Diana's needs and again involved a financial challenge.

Aspiration and motivations

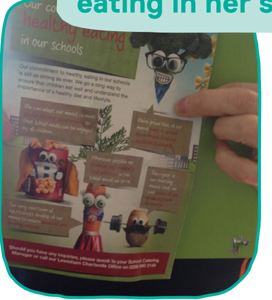
Diana's motivation to lose weight is her health and to be able to purchase nicer, cheaper clothes. She is aware that to be *'healthy'* she needs to lose around 5 stone. Her attendance at the WMP is helpful, improving her levels of exercise and reminding her of healthy eating choices. Despite the lack of free childcare Diana has opted to return in September.

"They have everything you need in"

The shakes for breakfast.

"Good food and bad food"

Sierra learns about healthy eating in her school.



Ethnography B - Diana - Full write-up

Introduction

On ringing the bell to Diana's home the door was quickly flung open by Kevin, Diana's 4-year-old son, wearing just shorts and a huge smile. Diana then appeared from the kitchen with Mika aged two, in her arms. We were invited into the sitting room where Kody, 6, was playing on a mobile phone with the volume turned up loud and Sierra, 9, was watching TV. The sitting room is furnished with two sofas, laid side by side opposite the TV and DVD system. There is a dining table with chairs and a highchair and a form of chair in the middle of the room that during our stay Kody uses to both play with and sit on. There is also a large plastic box of toys in the corner next to the sofas. Diana's eldest daughter, Tamsin is upstairs when we arrive, appearing at around 11.00 am to go into the kitchen and then return upstairs. She is slim and very pretty. Sierra explains to us that by not coming into the sitting room Tamsin is a just being a *"teenager".*

Kody is very physical. Having autism he has a short attention span and speech problems. He attends a special school for children aged 4-16 with complex social, communication and interaction difficulties including autism. Throughout the ethnography Diana's attention is on Kody and her other two younger children. On many, many occasions Diana has to break off from what she is saying to attend to Kody or to intervene between Kody and Kevin.

We ask Diana if she would like to go about her normal day and we will fit in with her schedule. From her response it appears that she has cleared her day to accommodate our visit, but the presence of the children means that her attention is drawn away from our questions.

Diana is 41 and has 5 children – Tamsin is aged 18, just awaiting her A level results and getting ready to go to the University of Roehampton where she has a place to study primary teaching. Diana is clearly very proud of her daughter. Sierra is the next oldest at 9, she attends the local school and it is clear helps with the care of the younger children. Kody is 6 and Kevin is 4, suffering from epilepsy and on a daily dose of Epilim. The epilepsy is associated with a rise in his body temperature. Kevin will be going to the same school as Sierra in September and Mika who is 2 will be starting nursery.

The family live in SE London in a fairly quiet council house near several public parks and a busy high street. Their home has a small garden containing artificial grass, and a number of children's outdoor toys including a trampoline. There is also a Tesco trolley that is used both as a toy, providing rides, and as a container for other toys.

Diana is at present unemployed but looking to join a Health and Care Social Course in September (literature for the course arrived whilst we were there). Diana isn't totally sure she wants to do the course and says that although she wishes to work, particularly to help women, she does not wish to work with children, new-borns yes, but not older children, *"they are too noisy – I couldn't bear the noise!"*

The children's father lives in SW London with his mother and Diana has a younger sister and older brother who live locally. According to Diana both are *"slim, average size",* as is her mother. Her father used to be slim too. Diana's mother lives in SE London too and although doesn't see her *"all that often"* they normally speak on the phone every day.

Diana's aim in life is get a job and lose weight and she describes herself as *"fun, caring and kind"*.

Daily routine

Diana gets up at around 7.00 every morning and breakfast is at 7.30 when she has either cereal or a 'Shake'. The shakes are a gift from a friend who is involved with selling them. When Diana talks about the shakes Sierra runs into the kitchen to bring them to show us.

There is a chocolate 'Complete' shake and what is called a *"Bonus shake".* Diana tells us that the complete shake is made with milk and the bonus shake with water and that they have *"everything you need in".* She seems impressed with their nutritional value. The children normally have cereal for breakfast and today is no exception and whilst we are there they also have various tropical juices from cartons, ice-lollies and later porridge that Sierra makes. Diana explains that the children eat more during the holidays *"when they are here and bored".* During term time Sierra sometimes goes to her school's 'breakfast club', not only to eat but also so that she is not late for school. Diana says Sierra tells her *"some of the food is quite cheap".* The breakfast club costs £1 a day.

On a normal day, between breakfast and lunch Diana will have fruit or a sausage roll. She really loves sausage rolls. At lunchtime it will be a sandwich and then at suppertime chicken or beef soup. In the evening she would normally eat chocolate cake or cheesecake, however she has now reduced this to once a week since the WMP. At the weekend breakfast is normally a sausage roll or, on a Saturday, she prepares a cooked breakfast, bacon, egg, beans, etc. Lunch is pizza from Iceland. Dinner at the weekend is chicken and rice or lamb, sometimes a roast. Friday is fish and chips night from the local take-away. Diana shops at Iceland, Asda and Lidl's on the Old Kent Road, however getting the buggy on and off the bus to go to Lidl's is difficult and she has no car. She normally does two big shops a week, topping up where necessary, and sometimes buys what is on special offer. She prefers to do the shopping when the children are in school as if she takes them with her unbeknown they will put things in the trolley. When she cooks Diana will prepare food for two days. They will eat what they need on the first day and then store the rest in the fridge for the following day. At the weekend Sierra likes to cook pancakes with strawberries, etc., for the family. She enjoys cooking and knows in detail what is in the kitchen cupboards including how low they are on certain ingredients. With the help of a family friend she recently cooked an apple pie. She is very proud of this and tells us in detail how to peel the apples and put the ingredients together. Diana and Sierra seem to enjoy spending time cooking together (during the visit Sierra cooked porridge from scratch for all the children) however the kitchen is a difficult space with a lock placed high on the door to keep the boys out, especially Kody who will help himself to sugary foods and does not know when to stop eating.

During school time Diana takes, or sees the children off to their various schools including Kody who is collected by bus. Diana also picks the children up from school and often feels annoyed by the ice-cream van that is parked for long periods outside the school gates, however her attitude is "but I suppose people have got to make a living". During the holidays she will take them to the park but has to keep an eye on Kody who will run off if not watched so it makes taking the children out difficult. During school time she herself will walk in the park with Mika for exercise.

When she can get childcare Diana likes to go to clubs in the evening. If she goes out to eat with friends it tends to be to chicken restaurants or Nandos. Other restaurants can be expensive. This also applies to when the family goes out to eat. Summer holidays are normally spent at home because of the cost of going away. They sometimes have days out. Lego-land was a recent favourite trip. Diana is on benefits and very aware of the cost of food, outings, clothing, etc.

During the day Diana spends time cleaning and tidying the house but says that it becomes messy again very quickly. Whilst we are there she apologises for the sitting room becoming untidy.

Health and weight history

Diana has been overweight since childhood. When she was 6 years old she was already overweight. She was under a dietician at age 9 for almost a year during which her *"mother cooked healthy food"* but it didn't last, Diana tells us it just *"fizzled out". "I did go to a dietician and they put me on a weight management programme ….. I had to have certain foods … probably about a year and then it stopped ….. I did lose some weight then."* School sports day especially brought out feelings of embarrassment and unhappiness and during her teenage years she was still overweight and tells us she *"felt very uneasy .. there was lots of pressure, losing weight and stuff and things like that".* In the interim years, between her teens and now her weight has gone up and down, *"I did lose some of the weight in my 20's but I put it back on … after that it just kept going up, down, up, down". At the present time her ankles are swollen which the Doctor puts down to carrying too much weight. However, she did not refer Diana to the WMS and Diana would not have thought to ask although they have had discussions about a gastric band. "She said a gastric band, but I'd have to lose weight first and it's not easy with the children … I didn't know they could refer you, I thought it was just a dietician".*

Diana is generally concerned about the lack of support that is provided and refers to somebody who is 22 stones - *"how do you get so big? And you can't leave your house - you feed yourself to death – there should be more support out there … I mean I can't hire a special trainer or my own chef – there's not enough support".*

Diana would like to lose weight for reasons of health and to look better in clothes and to be able to *"buy nice clothes".* She tells us that larger sizes are more expensive. Diana shops in Primark although she says the clothes do not last well. She cannot afford M&S or similar high street shops where items will cost in the region of *"£25 to £30".* Diana's children are not overweight with the exception of Sierra who is aware of her weight and as she is looking after Mika, bouncing on the trampoline with her, she tells us that there are only two overweight children in her class, herself and a friend. Sierra is proud that she understands about 'healthy' eating and talks about *"good food and bad food".* She tells us she would like to have a party like her friends with *"carrots and everything".*

Experience of the weight management programme(s)

Diana found out about the WMP at the Children's Centre where overweight people were being *"signed up", "People came and asked the mothers like, introduced themselves as part of the healthy eating … like there's lots of obesity and they're trying to get rid of it".* There are two courses that Diana attends, one on a Wednesday for children under 5 and another on a Friday for adults. The courses run from 1 pm to 3 pm. Diana tells us she would like the adult course to be in the evening because, for example, on a Friday Kody's school finishes early and she has to rush to be there for him when he is brought home. But they were told that an evening course is not possible because the Children's Centre where it is held closes at 5 pm.

At the beginning of the course people were asked to write down their goals, most put to lose weight. Diana enjoyed the mix of an hour's talk on healthy eating and things like portion control and then an hour's exercise. *"But the healthy eating it is too expensive, too expensive, it's difficult".* For the adult session there is a crèche that would take the younger children. However it is £3 an hour and the staff will not feed, nor change, a baby; *"if your child needs attention you are called out ….. they won't even change a baby's nappy". "but when you bring little children you can't focus – it would be more helpful for the mother's session if there were no children".* Diana feels very strongly that being on benefits she is not able to afford the gym at £30 a month, nor the £8 an hour exercise sessions that are on offer – especially with the added cost of the crèche. *"I can't exercise during the day and by 7 o'clock when they're in bed I'm too tired … and at the Leisure Centre it's online booking – another problem – just a headache". "I'd love to go to the gym, what's stopping me*

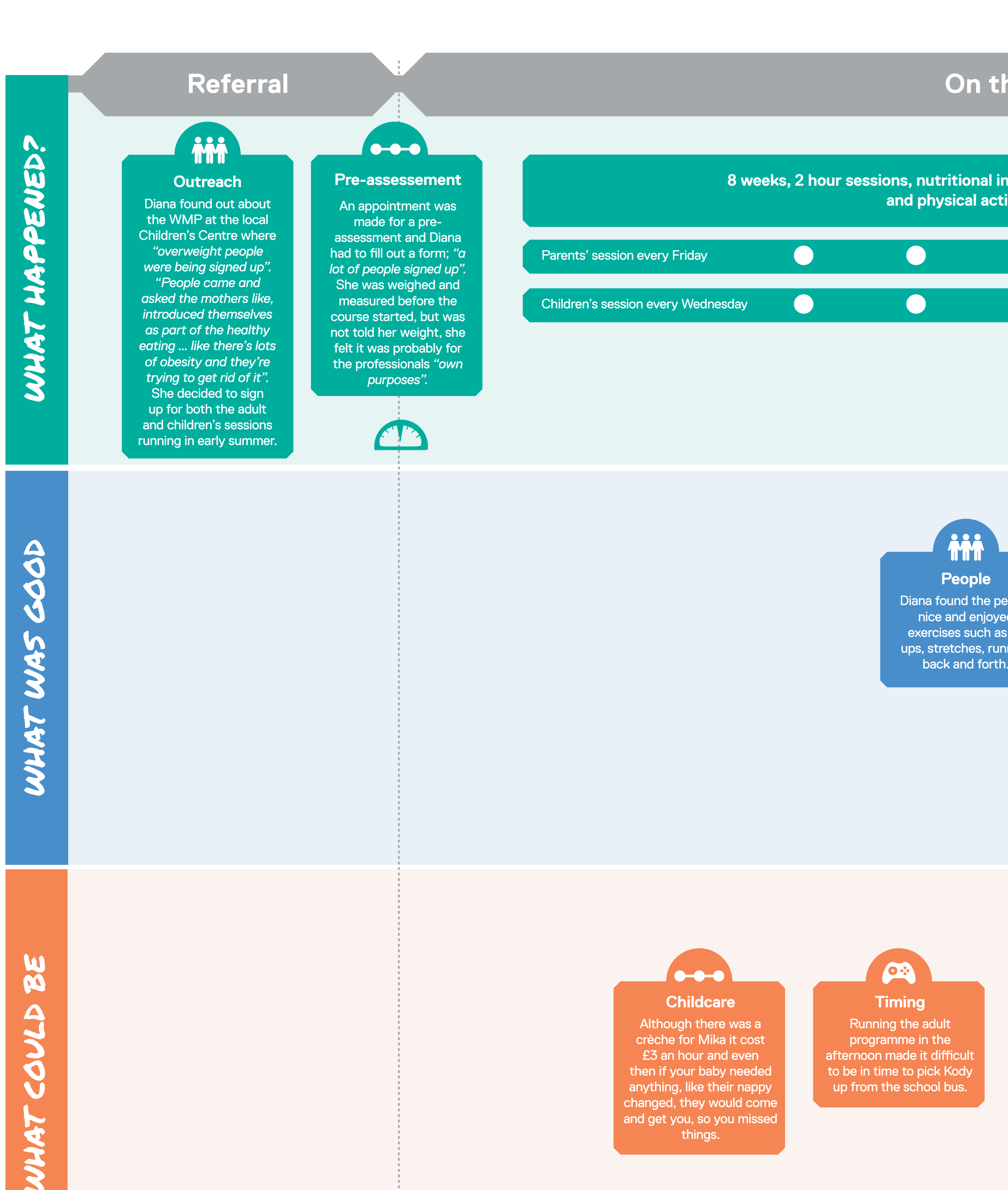
is the expense - £20 easily – it's very restrictive when you have babies it's just too difficult. Healthy eating, healthy eating – how do you overcome the barriers – there is not enough support – it's the Government - I don't do Tories, I can't stand them!"

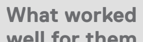
Diana enjoyed the WMP, learning about increasing fruit and vegetables in their diet and labelling. She remembers discussing *"sugar and glucose in those energy drinks and … yeah, portion size, not eating so much and drinking more water, trying to cut down portion size…"* She tells us that she learnt about needing to be careful when purchasing diet foods that may in fact have more sugar in them than you think. However, the programme recommended buying *"fruit, like blueberries, which is very expensive"* and Diana tells us that the WMP offered no alternatives.

Diana was weighed at the beginning and end of the programme but tells us she was never told her weight. She now feels she should have challenged them and asked for her weight but at the time she just thought *"they needed it for their purposes".*

The last session that Diana attended was around June. The early summer was a difficult period for her with the children being sick and a hospital appointment for Kevin and she only attended 4 weeks of the course, *"when my children get sick they all get it".* So she has asked to go back to the course that starts in September "At the last session we were talked to individually and got a Voucher, £5, and I said I'd be interested in the September course" and she has now been told there is a place for her, *"then I'll be able to concentrate more."* They didn't tell her if she had lost any weight.

Ethnography B - Diana - Ideal journey





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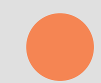


What worked well for them

Challenge or barrier

Opportunity or idea

THEMES

Social network and norms

Wellbeing and self-image

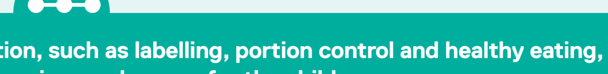
Aspiration and motivation

Control and choice

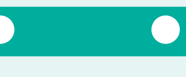
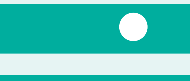
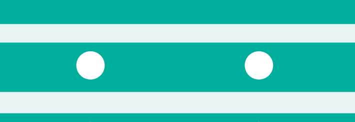
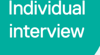
Experience of support

e programme

After

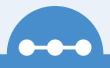


rmation, such as labelling, portion control and healthy eating, y; exercises and games for the children

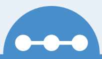





Individual interview

Reward
There was a £5 Voucher for attending.



Information
It was helpful to have all the nutritional advice, for example about added sugar, *"sugar and glucose in those energy drinks and... yeah, portion size, not eating so much and drinking more water, trying to cut down portion size ..."*. It made Diana more aware about what she was eating, how much and how she could exercise.

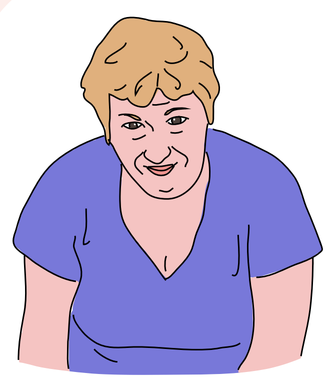


Attending again
Because of the children being sick and a doctor's appointment for Kevin to do with his epilepsy Diana had to miss 4 sessions, so she asked to go again in September and has just heard that she can. She is pleased about this.

Evening course
With the children there Diana couldn't focus. Diana would have liked better childcare or for the adult programme to be run in the evening when her husband could look after the children, but the Children's Centre closes at 5 pm.

Other options
Diana would like to know what other services are *"out there"*, what other options. She feels very strongly that there is too little support. She's tried ringing around to find out but *"you go round in circles, they keep you waiting and then put you on to somebody else ..."*

Ethnography C - Janice - Summary



TIER 2
AGED 64

Quick Facts

- Retired
- Her weight changed at 40, when her parents passed away and she started comfort eating.
- She was referred to a 12 weeks weight management programme after being diagnosed with breast cancer.
- She has lost 16kg, and has now become a volunteer.

On arriving at **Janice**'s neat bungalow her husband Robert appears from the garage and ushers me into the hallway where Ruby, Janice and Robert's terrier - a lovely 2 year-old dog with a friendly disposition – runs out to greet me. Janice then appears, a woman of 64 with short blond hair and a welcoming smile.

Janice and Robert have lived in this area of Cornwall for many years, moving over 19 years ago to their spacious bungalow from a house on the opposite side of the road. Janice is proud to be born-and-bred Cornish. She and Robert have two sons Stephen who is 40 and Mark 36. Stephen has two children David aged 19, from his wife's previous marriage, and Paula aged 13. Mark has a son Simon aged 11. At present Mark is living at home with Janice and Robert.

Janice and Robert would have been circuit training this morning had the session not been cancelled. They have been circuit training twice a week since joining the weight management service, Cornwall Healthy Weight, in 2013. Circuits were part of the 2 hour Healthy Weight Adults session and since finishing the programme Janice and Robert have been attending private sessions run by one of the Programme's leaders – Emma – at £4 a session.

"If I'm going to do something I like to do it, I'm not one of those people who go one week and then don't turn up for three weeks... We walk for about an hour, they are sensible adults so it's not hard".

Ethnography C - Janice - Core insights

Social networks and norms

Family can sabotage efforts with unthinking gifts (such as foodstuffs, sweets and chocolates). Norms and rituals in tight-knit rural communities, where extended family and friends are part of one's daily life, can also sabotage efforts.

Wellbeing and self-image

Although family and partner are supportive it is the driver of health that produces consistency and longevity of motivation.

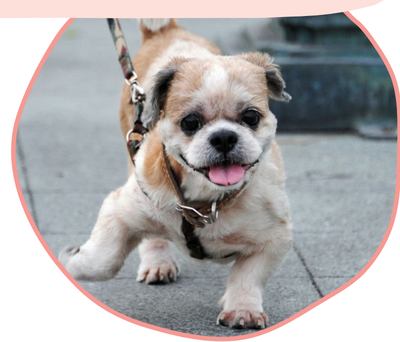
Aspiration and motivations

Again the motivation of health drives determination. Previous attempts to lose weight fail once stopping classes. Aspiring to stay a healthy weight can be encouraged by continuous support from the WMP albeit every 3 months.

Janice was also slim when she first went to work. She muses on how parents have an effect on what we eat and how we are.

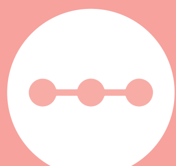
"I was always very slim actually, I seemed to have stopped growing when I was 15, 'cos as a schoolgirl I was always one of the taller ones in the classes and quite lean."

Exercise is now important for Janice and everyday she will take Ruby for around a mile walk.



Control and choice

Total control over one's eating and exercising habits aids perseverance, it also engenders confidence so that one can refuse foodstuffs or practices that one sees as 'unhealthy'.



Experience of support

WMP's can become a central part of one's life, including nurturing offshoot practices such as exercise classes and exercise habits.

"I think in our day – there was always the home cooked stuff – my mother never went out to work – you always had that meal plonked in front of you. And my friends used to say 'oh your mother do lovely baking' and they ate it, so it was always there. And even when you'd left home – you'd go home and the first thing was kettle on, bun, piece of cake – you know – but I think they used to think they were doing you a favour by giving you all this nice stuff, which it was really, but in the long run... In the winter my Mum used to make this soup, with a chunk of beef and you'd have the fat swimming over the top and she'd say "look full of goodness" – and I have to admit what's nicer than the fat on a piece of roast beef. But not anymore!"

Ethnography C - Janice - Full write-up

Introduction

On arriving at Janice's neat bungalow her husband Robert appears from the garage and ushers me into the hallway where Ruby, Janice and Robert's terrier - a lovely 2 year-old dog with a friendly disposition – runs out to greet me. Janice then appears, a woman of 64 with short blond hair and a welcoming smile.

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Daily routine

Both Janice and Robert are retired – Janice 9 years ago, at the age of 55, from her work at a local post-office for which she was trained at 15, and Robert last year at the age of 62 from his job within the electricity industry, work he has been doing for the past 40 years. Janice comes from a family of three girls – she has a sister who is 2 years and 4 month older, sadly suffering from MS, and another sister who is 6 years younger. Both live locally.

Throughout the week Janice and Robert's day starts with either Weetabix or porridge for breakfast, followed by a white coffee with sweetener mid morning. As a person that loves to spend time at home, rather than going out and about or travelling, Janice's days are divided between tending the house and garden, walking Ruby, her family and more recently volunteering for Cornwall Healthy Weight. Monday to Friday lunch will be either a sandwich or roll, or something on toast followed by a nectarine or other fruit; fruit is something that Janice likes to eat during the day, along with drinking flavoured water. On a Saturday Janice and Robert might go for a longer walk or to a garden centre and if they do they will have a snack lunch out – maybe a tuna and mayo baguette or something similar. Sunday lunch is a roast with all the trimmings. Also on a Saturday and Sunday they may have a mini Magnum, purchased from Lidl's, whilst sitting in their pretty garden. For dinner, weekdays it is usually meat and two, or more likely, three veg, or perhaps a homemade pasty and veg. Janice enjoys cooking, including baking. On a Saturday they might have fish and chips out, or occasionally go out to a restaurant with friends. Sunday evening is a sandwich following their roast lunch. On perhaps three evenings a week Janice and Robert will have a slice of homemade cake.

Exercise is now important for Janice and everyday she will take Ruby for around a mile walk. She also spends time gardening and generally working about the house. On a Tuesday Janice acts as a walk leader going for a 2 to 3 mile walk with people from the local area. Emma used to be the leader but when she no longer had time she asked Janice if she would take it over long-term and Janice agreed. *"If I'm going to do something I like to do it, I'm not one of those people who go one week and then don't turn up for three weeks ….. we walk for about an hour, they are sensible adults so it's not hard".*

She and Robert of course also have their two hours of circuits on a Tuesday and Friday and on a Wednesday Janice helps as a volunteer with the local WMP. *"It's all voluntary, I love it. I got so much out of the course.= I love it, really do."* Over the weekend she and Robert will take Ruby for a 2 to 3 mile walk.

Janice's health and weight history

Throughout her early life Janice experienced good health, apart from having her appendix out when she was 16. She laughs as she tells me that her granddaughter had her appendix out on exactly the same day of the year, something her granddaughter loves recalling. As a child Janice didn't have any weight issues, *"I was always very slim actually, I seemed to have stopped growing when I was 15, 'cos as a schoolgirl I was always one of the taller ones in the classes and quite lean."* Janice was also slim when she first went to work. She muses on how parents have an effect on what we eat and how we are; *"I think in our day – there was always the home cooked stuff – my mother never went out to work – you always had that meal plonked in front of you. And my friends used to say 'oh your mother do lovely baking' and they ate it, so it was always there. And even when you'd left home – you'd go home and the first thing was kettle on, bun, piece of cake – you know – but I think they used to think they were doing you a favour by giving you all this nice stuff, which it was really, but in the long run ….. In the winter my Mum used to make this soup, with a chunk of beef and you'd have the fat swimming over the top and she'd say "look full of goodness" - and I have to admit what's nicer than the fat on a piece of roast beef. But not anymore!"*

It was when Janice had her second son that her weight started to change. *"Had my first son when I was about 24, lost that weight no problem – four years later I had my second son and I think that's where my problems started as I never lost the weight."* At this time Janice says she went up to a size 14 and stayed around that size for quite a long time, *"Sort of up and down weight then really, go on a bit of a diet lose a few pound, put a few pound on, here we go. ….. I did the cabbage diet once …. Don't like cabbage anyhow!" Around this time Janice tried Slimming World but says "I did quite well on that, but as soon as you come off it the weight goes back on again. ….. once you stop going there's no support – you can keep going but you have to pay all the time."*

It was just after Janice was 40 that her weight changed significantly. Sadly her father and mother died suddenly within an hour of each other at the age of 69 and 70 respectively. Janice tells me it was after that she started *"comfort eating"* and her weight went from around 10st up to 11st 7lbs – Janice is between 5'2" and 5'3" tall. At this point she thought, *"no, got to do something about this". So she joined Weight Watchers, "and I did lose 3 stone – that seem to be my target weight every time! 3 stone! But as soon as I stopped going it went back on again ….. I think it's a case of, well you're not going, you're not seeing anybody, you're not being weighed and, a lot of it is in the head, 'if I'm going to a class I've got to be good, 'cos they're going to weigh me' and if I'm not going to a class then it don't really matter!"*

Janice tells me that at this time she was working in the post office and cream cakes would accompany anybody's birthday and *"there seemed to be a lot of birthdays and we worked opposite a bakery as well – all these things are bad ain't they? And if we had a quiet afternoon ….. it's anybody want a saffron bun? … anybody want a cream cake? … you know! …..these little bits in between [meals] – and customers give you chocolate as well and it's rude to say not, ain't it? Cos although it was a main post office, in the main town, you know everybody, and you imagine all the stuff we have brought in at Christmas time and not just packets of sweets, but tins of sweets, tins of biscuits, loads and loads and loads of it. Of course we knew people – and 3 or 4 of us in there were local people, so you had relations coming in, you had friends coming in, you knew people. ….. We were all a bit up and down with our weight – we did have one that used to take laxative to lose weight …… more of a phase and she wasn't a youngster as such! We did eat the wrong things!'*

During her time working for the post-office, with their children growing up, Robert suffered a stroke. Fortunately he made a good recovery although it has left him "emotional" and he now finds it more difficult to attend events such as funerals. Janice believes that Robert's stroke has made her stronger *"some would say hard, but I say*

stronger". For the past 17 years Robert has also been diabetic, now injecting four times a day.

In January 2013 Janice went for a scheduled mammogram and, after being recalled for further tests, was diagnosed with breast cancer. On the 14 Feb she had a lumpectomy following which she received radiotherapy. Whilst Janice was at the Breast Unit a cancer nurse involved in her care said 'you could do with losing a bit of weight'. "She said, have you ever heard of Weight Matters (Cornwall Healthy Weight). Would you be interested? She gave me the email address and I got in touch and they sent me an application form. When I was looking at it I said to Robert 'I don't know why you shouldn't go on this too?' So I photocopied it and sent it for him too".

Having breast cancer Janice says was the kick to get her to lose weight.

"I say, do you know what? It's the best thing that ever happened to me because if I hadn't had that I wouldn't have known anything about this (WMP), instead of losing 3 stone in weight I would probably have just carried on putting on weight. I saw my cancer nurse not long ago actually and I said do you know what, best thing that ever happened to me and she said, do you know what? You're not the only person that say that. 'Cos it does give you that kick up the backside. You've got to change your life-style. ..... I think the breast cancer nurse telling me I needed to lose some weight, coming from her I think it made me realise it more, I knew it myself but especially hearing it from a cancer nurse."

At present Janice is on statins for her cholesterol and blood pressure pills. Her doctor told her "generally speaking your cholesterol is genetic, you can help it but you can never get rid of it."

Janice's experience of the weight management programme(s)

Janice and Robert waited about a month to 6 weeks before they were able to start the course in October 2013. This didn't bother them at all and in fact they missed the first evening because Robert had been taken into hospital for tests following chest pain. Although he was released the next day he subsequently had a stent inserted into one of his blood vessels and has been told that he may need a by-pass in the future.

At the start of the course Janice's BMI was *"35 or something. So by the time I started the course ..... look at that! How disgusting is that!"*

Janice was weighed three times during the 12 weeks. *"They tell you and write it on your record card and measure your weight. In between the normal scales are there but I never used it - the majority of people weigh every week, but I think if you weigh every week then you might have put on a little bit, well I would get a bit disheartened, so I'd rather leave it for a few weeks and then you've lost 2 or 3 pounds. Cos all these people want you to do basically is lose about a pound a week, they ain't after big weight loss, their aim is to change you lifestyle, healthy eating, drinking. Cos I still go to these classes nearly every week because I'm still a volunteer with them. I'm on the other side now."*

The sessions were divided into two sections and Janice brings out a programme to show me.

Janice tells me that the first hour of each session is interesting, *"There are serious sides to it, but it's a fun thing an all, you do have a bit of a laugh with it – food labelling is good, 'cos they tell you how to read things properly, easily .....And the sugar one is good". During this session they show people what a difference slight changes in food choices will make. "Everybody say, oh my God! It's amazing, really amazing and it does make you think God have I really had all that sugar! – And you don't realise it. The changes that they make are minimal but it makes such a difference".*

The second hour of each evening is dedicated to simple circuits. Janice tells me that she and Robert helped to produce the book that is now given (free) to all participants – *"When we did it we had a slip of paper with the exercises on!"*

Talking about the circuits and exercise Janice highlights how her attitude to exercise has changed *"Once I started losing the weight, and you do feel different – I mean my sons laugh at me, because Robert was always sporty, the boys very, very sporty, me, nothing! Even at school, when I went to senior school, within the first few weeks I fell down in the hall doing country dancing and I fell flat on my face, broke my nose …I was 11 and I skived out of PE and games until the last year – I used it as an excuse – all through school I never did any sports whatsoever".* Janice tells me that Robert sticks to it – *"….. he really does try – I don't put a lot of effort in – I don't like it, I do it 'cos I know it's good for me. But I enjoy the company there, so it's social as well as exercising and I know its good for me. I don't say I hate it, because if I hated it I wouldn't do it, but Robert enjoys it a lot more, the actual exercise".* I ask Janice what drives her to do it. She says – *"having paid for it upfront!"*

For Janice it is the gradual changes that have been effective – *"every week is just something different, so you had something to think about weekly, it wasn't a block thing that you had to do all at once, so it gradually all comes together and just becomes part of life".*

Talking about one of the changes, paying attention to labelling, Janice says *"I don't read many labels now – week in week out – but if I was going to buy something different ….. 'wonder what the sugars and fats are in that?'….. and then I have a read of the labels and say 'no!', and put it back!"*

Because Janice is now a volunteer on the course she has an overview of not only the course she attended with Robert but also subsequent courses. According to Janice there are approximately 20 people at the start of each course, males and females (although more females) and about 8 people finish. *"The first week of the course – we introduce ourselves – I say, been where you are and I got so much out of the course so to me this is a bit of a payback to help. Don't think you are going to do it all in the first couple of weeks, 'cos the first couple of weeks are a bit boring, but it all fits together".* Janice tells me that the same programme is run at different locations locally, mornings, afternoons and evenings. The leaders, of whom there are 16, work in pairs, covering Cornwall. Janice tells me that Emma and David are *"highly trained in nutrition and fitness".* Janice is very complimentary about the course, particularly about Emma and David. Both she feels are well qualified and have provided exceptional support.

"There's a lady ….. lovely lady but very big ….. she's the same age as me but you would think she's 10 year older, lovely person, came to the weight matters course and started doing the circuits, she couldn't walk from one end to the other and Elizabeth the other volunteer and I we took it in turns helping her, little by little, and she does circuits twice a week now! I said to Emma one day, these courses done in other counties? ….. and she said 'yeah they are, but we are one of the leaders, other counties come to us for teaching', so Cornwall for once is one of the leaders!"

Once the 12 week session is over the organisation keep in touch with people via email or letter for 2 years and there is the opportunity to be weighed every 3, 6 and 12 months. Janice says *"After 2 years those people who won't get a letter, I'll just give them a slip of paper with the next dates of the weigh in".*

Janice says that continuing to be involved makes a lot of difference *"but having said that I think knowing that you're going back every 3 or 6 months is good. For me having the breast cancer, I really wanted to do it after that, so I think that at my time of life now I would probably have still kept at it because I really wanted it. Possibly when*

I did the Weight Watchers, Slimming World I didn't really want it so much." Her involvement with the programme led Janice to do a 12-mile Sponsored Walk in April, *"well, I would never, ever have gone on a 12 mile walk before!"*

Janice has also become involved in the family courses where the first half is talking and then the second activities for the children whilst the parents go away to talk some more about nutrition and lifestyle changes. During the course Emma and David do cooking with the children, take them to supermarkets to look at the labels and at the end they take them laser shooting. *"The one I did, a little boy lived with his granny ….. and his daddy and granny would come and the lovely thing was the dad's new girlfriend came as well".*

Janice tells me that she loved the course. "It's such a good course, it's not hard work" and she says *"quite honestly there are no 'not so great' memories – great leaders, really lovely people, being in a group of people that are all there for the same reason, no bitchiness, no one-up-man-ship type of thing, I'm better than you sort of thing. At the end having all that fat piled on me – that's a memory!"*

"With the healthy weight you know there is always support, even if I wasn't volunteering, there is always support." Janice does not have many barriers to being healthy – she says she is totally in control of her life, she does the shopping and cooking and decides what and when she eats. Her only problem is her mother-in-law who will insist on buying her sweets and chocolates. Also she finds walking past food shops and smelling freshly baking bread, etc. hard – as she says it is *"a temptation"* – and desserts *"like when you're eating out – those desserts are going to be there, but now I say no."*

Healthy for Janice now means – *"not to have any ailments and to feel well, be able to do things without getting tired and out of breath and generally just feeling good really".* She says that up until 3 years ago she rarely thought about health – *"quite honest, you're okay in yourself and you just do whatever and, yeah, I don't really think I've thought too much about health – perhaps I should have done but I haven't."* Janice's priorities now are to *"keep healthy, keep happy, watch the family grow up, watch the grandchildren grow up and be here for everybody really ….. I've got the weight off now I want to stick with it because I know I am much better for not having that weight on me I'm determined. ….. I don't really want to go back, I mean my old life was good, but I don't want to go back, I want to stay on this path – biggest thing that would change is if there is an illness and you're out of control, but whilst I'm in control ….. My BMI now is 28.6 I'm sticking with all of this because this now to me has become a way of life. I don't really think of it anymore, it's just become a way of life"*

Ethnography C - Janice - Ideal journey

Referral

On the

WHAT HAPPENED?

Diagnosed with breast cancer

In 2013 Janice was diagnosed with breast cancer. During her treatment a cancer nurse asked, *"Have you ever heard of Weight Matters (Cornwall Healthy Weight). Would you be interested? She gave me the email address and I got in touch and they sent me an application form. When I was looking at it I said to Robert 'I don't know why you shouldn't go on this too?' So I photocopied it and sent it for him too".*

12-week programme o nutritional information and discuss

First session

During the first session Janice and Robert were weighed and had a number of measurements taken, including their waist measurement. These were both recorded on a chart and handed to them on a print out. They were also photographed.

WHAT WAS GOOD

Missed the first evening

Janice and Robert missed the first evening because Robert had been taken into hospital for tests following chest pain. However the second week they were warmly welcomed.

Food labelling

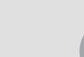
"There are serious sides to it, but it's a fun thing - you do have a bit of a laugh – food labelling is good, 'cos they tell you how to read things properly... I don't read many labels now – week in week out – but if I was going to buy something different ... I have a read of the labels and (if its full of fat and sugar) say 'no!', and put it back!"

WHAT COULD BE BETTER

Boredom

"The first couple of weeks are a bit boring, but it all fits together".

THEMES



What worked well for them | Challenge or barrier | Opportunity or idea

Social network and norms | Wellbeing and self-image | Aspiration and motivation | Control and choice | Experience of support

e programme

After

f 2 hours per session split into two parts –
ion followed by Simple Circuits and Practical Cooking.

Keeping in touch

The organisation keeps in touch with people via email or letter for 2 years and there is the opportunity to be weighed every 3, 6 and 12 months.

Became a volunteer

Janice became a volunteer, *"Continuing to be involved makes a lot of difference but having said that I think knowing that you're going back every 3 or 6 months is good. For me having the breast cancer, I really wanted to do it after that, so I think that at my time of life I would probably have still kept at it because I really wanted it."*

Changes

The changes that they ake are minimal but it akes such a difference ... every week is just something different, o you had something o think about weekly, wasn't a block thing at you had to do all at nce, so it gradually all mes together and just ecomes part of life".

Circuits

Talking about the Circuits Janice highlights how her attitude to exercise changed *"Once I started losing the weight... you do feel different –I enjoy the company there, so it's social as well as exercising and I know its good for me".*

Loved the course

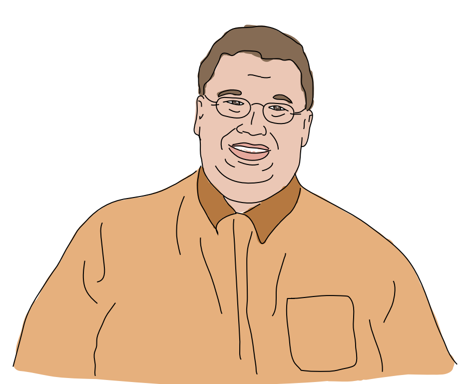
Janice loved the course. *"It's such a good course, it's not hard work... quite honestly there are no 'not so great' memories – great leaders, really lovely people, being in a group of people that are all there for the same reason, no bitchiness, no one-up-man-ship type of thing, no 'I'm better than you sort of thing'."*

Became a 'walk' leader

Janice and Robert now attend private circuit sessions twice a week run by one of the Programme's leaders and Janice has also become a 'walk' leader heading up a weekly 2 to 3 mile walk.

Ethnography D - Dean - Summary

DEAN'S STORY



TIER 3
AGED 48

Quick Facts

- Works from home
- Has tried to lose weight 4 times in the past.
- Was referred by diabetes nurse.
- Completed phase 1 (10 weeks) of a two year weight management programme and lost 5% of his body weight so far.

Dean is 48 and lives with his Dad in his 3 bedroom family home in Swinton. Dean has type 2 diabetes and high blood pressure. Having been made redundant twice in his IT career Dean is now working for himself as an online trader. He likes his new job because he has the balance that he has always wished for.

Dean has always been a quiet person. When he grew up he had a small circle of friends, but mostly kept him to himself. He has never had a very energetic and active lifestyle. He spent a lot of time on his own reading and studying as a child and today he spends a lot of time in front of the computer or the television. He is fascinated by science fiction, *"all the galaxies and the possibilities of what might happen in the future".* Dean describes himself as an *"unattached single, more of a loner"*. He has not sought out the company of a woman and can't see that changing at the moment.

Dean has had issues with his weight since he's been a child and throughout his life he has tried to lose weight many, many times. The only time when he had been successful was when he lived in a caravan in the Lakes (near Cumbria). Dean was in his late twenties and diagnosed with diabetes. This had created high levels of anxiety which Dean learnt to manage thanks to some psychological help. The threat to his health made Dean implement radical changes to his lifestyle by exercising regularly and taking in fewer calories. He lost 8 stones over a period of 2 years. However, one day over Christmas, Dean decided to take off a week from his diet and this is how his weight crept back and Dean lost his motivation.

Dean's health has recently deteriorated again and this time Dean is determined to change his lifestyle sustainably and maintain it.

Ethnography D - Dean - Core insights

Social networks and norms

Dean has completely isolated himself with his life choices. Being made redundant twice he now works for himself and from home. He has no friends and no reason to go out, other than health appointments.

Wellbeing and self-image

Since Dean has been diagnosed with diabetes he has developed an anxiety around his health. Whenever he would notice some pain or discomfort he would catastrophise the situation and go to the *"dark side"* which would make him feel very anxious and paralysed.

Aspiration and motivations

There were two key health crises which led Dean to make some substantial lifestyle changes in his life and commit to losing weight. However, his ill-health is also presented as a barrier at times to do *"healthy activities"* like walking or exercising.

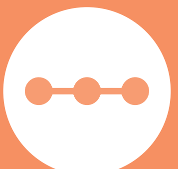
Dean's living room

"SINCE I'VE BEEN DIAGNOSED DIABETIC I HAVE BECOME VERY ANXIOUS ABOUT MY HEALTH. I HAVE STARTED TO OVERTHINK THINGS AND CATASTROPHISE EVERYTHING. I HAVE GREAT DIFFICULTY. I AM STILL DEALING WITH THAT AND EVERY NOW AND THEN WHEN I FEEL OVERWHELMED I WILL GET AN APPOINTMENT AT THE DOCTOR TO GET REASSURANCE."

Control and choice

Lack of initiative

Dean sees himself as a passive recipient of health services. He has never sought to be referred to weight management. Each time it was suggested by a health professional. Equally, Dean dislikes the lack of social connection in the weight programme, but doesn't think he could suggest the idea to the group.

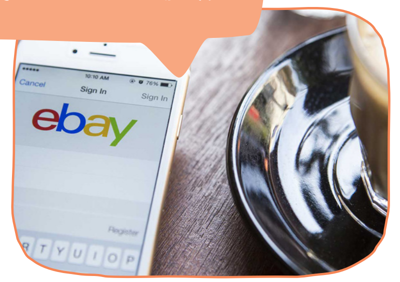


Experience of support

It is critical for the success of the WMP to be delivered in a group setting because weight, overweight and obesity are closely related to shame. And the only way to tackle shame is by seeing: 1) that you are not alone in your struggle. 2) People show empathy towards your shame triggers.

Group conversations need to focus on the people and not the information. This requires a more facilitating and exploratory approach with more time and space for conversations on the sessions. Rather than asking *"Do you have any questions?"* instructors should ask: *"How do you think you can implement these changes?"* And on the next session checking in: *"How was it to implement these changes?"*

"OH, IT'S THE SECOND TIME I'VE BEEN MADE REDUNDANT. I'M NOT GONNA DEAL WITH THAT AGAIN. SO, I DECIDED TO WORK FOR MYSELF. AND THIS IS HOW I STARTED TRADING ON EBAY."



"UNFORTUNATELY – AND THIS IS PART OF MY PROBLEM – I DON'T HAVE A GROUP OF FRIENDS WITH WHOM I CAN DO EXERCISES."

Ethnography D - Dean - Full write-up

Introduction

I meet Dean and his father Arthur in their three bedroom family home in Swinton, which is just next to a large motorway which connects the small town to Manchester. It is a quiet afternoon. Arthur sits at the table in the dining room and looks for new and comfortable shoes in a magazine. Dean prepares some tea in the kitchen. The house is clean and the garden well maintained. The creamy wallpapers patterned in circles, the old lustre hanging in the middle of the living room, the cuckoo clock that rings every 30 minutes and the 15 fox terrier miniatures strike me when I enter the living room. The smoke of the cigarettes is covered by a sweet smell coming from an automated air freshener. No windows are opened, there is no passer-by walking in front of the beautifully maintained front-garden.

Dean tells me that he has always been a quiet person. When he grew up he had a small circle of friends, but mostly kept him to himself. He spent a lot of time on his own reading and studying as a child. He has always lived with his parents. His mum, who deceased two years ago *"was a true bundle of energy. Since she has gone our house has become very quiet".*

Dean's working life

Even though Dean had no qualifications in computing he was able to make a career in IT, which is what he has always been passionate about. He just enjoys taking things apart and understanding how they work.

He started in a supporting function in the IT department of a big manufacturing company and then - encouraged by his colleagues - applied for a junior role in programming. His company invested in his training and development and enabled him to work in the field he has always wanted to work. Dean stayed loyal to the company. He worked there for 15 years and was the third best paid employee. Sadly, the company went bust which meant that Dean lost his job. Not knowing quite what to do, he bought a caravan and moved up to the Lakes (near Cumbria) in the National Park and reviewed his past few years and what he wanted to do with his life.

One day he received a phone call from his previous boss who offered him his role because he was about to retire. Dean accepted and worked for two years before he was made redundant again. This time his company was acquired by another company. This was tough for Dean. It was the second time he was made redundant. But he was determined that he would not let himself go again. And so he started to work for himself as an online trader on ebay. He sells anything he gets his hands on: from IT and office supply through to lady slippers.

"Oh, it's the second time I've been made redundant. I'm not gonna deal with that again. So, I decided to work for myself. And this is how I started trading on ebay."

Dean doesn't go out very much. When he was still working at the company he played golf with his colleagues. Later he got into bowling and even won some trophies. And when he lived in the Lakes he walked a lot. He would walk between 12-16 miles per day leaving the caravan in the early afternoon and returning in the late evening. However, today he is not doing any of these things anymore. He doesn't have anybody who could accompany him. He spends most of his time watching TV. He likes science fiction: *"all the galaxies, the possibilities of what might happen in the future and things like that".* Dean describes himself as an *"unattached single, more of a loner"*. He has not sought out the company of a woman and can't see that changing at the moment.

Daily routine

Dean and his Dad have separate and different routines even though they live together and spend most of their time together at home. Dean usually gets up at 11am and watches TV. He then spends some time on the computer and comes down every so often to have some snacks and some tea. He describes his lifestyle

as "relaxed and immobile". He only goes out if he needs to and makes sure to avoid rush hours. The two main reasons for going out are: doing some shopping, buying some take-away food and health appointments. He enjoys his new lifestyle: *"You've got the benefit to work from home. It's given me the balance that I wanted to have."*

He has breakfast around 12-1pm and has another big meal only around 10pm. In-between he just snacks. His routine comes from the times when he used to work on shifts at the manufacturing company. He would eat before and at the end of the shift, as he was often too busy with work during. Dean doesn't cook and doesn't seem to enjoy home-made cook as much as processed food, or fast food. He also likes to have a pint of cider in the evening, when he watches TV. Dean usually goes to bed around 2am.

Arthur has a different routine. He gets up very early, around 4am in the morning and likes cooking for himself. He likes vegetable soups and cabbage a lot and feels offended by Dean's dislike to his home-made food. He doesn't mind though that Dean has a different routine as *"he is free to do whatever he wants to do."* Having some mobility issues Arthur is also home-bound.

Health and weight history

Dean says, he has never had an active and energetic lifestyle and he admits that he has always struggled with his weight ever since he was a child. He never took his weight very seriously, but does also admit that his weight prevented him from making friends.

"Only since a few years I've come to a place of acceptance. I decided: I'm not gonna lose any sleep because someone else may think 'I'm not gonna be friends with him because he carries some extra goods around him, or something like that."

Dean defines health as the ability to do everything you want to do without pain or discomfort, and that your body is working correctly, or at least, not failing you. He thinks that his health is generally poor and acknowledges that this was caused by himself (through his drinking, eating the wrong kind of food, not exercising enough, and not having the willpower to maintain a healthy lifestyle on a long-term basis).

Dean was diagnosed with type 2 diabetes in his late twenties. Since then Dean has become very anxious around his ill-health fearing to die. He's seen a psychologist to help him deal with his anxieties better, so he does not always go to the *"dark side".* Even though he learnt some helpful coping mechanisms Dean has accepted that his anxieties would always be a part of his life. He still occasionally gets an appointment at his doctor to get checked, whenever he fears that he may have a serious health issue.

"I came to the realisation at the time that this was never curable and that this was going to be part of my life and to keep up with it"

His mum was also very afraid of health-related issues. She was unable to see blood, or go to the hospital. Luckily, when she fell ill herself she did not suffer too long and did not have to stay in hospital.

His ill-health and weight also currently serve Dean as an excuse not to do any physical activities fearing that his body may fail him. He explains that he can't walk because he has pain in his knees and is afraid to make it worse. He is unable to go to the gym because he can't use 90% of the equipment due to health & safety reasons. He used to enjoy cycling, but can't do this anymore because the saddle is too narrow and causes discomfort.

Dean mentions that he had some issues with alcohol. He tried to stop drinking a few times as he knew it was bad for his health and weight. But, he could not let go of it because it made him feel less anxious.

"You can argue whether I'm an alcoholic or not. In the evening I would watch telly and have a cider. Very rarely I would do it to get drunk. When I was

at home I did it because I liked the taste. But, of course, it was a lot of empty calories that went in my body every day. I was taking in 2.500 calories just through alcohol."

Experience of the weight management programme(s)

Content with his lifestyle otherwise Dean's highest priority is to lose weight. He was able to lose weight in a sustainable way once and knows he can do it. *"My ideal weight is probably a couple of stones higher than the government's ideal weight and size. Getting to 17 or 18 stones would be my ideal weight."*

Dean has been on three weight management programmes before attempting a fourth shot in 2016. But, he had also tried to lose weight by himself.

Surprisingly, the only time Dean successfully lost weight was when he tried to lose weight by himself. He was diagnosed with diabetes and terrified by this news, he decided that he needed to change his life. He lived in the Lakes at the time and was terrified of the thought to die. He decided to take in no more than 600 calories per day and to walk. He would walk between 12 to 16 miles per day. He lost 8 stones in two years and came down to 17-18 stones. He really enjoyed being in the Lakes. He loved the beautiful landscape and being out and about. However, over Christmas one day he allowed himself to take a week off from his 'lifestyle'. That week turned into two weeks, and the two weeks turned into a month and within no time the weight had crept back again. Dean deeply regrets the day he decided to take off from his diet. He was so disappointed of his failure that he sold his caravan in the Lakes. He had lost his motivation to continue doing the things that helped him to reduce his weight. He didn't believe he could achieve a healthy weight with his own willpower.

So, he sought some help from professionals. His first experience with a weight management regime was a lipotrim diet, which is a liquid-based nutrient that people take in instead of food. He bought sachets of the nutrient which cost £30 per week. There were three types of flavour: banana, strawberry and chocolate, which tasted horribly. Even though Dean wasn't enthused by the idea of taking in only liquids, he gave it a go - not just once, but twice. Each time, he fell really ill and was broken. Eventually, the doctor at the hospital qualified him as unsuitable for this type of regime.

In his late thirties Dean was referred to a weight management programme a third time. This time, he saw a dietician and a psychologist at the hospital who tried to understand his eating patterns and motivations. *"They tried to get into me"*

Dean found the support from the psychologist, who he saw 7 or 8 times on a monthly basis, very helpful as he learnt techniques to cope with his anxieties rather than trying to remove them. He is still using these techniques today.

"The psychologist helped me to manage my anxiety better. So, I am not going to the worst case scenario, but am able to divert my mind."

He feels disappointed that he was unable to implement some fundamental changes that the dietician recommended, namely to eat three meals instead of two meals per day. The theory is that his metabolism slows down when Dean has only two meals. So, he needs to have three meals. However, when he would have three meals, Dean would feel constantly hungry. So, it is a balancing act between eating three meals with a faster metabolism, but also feeling constantly hungry. At the end of this regime Deans's doctor concluded that the only option he saw for him was to put on a band. Dean, however, superstitiously anxious of surgeries, could not imagine getting an operations. He was too afraid of possible infections and dying as a result of the operation.

Referral

At his 6-monthly health check Dean's blood sugar level is assessed as too high. The diabetic nurse suggests to change his medication and to give him insulin. This terrifies Dean! He sees his health at

threat and decides to go on a weight management programme after consulting with his diabetic nurse. If he's able to manage his sugar intake himself he may not need to change his medication. Only a month later Dean is already on his first session of his weight management programme.

During

Dean is attending a two-year weight management programme and has completed the first phase which constituted 12 weekly group sessions. He achieved to lose 5% of his body weight which was set out as an outcome by the weight management programme.

In the first session Dean met a lifestyle coach who took some measurements and who asked about Dean's past weight history. He was also asked to do various types of physical activities to assess what he was able to do. These measurements constituted a baseline against which Dean's progress will be assessed. Dean was also offered some psychological support around his anxieties.

Each session lasts an hour and covered nutritional information and physical activities. Participants define three goals around their physical habits, their food habits and their attitudes at the beginning of the session and do some homework around the things they learn in the session - like reducing their portion sizes, eliminating or cutting sugar and practicing some of the physical activities that they had learnt in the class. Participants were encouraged to keep a diary where they noted their physical activities, food intake and how they felt throughout the week. At the beginning of every session the instructor checked their diaries and weighed the participants individually to see what progress they had made during the past week.

Dean valued the diversity of topics and perspectives in the programme. Dean thinks that the weight management programme is a "decent thing to do - They break the things down (nutrition and physical activities) and the topics change every time, the physical activities change every time and that is helpful. The diversity of issues and exercises made it worth for Dean to go to the class and engage with the content.

Dean was, however, most impressed by the testimonials that an ex-service user made during Dean's first session. He valued to hear about the experience of an ex-service user and to see the end result as it enabled him to project himself in 12 months time and see himself being slimmer. He also valued the diversity of views that were presented as it is one thing to learn some guidelines from the instructor, but another to hear from someone who has been through the same programme. He explained that he had lost quite a bit of weight and how it had improved his life. The ex-service user attended other sessions during the programme to share his insights and offer opportunities for the participants to ask questions. *"It was inspiring! You could see the end of the tunnel".*

While Dean appreciated the fact that group sessions were more efficient Dean thinks they did not exploit the full potential of the group setting because the sessions were set up as predominantly informational sessions.

"There was no conversation about what this information meant to people and what their current barriers are to implementing these things in their daily lives.. Instead of 'Do you have any questions?' it would be more helpful to ask 'how do you think you can implement these changes?' And on the next session checking in: 'how was it to implement these ideas?'"

Dean thinks this would have opened up a very different conversation in the room which certainly would have been more difficult for every participant on a personal level, but probably more helpful as it is not necessarily the knowledge that people lack, but the ability to sustainably implement some changes.

Dean did not make any friends on the course and regrets this missed opportunity. He acknowledges that this is partly due to his lack of confidence,

but he also thinks that the course should design social relationships. Particularly the ongoing enrolment process meant that the group changed with every session. He found it difficult to feel connected *"when there are always new people in the class. People were pooled from very different places within a radius of 10 miles and this created another barrier to develop relationships between participants. There was no encouragement to meet people outside of the session and do some activities together."* Dean missed the social aspect and wished there was *"a buddy system, where we could swap stories, recipes and do exercise together. It requires a lot of will power to exercise on your own. But, if you had to commit to someone else and meet up you would do it."*

Dean notes that everybody who has been on the programme with him has achieved their weight goals. He explains his success down to three things: The urgency to act to improve his health condition, his determination to change things for good and not give up, and the programme providing him a framework of support and the required momentum to keep on going.

"The programme came along at the right time. I didn't learn anything new on the WMP, but it reinforced the things that I knew I needed to change at the right time when I was ready to make these changes."

He lost a lot of weight at the start of the programme because he had stopped drinking alcohol. He also reduced his portion sizes and has come much closer to eating three meals per day. However, since the middle of the programme his weight has not changed much and Dean wonders why as he has made some significant changes to his lifestyle. He expected his weight to reduce at a much faster pace and feels let down by his body. He wonders whether this is due to his ill-health and draws fatalistic scenarios about his inability to achieve a healthy weight.

Dean's future plans

Dean has still some concerns from a health perspective. He has a lot of pain and is suffering from low red-blood cells. He is due to see a doctor soon who he hopes can reassure him. This will free his mind again and enable him to focus on his diet and exercises. He is keen to improve his diet by eating three meals per day on a daily basis and avoiding to eat at 10pm. He also intends to walk again, maybe with a buddy from the weight management programme - who knows?

Ethnography D - Dean - Ideal journey

Referral

On the

WHAT HAPPENED?

Health crisis

Dean is referred to a weight management programme by a diabetes nurse after his blood sugar went through the roof. After a month Dean was enrolled on the weight management programme.

Dean attended phase 1 of a potentially two-year weight managem programme which took place on a bi-weekly basis in a grou

First session

The initial consultation was delivered by a lifestyle coach who took Dean's measurements and discussed his dietary and weight history. Dean then saw a doctor who conducted a medical check.

2nd session

The next session was again a 1:1 session with the Life Coach who explained what the weight management prorgamme is about and answer any questions Dean had. Dean was informed that he could get another 1:1 session if he felt anxious.

WHAT WAS GOOD

Choice

The WMP is delivered at a convenient location that is easily accessible. There is one offered in the morning and one at night. Participants can choose the time that works best for them.

Efficiency

The meetings are very efficient. The group discuss some nutritional aspects (like portion size & meal choices). Then they do some low-impact physical activities.

Seeing the light at the end of the tunnel is helpful

A former weight management participant attended the first group session to share his experience and offer an opportunity for new participants to ask some questions about his experience - which Dean found very helpful. While the trainer gives one perspective about the programme it was helpful to get another perspective from the user because he has been through it, and Dean could see the positive end result.

Learning from other people

The good thing abou the group session is that Dean was able t learn from other peop what changes they were making and wha worked for them.

WHAT COULD BE BETTER?

Socialising outside of the WMP

There was no encouragement to meet people outside of the session and do some activities together. Dean wished the WMP could have enabled him to make some friends.

Buddy system

Dean wished there was a buddy system where you can swap stories, recipes and exercise together. It requires a lot of will power to exercise on his own. But, if Dean had to commit to someone else and meet up he would do it.

What worked well for them

Challenge or barrier

Opportunity or idea

Social network and norms

Wellbeing and self-image

Aspiration and motivation

Control and choice

Experience of support

e programme

After

ent programme. Phase 1 is constituted by a 10 week-
p setting. Each session goes for up to 2 hours.

End of phase 1
2 weeks after the end of the first phase there was a group review session in which the group looked back and assessed how things have changed for them. They also did some measurements to understand their physical changes in comparison to when they started.

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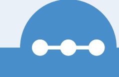
Goals
Dean found it helpful to set goals for himself. It enabled him to work towards something. It is also helpful to look back to his achievements and see what progress he had made.



Breaking goals down
The WMP helped Dean to break goals down into specific nutritional and physical goals. This helped him to keep the momentum.

The WMP covers a wide range of topics
The topics change every time, the physical activities change every time and that is helpful.

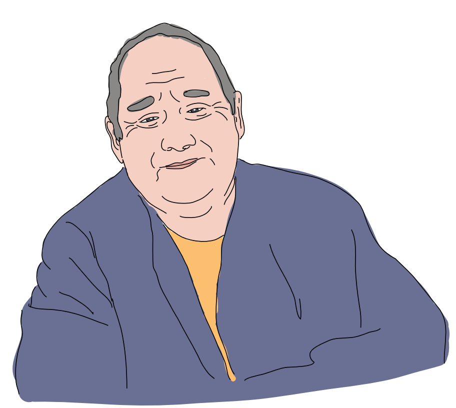
Too much information
The course felt like being in school again where the Life Coach was the "teacher." There was no conversation about what the nutritional information meant to people and what their current barriers are to implementing changes in their daily lives.

Sharing & Learning
Dean wished the session was more about sharing and learning. Rather than asking *"Do you have any questions?"* it would be more helpful to ask: *"How do you think you can implement these changes?* And on the next session checking in: *"How was it to implement these ideas?"*

Radical changes
Dean feels he made some radical changes in his life and feels disappointed that he has not lost more weight than he actually did.

Ethnography E - Jack - Summary

JACK'S STORY



TIER 3

AGED 68

Quick Facts

- Retired navy officer
- Has tried to lose weight twice in the past.
- Was referred by his GP after a stroke.
- Has attended 4 weeks of a twelve months programme and lost 5% of his body weight so far.

Jack is 68 years and lives in Salford with his wife. A grandfather of 4 children he is passionate about his family. He was trained as a member of the Royal Navy and served until he was 40 years old. He left the army because he wanted to settle down and spend more time with his family. He worked as a police officer for 11 years and then as a building manager until he was 65. He is now retired and passionate about volunteering and representing the voice of poor people.

Jack had a stroke only 8 weeks ago. It was quite a shock for him and his family when it happened. But he now feels OK. Jack has been gaining weight since he was 14 years old. He thinks this is due to his family history and their genes as his father and grandfather also used to be big and strong men. It was only when he left the army that he reviewed his lifestyle and decided to do something about his weight. Urged by his wife who was concerned about his health he saw a doctor and asked for help. He went through various weight management regimes including a liquid-based diet, taking tablets that are supposed to absorb fats in his food, seeing a dietician and attending more comprehensive weight management programmes. In the past he regained weight after completing his diet programmes and Jack is worried that this may happen again.

Ethnography E - Jack - Core insights

Social networks and norms

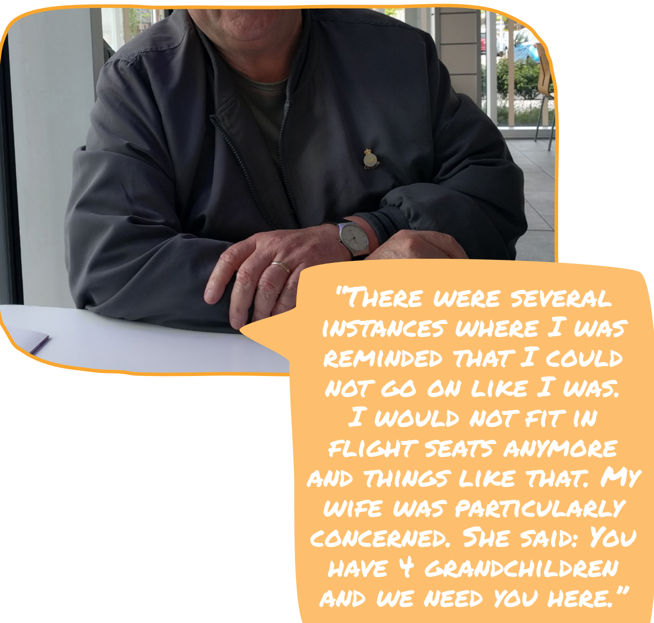
- Jack's wife urged and convinced him to see a doctor and talk about his weight issue and to seek help as she was concerned about his health.
- Jack enjoys travelling a lot. Having gained too much weight he has been unable to fit in a normal seat on a plane. This was a key low moment that he remembers very vividly and to which he does not want to go

Wellbeing and self-image

- Jack is conscious about his weight in public spaces, covering and hiding his body by constantly adjusting his clothes.
- Jack believes that the reason why he is overweight is due to his family history and his genes.

Control and choice

- Jack has full control over what he eats. Using his diet diary he plans his week with his wife and they do the shopping accordingly.
- Jack has been proactive in seeking help from his doctor to talk about managing better his weight.



"There were several instances where I was reminded that I could not go on like I was. I would not fit in flight seats anymore and things like that. My wife was particularly concerned. She said: You have 4 grandchildren and we need you here."

"On my night shifts I would take a package of digestive biscuits to manage my weight"

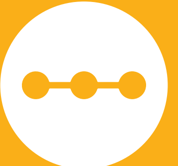
"When you do shift-work your day is upside down. You can't have normal meals because you don't have the time. And so you snack which is unhelpful for your weight."

Aspiration and motivations

- Jack is passionate about representing the voice of the poor. Having grown up in poverty he knows how hard it is to express your needs. And he wants to make sure that health services in particular respond better to their needs.
- Jack's key motivation for going on a weight management programme is the realisation that if he continues with his current lifestyle he may die earlier rather than later. But, he wants to be there for his grandchildren who he loves so dearly.

"The doctors say: You're putting on weight. But they don't say, we need to sit down and talk about your weight and what we can do about it."

Jack showed us his food diary. He finds them very helpful to manage his diet.



Experience of support

- Only 4 weeks into the programme Jack has already lost 5% of his body weight. He uses his diet diary, the recipe books and other tools diligently and finds them very helpful in managing his diet and exercises.
- Jack deplores that he is one of the few men in the weight management programme sessions. He would like to be referred to the Well Man Clinic because he does not feel he shares a lot with the women in the group.

"The culture in the Navy was: You eat it and beat it. You need to take in a lot of calories because you need to be strong to fight."

Ethnography E - Jack - Full write-up

Introduction

Jack is 68 years old, happily married for 40 years and has 2 children, 4 grandchildren and 3 stepchildren. He is passionate about his family and tells me about his 6-year-old grandson who already understands tangents and the concept of the equator. He can see his younger self in his grandson who he describes as very bright and inquisitive. He is very proud of his children and grandchildren and talks about them with warmth and joy.

I meet Jack in a small cafe in Salford because his grandchildren are at home and would not let him alone. And this research is important. He wants to share his opinion and views about health services and weight management services, in particular. A former soldier, Jack appears confident and quite sprightly and chatty. Having grown up in a poor family with 6 children he was unable to go to grammar school or further education. But because he was quite bright at school, his teacher suggested Jack to join the forces so he could continue his education and satisfy his thirst for knowledge. He trained for 2 years in the Royal Navy and was sent to his first combat in Singapore when he was only 16 years old. He found that time incredibly exciting and enjoyed particularly travelling around the world. The downside of this profession was that he was unable to spend as much time with his wife and children as he would like to. Eventually, in his 40s, Jack decided to leave the army and settle down with his family.

The son of a prisoner of war Jack takes strong pride in serving his country and citizens. So, it felt natural to work as a police officer after he left the Navy. He worked there for 11 years. He resigned under pressure of his family who was worried about Jack's health and safety as he had received a blow from someone who he was chasing one day. Jack's lifestyle was governed by the needs of his turbulent professional choices. His diet and health were only important insofar as they enabled him to serve his duty to his country. He followed the slogan: *"You eat it and beat it. You need to take a lot of calories because you need to be strong to fight."*

Ever since his resignation from the police, Jack has been managing buildings for the university. He was promoted to be a senior contract manager, when he was 60. He was very successful and his boss wanted him to continue for another three years when he decided at the age of 65 to retire. But, Jack had enough from the pressure: *"It was coming home and sleeping with your mobile phone in case there were any incidents at night. I just didn't want that anymore."*

Alongside his day-jobs Jack also volunteered actively in his community. Interestingly, most of his volunteering activity was health-related. He was a PPI (personal and public involvement) representative and chaired public and patients' forums in Manchester. He is the board member of a large social housing association and a trustee of the Salford sea cadet. Jack does not waste any minute: *"I'm frightened, fearful of sitting on a chair with nothing to do."* He explains his motivation for volunteering in the following way: *"When you were brought up as I was you understand problems of disadvantaged people better."* Social inclusion and accessibility are themes that are very close to Jack's heart and he assesses the value of public services through this lense. He also acknowledges that his inquisitive and challenging attitude are not always welcome by health professionals. But, he is convinced that someone needs to raise his voice to represent the needs of the poor.

Health and weight history

Jack has had problems with his weight since he was 14 years old. It was his teacher who noticed for the first time that he was putting weight on. He explains his weight through external factors. His ancestors appeared to be *"big blokes who fought in the streets and lived from bread and potato".* He believes that this weight issue runs through his family history and that he just happens to have the *"wrong genes".* Jack's children confirm his theory. While nobody else in the family seems to have weight issues his youngest son, who is an amateur chef, has a tendency to put on weight. This is

because he takes after Jack. His other son *"is thin as a rake"* because he takes after his wife's family which is very slim.

Food symbolises wealth and family unity

Jack really enjoys food. Hi speaks about food with a lot of joy and love. His favourite meal are his son's sheek kebabs which are "just to die for". He uses the word "beautiful" when he speaks about walnut and honey-laden baklava from a bakery of his friend in Northern Cyprus, the delicately prepared snacks and sandwiches at the university, his son's marinated chicken, or yet his wife's vegetarian sausages. It is safe to say that Jack does not see food as a necessity, but takes enjoyment in consuming it.

But food also symbolises of wealth and family unity. Jack likes to treat his grandchildren and cherishes particularly the moments where the whole family sit at the table. As the provider of his extended family he enjoys feeding and caring for his children and grandchildren. On school holidays Jack's 2 grandchildren come and stay with him. At granddad's house they are allowed to have sweets. This is what granddads are there for. However, Jack also ensures that his grandchildren have a balanced diet. So, even if the children may get some hot dogs Jack will use vegetarian sausages instead. Jack eats a lot of vegetarian food because of his wife's vegan diet. He particularly praises his wife's vegetarian soups which *"are just to die for".*

Navy culture, shame and obesity

Too occupied with his turbulent and exciting professions Jack only focused on this increasingly worrisome issue once he had left the Royal Navy. *"There were several instances where I was reminded that I could not go on like he was. I would not fit in flight seats anymore and things like that".* But, as a man Jack felt you had to be strong and also big. It was only when his wife's concerns were voiced louder. She was worried that he could die if he continues to put on weight. She invoked: *"You have 4 grandchildren and we need you here"*. Jack acknowledged his responsibilities as the head of the family: *"I need to be here longer because I'm the provider. I have responsibilities."*

Doctors don't say *"You're putting on weight and we need to do something about it."*

Jack expresses some frustration about his doctor's passivity in relation to his weight issues: *"The doctors say: You're putting on weight. But they don't say, we need to sit down and talk about your weight and what we can do about it. Every time I wanted to do something about my weight, I had to ask for it. The doctor would not suggest it".* This is particularly important because Jack points out the difficulties he has around asking for help which are closely related to his education in the Royal Navy. He tells me how only 8 weeks ago he went to the hospital himself when he realised that he had a stroke. He did not call the ambulance, nor his children because of his pride. *"A serviceman does not ask for help. It's because of the shame."* Jack is highly conscious of the detriments of this way of thinking, but he can't let go of it. Jack thinks that weight management programmes should be recruiting men where they are, namely in pubs. They should give people some information about the risks of obesity and whether they would like to attend a free session. Jack is convinced that more men would attend weight management programmes.

Jack recognises his shame around his weight. He adjusts his jacket on several occasions to cover his body and he points out that newspapers and magazines blame the individuals. He feels stigmatised by the society who points the finger at him and tells him to 'eat less'. There are various complex reasons why people become obese. Pointing the finger at the individual only increases the fear to ask for help, or do something about it.

You can stop smoking, but you can't stop eating

Jack shares with me how he successfully stopped smoking from one day to the other. He points out that he has willpower. But, the issue with food is that one needs to eat to survive. "You can stop smoking, but you can't stop eating". He also thinks

that our society accepts overweight much more than smoking. *"We know that smoking is bad for you. But, a bit of overweight doesn't kill anyone."* And this is why we need professional interventions to catch people.

Jack's previous attempts at losing weight

Jack tried to lose weight himself, but also attended various weight programmes which had all a limited success. His first experience (in his early forties) entailed a sachet-based diet which is a liquid-based diet that replaces normal meals. Jack found this diet very expensive paying £30 per week for the *"awfully tasting"* sachets. He lost 8-9 stones in only 3 months. But, there was no follow-up, nowhere to call or to go. *"Although I had lost a lot of weight, that just piled up again once I had stopped this diet."*

Roughly 10 years ago Jack tried another diet which entailed taking prescribed tablets (which were called Xenical) and that would absorb any fats in his nutrition. Jack took these tablets for a month. But, very early he realised that they *"were no good for him".* He had the *"worst diarrhoea he had ever seen".* He was very embarrassed by his constant defecation and was worried that his colleagues would find out. These tablets made him ill and he needed to stop that - even though he had lost some weight.

Jack also tried various diets himself. But, none of these were compatible with his irregular working hours and lifestyle. He was unable to follow such strict diets like the Atkinson diet. His least helpful experience though was when he saw a dietician. The programme focussed only *"on nutrition and all the things that you are not allowed to eat. It really wasn't well thought through. There was no exercises, no nothing."* Jack also was outraged by how he was treated by the dietician: *"Everything is bad for you! When I told the dietician that I had 3 weetabix, her answer was: 'Well, you should only have one.' To say that to a man is crazy! You don't go back to that one. They talk to you as if you were a child."*

Jack was referred to this new weight management programme by his doctor, who, he points out, is a younger doctor. He feels a better connection with his current doctor because he involves Jack in his medical and health decisions from the outset. They decided together that it was a good idea for Jack to try this weight management programme. And Jack's journey so far has been very promising.

Their experience of the weight management programme(s)

Jack has been on the weight management programme for 4 weeks so far. The programme lasts for 12 months where participants meet on a fortnightly basis for the first 6 months and then only once per month for the last 6 months. Jack has lost 10 kilogrammes weeks exceeded his target of losing 5% of his bodyweight.

Referral

Over a period of time Jack realised that he was gaining more weight. He had been to doctors many times because he had blood pressure problems. At a recent visit - just a few weeks before his stroke - his doctor suggested to go this weight management programme and gave Jack a referral. Jack was pleased for his doctor to suggest this programme because he finds it hard to ask for help.

During

In the first session Jack met a lifestyle coach who took some measurements and who asked him questions about his weight history. He was also asked to do various types of physical activities to assess what he was able to do. On the same day Jack saw their doctor and also spoke to a psychologist. They assessed whether he was suitable for their programme. Jack doesn't understand what the criteria were, but he was assessed suitable.

Each group session lasts an hour and covers nutritional information and physical activities. Participants define three goals around their physical habits, their food habits and their attitudes at the beginning of the session and do some homework around the things they learn in the session - like reducing their portion sizes, eliminating or cutting sugar and practicing some of the physical activities that they had learnt in the class. Participants are encouraged to keep a diary where they noted their physical activities, food intake and how they felt throughout the week. At the beginning of every session the instructor checks their diaries and weighs the participants individually to see what progress they had made during the past week.

Gender bias

Jack points out that only 3 men in a group of 10 participated in the weight management programme. Except for one young male participant all the others were retired. Jack notices that the motivation is different between women and men. Women want to go to a weight management programme and get help at losing weight, while men don't. Being big is desirable for men as it represents strength. Men may laugh with others about someone's beer belly, but not consider this as a health issue. It's acceptable. And he observed this attitude also among the other two men that attended the programme.

Hidden costs of the weight management programme

The weight management programme is for free. However, there are products like recipe books, nutritional information flashcards which can only be purchased. While the products are not very expensive, Jack still thinks that these products should be for free for all participants as some people may not be able to afford them. He acknowledges that these products are very helpful and thinks that they should be offered for free to all participants.

Low levels of engagement

Jack feels that the level of engagement in the course is low. He explains that most people don't speak in the workshops because they are too shy. And he thinks that these issues should be dealt with on a one-to-one basis because this issue is very sensitive and complex. He observed that many people did not seem to get the message that the instructors were sharing with them. Life Coaches, he deplores, just read from a script. The examples they give are not relatable for the majority of the participants who often live on benefits and don't know about couscous and other exotic types of food. As a result, some people were still going to the pub and having beer on a daily basis, and others had misguided ideas about *"healthy food"* despite the nutritional information they were given at the weight management programme. Others felt too ashamed to say that they were not able to do some of the physical exercises that the instructors suggested. Jack is convinced that these issues could be better dealt with if the programme was delivered in a one-to-one session.

Changes in Jack's life

Nonetheless, for Jack the structure of the programme works. He is follows these 3 key messages:

- Look at the labels!
- Have less of if!
- Eat regularly!

And it works for him. But, he also acknowledges the tremendous support he gets from his wife. Using the food diary Jack and his wife plan together his weekly menu and buy and prepare food accordingly. He explains that they buy healthier and lighter food and that he eats more vegetables. His diet is thus strictly monitored by himself and his wife.

Daily routine

Jack usually gets up at 7 am and has two cups of tea with skimmed milk while he checks his e-mails. Between 8 and 8:40 Jack has breakfast with his wife. He usually has 2 weetabix with skimmed milk and sometimes some sweetener. Around 10 am he has black decaf coffee.

Walking more

Depending on whether his children are around, whether he goes to the court or the university he may be out and about, or just at home. When he travels Jack makes a point at taking the bus and stopping two stations prior to his destination so he can walk. For lunch Jack usually has a salad sandwich with chicken and cheese. He has some fruit for dessert. He usually comes home in the afternoon and rests a bit. Since he's had a stroke Jack feels much more tired. He can't do any gardening anymore because of his fatigue.

Smaller plates for smaller portion sizes

In the evening he will have whatever his wife cooks, from stir-fried food through to vegetarian soups. As part of his endeavour to lose weight Jack is eating from smaller plates which enable him to reduce his portion sizes.

After dinner, Jack usually reads. He likes to read about military history and takes his e-reader anywhere he goes. Sometimes he has some nuts and an apple when he still feels hungry after dinner.

Jack admits that leading such a strict diet is not always easy, but that it's about finding a balance: *"Sometimes the devil in me just says: I may have this Danish pastry. But, then I feel guilty. And so, the day after I won't have any bread. So, I find a balance"*

Future

Jack has lost more than 5% of his bodyweight within 4 weeks and is on a good track to continue to lose weight. He is conscious of the strict nature of his diet and hopes he will be able to sustain this in the long term.

Ethnography E - Jack - Ideal journey

Referral

On the

WHAT HAPPENED?

Referred by GP

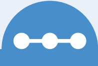
Jack has been referred to the weight management programme by his doctor. Jack asked to be referred as he is committed to losing weight and acknowledging that he needs help with that.

Lasts up to 12 months, he has started the first phase of the p
He has been on four 2-ho

First session

The first session was a one-to-one session with a Life Coach where Jack was weighed and he responded to some lifestyle questions. Then he underwent some medical checks and discussed with the Life Coach what the WMP would be about.

WHAT WAS GOOD



Format of the course

Jack thinks that the format of the course works well. They first cover nutritional elements of their lifestyle and what they could do differently. He has reduced his portion sizes significantly and is also eating more vegetables now.

Useful tool

Jack uses the to
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very helpful to ma
his diet. Even tho
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adjusts his menu
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WHAT COULD BE BETTER?

No support by doctors

Jack is frustrated that doctors don't do more to promote weight management programmes. He has had problems with his weight since he was 14 and his doctor had never suggested doing something about it.

Recruitment in pubs

Jack thinks that WMP should be recruiting male participants in pubs. This is where most men hang out. They could do a health screening to assess people's health and leave some leaflets with more information if they need it.

Information vs. understanding barriers

Jack thinks that there is too much focus on imparting information versus understanding the barriers that prevent people from leading healthy lifestyles. His recent stroke makes it also difficult to follow all that information as he can feel fatigued easily.

Cooking sessions

Jack would find practical cooking sessions very helpful, as he doesn't know how to cook healthy and simple meals. These meals also need to involve cheap ingredients so that everyone, independent of their income can make these at home.

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What worked well for them

Challenge or barrier

Opportunity or idea

Social network and norms

Wellbeing and self-image

Aspiration and motivation

Control and choice

Experience of support

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After

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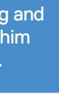
Lost 5% of his body weight

Jack has attended 4 sessions and is happy about his progress. He has lost 5% of his body weight and feels motivated to lose even more over the coming months.



to-one session

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programme.

Gender

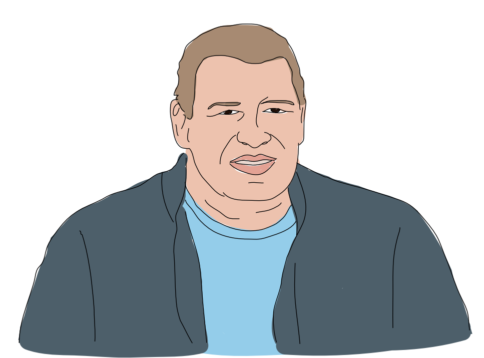
Jack is not happy about the composition of the group as he is only one of three men in a group of 10. He can't relate to the other participants issues and would prefer a male-only session. He asked his doctor whether he could be referred to a Well Man Clinic.

People in need

Jack thinks that the WMP is not accessible for people of low-income as their travel expenses are not covered by the programme. And he thinks that those people are the most in need of this support.

Ethnography F - Dave - Summary

DAVE'S STORY



TIER 3
AGED 41

Quick Facts

- Works in a warehouse.
- Has tried commercial programmes 3 times in the past.
- Was referred after an emergency due to obstructive sleep apnoea .
- Is a month away from completing a two year tier 3 programme, and has enrolled in a tier 2 programme.
- Started with a BMI of 50, and is now at 30.

Dave is 41 and lives with his mum in a small village outside Wigan, in Greater Manchester. He works in a warehouse. He comes across as a really positive person. He is a rollercoaster enthusiast and sits on the organising committee of a club that takes trips to amusement parks.

Dave's weight issues started when he was 18. He had a bad reaction to penicillin and was given steroids. He also got his full-time job, got a car, and got into a routine of *"3 pints and a kebab"* after work. Until then, he had been quite active, playing rugby and doing newspaper runs on his bike. Two years ago, Dave weighed 23 stones and had a BMI of 50. After a major health scare sent him to intensive care, Dave decided it was time to get healthy. His own father had passed away at 49 because of illnesses related to his weight, so Dave is determined to live longer. *"I had to live past 49, that was my major milestone. And now everyone is like 'oh you should do quite well on that front. Obviously you don't know what could happen tomorrow, but I'm improving my health month by month. It's getting there now. I'm pretty confident I'm not going to fall off the wagon."*

He has now rebuilt his routine around getting healthy and has managed to bring his BMI down to 30. His objective is 25. He regularly goes to the gym, cycles everywhere, and his friends have baptised him the *"food police."* For Dave, the next step would be to find *"the right lady."* He feels more confident and has signed up to internet dating. He is passionate about sharing the story of his own transformation and is looking for opportunities to help other people who struggle with their weight; a lot of the people in his social circle do.

Ethnography F - Dave - Core insights

Social networks and norms

Most people in Dave's circle are overweight. His sister has signed up to Slimming World and they regularly go jogging together. His mum, who is about to retire, is looking to lose weight too.

Obesity seems to be a common issue in the area. *"I walk in the area and I see so many people who are like I was."* Dave reckons it's because it's a deprived part of the country, where people are forced to take on low-paid jobs and struggle with their self-esteem, so don't take care of themselves.

Most of his rollercoaster friends are also overweight. *"I've done something about it. They will understand when it's their time to do the same."*

Wellbeing and self-image

Dave refers to his old self as depressed, and mentioned instances of bullying from one of the members of the rollercoaster club, as well as at work.

He now feels happier and much more confident. He is almost entirely focused on improving his health and his body image.

Dave is much keener to speak about his journey over the last 2 years than about his life before that. He sees his story as potentially inspirational for others, and is considering sharing it on Facebook. He is also planning a 200 miles bike ride for his next rollercoaster trip. He wants to use it to tell his story, and has already thought about a newspaper headline - *"The rollercoaster that saved my life."*

Dave is passionate about rollercoasters.

"Two and a half years ago, I went to Sweden to see the opening of this new rollercoaster and I could barely fit on the rollercoaster.... And I said, come on, you've got to seriously do something about this. It's having a bad impact on your life already, but you love rollercoasters, all your friends love rollercoasters, and can you see life without riding?"

Dave got a bicycle 18 months ago. He has since taken part in a 60 miles bike ride from Manchester to Blackpool.

"I cycled it around the street, and I was like Oh my God, I can barely cycle! It was like watching kids cycling, but obviously, a 23 stone kid with a BMI of 50."

Dave uses a range of motivational techniques. He has kept an old suit, to remind himself of the bad times.

Aspiration and motivations

Dave talks about **his father's premature death** as something that has contributed to his depression and overeating, as well as something that made him aware of the health impacts of obesity. Through the last 2 years, Dave has set and reached a number of milestones: bike rides, weekly gym sessions, a BMI of 30… He also kept old pictures and items of clothing to remind himself of how far he has come.

External validation is important to Dave. His family, his friends and colleagues regularly congratulate him on his progress, and the weight management programme have used his story as a case study, confirming his achievement.

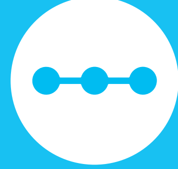
Control and choice

Because he is single, Dave has a lot of control over his **routine.** He has slowly designed his life around losing weight and being healthy, and physical exercise especially plays a big role in that. His friends now nickname him *"the food police"*, even though he tries not to preach to them too much.

He is now focused on finding a partner, but because of negative past experiences, he worries a relationship might be detrimental to his routine. He hopes to find someone who is as keen on being healthy as he is.

Dave monitors his weight loss quite closely. He weighs himself at the gym, and has a measuring tape in his wardrobe to measure his waist.

He also uses the sleep apnoea machine to see whether his sleep has improved.



Experience of support

Even though Dave has been obese most of his adult life, he was only referred to the weight management service after a sleep apnoea crisis that could have cost him his life.

Dave has tried to lose weight in the past. He tried Weight Watchers 3 times in the past. Each time, he was the only man, and he felt it didn't work for him. He did lose some weight, but put it back on afterwards.

He feels that the weight management service he is now on has worked for him, because it focuses on long-term lifestyle changes, rather than rapid weight loss. He feels quite emotional looking back at how much it has transformed his life.

Dave was given a sleep apnoea machine to regulate his breathing at night.

He received a letter from the sleep apnoea clinic congratulating him on his extraordinary achievement.

Ethnography F - Dave - Full write-up

Introduction

Dave is 41 and lives with his mum in a small village outside Wigan, in Greater Manchester. He works in a warehouse. He comes across as a really positive person. He is a rollercoaster enthusiast, and sits on the organising committee of a club that take trips to amusement parks.

Dave's weight issues started when he was 18. He had a bad reaction to penicillin and was put given steroids. He also got his full-time job, got a car, and got into a routine of *"3 pints and a kebab"* after work. Until then, he had been quite active, playing rugby and doing newspaper runs on his bike. Two years ago, Dave weighed 23 stones and had a BMI of 50. After a major health scare sent him to intensive care, Dave decided it was time to get healthy. His own father had passed away at 49 because of illnesses related to his weight, so Dave is determined to live longer. *"I had to live past 49, that was my major milestone. And now everyone is like 'oh you should do quite well on that front. Obviously you don't know what could happen tomorrow, but I'm improving my health month by month. It's getting there now. I'm pretty confident I'm not going to fall off the wagon."*

He has now rebuilt his routine around getting healthy and has managed to bring his BMI down to 30. His objective is 25. He regularly goes to the gym, cycles everywhere, and his friends have baptised him the *"food police."* For Dave, the next step would be to find *"the right lady."* He feels more confident, and has signed up to internet dating. He is passionate about sharing the story of his own transformation, and is looking for opportunities to help other people who struggle with their weight; a lot of the people in his social circle do.

Daily routine

Dave loves talking about how he has designed his routine. He goes into a lot of details, describing how he has progressively rebuilt his life around exercise. He bought a gym membership, which costs him around £40 a month, and sees it as an investment, a commitment to himself. At the moment, he goes to the gym 2 to 3 times a week before or after work. He also goes on Friday mornings, but for relaxation after the weight management session on Thursday evenings - this session is provided by a private weight management provider. It's for men only, and the do 5 a side football, which he enjoys, despite the fact that he hates football. *"I absolutely hate football. I think come on lads! Stop diving about..."*

He also enjoys experimenting with his gym routine. *"At Christmas I was in Asda and bought Men's Health Magazine. That would never have happened before! I picked up on some of the exercises that athletes do on the treadmill."* He now loves pushing himself and looking for challenge. *"I've gone to the point a few times of seeing the stars when I've been exercising and I've stopped, had a sip of water... I just push it now because I enjoy it so much. It help with your moods. The side-effects from the exercise can help with other negative aspects of your life."*

Two years ago, it was a different story. He would never have found the confidence to go into a gym. In that respect, the weight management programme helped a lot, by enabling him to build up his routine slowly. He also refers to a cousin, who is a gym instructor, and helped him figure out the best exercises for him. *"He is my guru!"*

Another big help was to get a bike. It was a gift from his mum, two Christmases ago. *"It was my idea really because I thought you used to enjoy cycling on your newspaper rounds, and there is all this healthy lifestyle campaigns now, that cycling is the best exercise because it's low impact on your knees..."* It was hard at first. *"I cycled it around the street, and I was like Oh my god, I can barely cycle around the street! It was like*

watching kids cycling, but obviously, a 23 stone kid with a BMI of 50." But Dave progressively built it up and recently completed a 60 miles cycle from Manchester to Blackpool, and still has his number on his bike. *"I've not had the heart to take it off!" "I almost fell two or three time actually during the ride. You get over-excited by your own ability. I thought, this could have been air ambulance you idiot! You cost the NHS enough!"* He is now planning a 200 miles bike ride for his next bicycle trip. It is clear that the bike plays a big role in his recovery journey. When asked about whether he has any role models, Dave mentions the man from the bike shop, who has now become his friend, because he drops by so often. He is planning to get a custom-built faster bike, which normally costs £3,000, but which the bike shop owner could get him for £1,000.

Dave also inspires others to join him on his journey. His sister, who lives about a mile away, meets him regularly for a 4K jog in the evening. *"It has to fit around her schedule though, because she is a nurse. I talk all the time while I'm jogging and she's like: 'Will you shut up!'"*

He looks forward to his company moving to a new factory, where there will be showers on site, which means he will be able to cycle to the gym, do an hour at the gym, then cycle to work and have a shower at work.

Dave is really focused on getting healthy, and one things that keeps him motivated is the fear of surgery. *"I don't really want to be operated. I want to work with my body."* He now seems acutely aware of how his body works and what his body needs. This has also in how he had changed his diet. *"My system is if I have hunger pains, I'll have a glass of water. And if that fills me up, I was thirsty. If I still have hunger pains half an hour after that, I'll have a piece of fruit."*

"On the way to the gym, there is one of these food establishments. And it's all buffet, and it's the cheapest crappiest food. And it stinks! Like an oily odour! Now a few years ago that would have smelled delightful. But I think that's just me body learning what it now appreciates. And that's all down to me embracing the weight management service."

His friends have definitely noticed the change, but despite the social norms within his network, Dave manage to keep his motivation. He recalls on time when he ordered *"a caffeine free diet coke. And the bar went silent. Everyone was like oh my god [Dave] you've changed!"*

"You've got the most confusing products from coca cola. You've got a green bottle, you've got a black bottle, you've got a red bottle and you've got a grey bottle. And the grey bottle is the caffeine free diet. that's probably the best thing you could drink. But it's not, because Coke don't do bottle bottles that say 'water' and that's what you should be drinking most of the time! Haha! Food police time!"

Dave is hungry for new knowledge about healthy lifestyle. He watches some weight loss TV programmes *"Sometimes, there is a little light bulb moment where I go like ping, I'll have that."*

He has also become quite good at navigating tempting environments. *"The last one I worked in, I walk past it quite often. And I go in there just to say hello to the lads in there because I value them as friends. But the owner of the shop always puts the menu in front of me. And I always defuse it like: "oh, yeah, I'll be popping in, next week I'll you cook me tea! I could go in any of these take-aways and order a nice chicken kebab, without the bread, with a salad, but everyone on the counter would look at me like I was from another planet."*

All of these changes have had a huge impact on his confidence and self image. *"Now when I walk past the big windows in shops, I think yeah, you're looking quite tidy! Good work!" "Why are the single women not realising that I'm the right single man for them?"*

His next goal is to find a partner, so he has signed up to online dating. Even though that is something he really wants, he worries about the impact it might have on his own routine, because of a past experience. *"That could have a negative impact I think, it could force me to comfort eat..." "I got into a relationship with a woman who was bigger than me at the time. At first she seemed quite nice, but obviously she wasn't, as my friends warned me. But it wasn't a relationship, it was a car crash waiting to happen... That was 10 years ago, and I ended up just having a negative outlook on relationships... I know that in the past relationships have been bad to me and to my health lifestyle... But then again with all the work I've done over the last 2 years I think I'm worth it!"*

If he started a relationship, it would need to be someone he can team up with. *"I am extremely picky. It's got to be someone who is interested in gym and exercise and everything that I am into. And it doesn't matter if she carries a bit of weight because my god! I used to carry a lot of weight!... If I get with someone who is committed with losing the weight, her and I would make a perfect team!"*

Health and weight history

Dave attributes his weight gain from a range of things. Being overweight in Wigan seems to be the norm. Dave reckons it's because it's a poor area, and people are forced to take on low-paid jobs, which has an impact on their self-esteem, and therefore on their motivation to take care of themselves. Growing up, there was always food in the house. *"Her mum and dad survived the war. For a long part of their life, their life, they were quite poor. So there is never going to be a shortage of food in her house."*

At 18, Dave had a bad reaction to penicillin and was put given steroids. He also got his full-time job, got a car, and got into a routine of *"3 pints and a kebab"* after work. Until then, he had been quite active, playing rugby and doing newspaper runs on his bike. *"The bike got cobwebs on for a few years, then got sold on to someone."*

"You go to the amusement parks and there is all the demons there, all the bad foods. But now I went to Blackpool recently and I knew what I could eat and what I couldn't eat. I could eat any of it to be honest, because I'll just do more exercise the following day..."

Dave's father also passed away around that time, which Dave reckons contributed to him feeling depressed and comfort eating. Though now, his father's premature death has become a motivation. *"The one mistake that he did do, I can learn from that, and live past 49."*

A couple of years ago, Dave had a wake-up call. *"Two and a half years ago, it was May 2014... I went to Sweden to see the opening of this new rollercoaster and got there and could barely fit on the rollercoaster. My friend had to crush my ribs to get me on there. And I said, come on, you've got to seriously do something about this. It's having a bad impact on your life already, but you love roller-coasters, all your friends love rollercoasters, and can you see life without riding?"*

However, this didn't prompt him to change straight away. *"The inevitable happens, you come home, you get more depressed about it, you put on more weight..."* He was on a trip away from home when he caught a bad chest infection, which turned into a throat infection. He could barely breathe. At some point, he had an ice cream, but *"it projected back out."* Even water was a struggle. So he drove all the way home, which took 8 hours because he had to stop to sleep on the way. When he got to the walk-in centre, he was told to go straight to A&E.

At the hospital, *"there was a long wait, and I'm thinking, why is there nothing happening here? Three hours later, a bed comes through the door, and I'm thinking: 'That's a tank, that's not a bed' and I'm thinking, you're at a point now where you seriously messed things up... You got to do something about it. It was a bariatric bed."*

Dave spent 3 days in the Intensive Care Unit, where he was eventually diagnosed with sleep apnoea. He was given a sleep apnoea machine, which he now has to use every night to ensure he can breathe properly. He is now hoping that with, his tongue and throat area will reduce in size and will stop blocking his breathing..

It was at the sleep apnoea clinic that he first heard about the weight management programme. *"I got the sleep apnoea clinic and they then referred me to the weight management clinic."*

Long-term change

Dave speaks about his first meeting with a nutritionist and physiotherapist as a very emotional meeting. He was offered surgery, but was determined not to do it. *"I want to work with my body."* Two years later later, his position on bariatric surgery is still the same. *"I met so many people at this bariatric stomach shrinking surgery or whatever it is, and they've learned how to cheat it! I want to be able to have some of that dodgy food every now and again… But I want get me mind into the right zone."* His weight loss has been steady, and has sometimes plateaued since the start of the weight management programme, and comparing to when he was first referred, the change is quite dramatic. This means he now has some *"hanging bits."* He has considered skin-shrinking surgery, but he would like the change to come from his efforts as much as possible. *"My skin is shrinking in, but clearly, skin has a time to adjust, and maybe it won't be elasticky forever…"*

Dave sees weight management as a long-term investment in his health, rather than as a quick fix. He has tried commercial programmes in the past, and found that the focus on losing weight fast did not help him, as each time, he put weight back on afterwards. *"The good thing about this programme is that no one offered me a cheap discount to Slimmers World… Three times I've tried Weight Watchers. I got to 17.5 stones, which would have been probably a BMI of 36 or 37, and probably spent a small fortune doing that. And it just didn't work for me!"*

In addition to the focus on rapid weight loss, rather than sustained lifestyle changes, he feels that commercial programmes did not work for him because, most of the time, he was the only man. *"At Weight Watchers, I always used it as I'm the only man in this room, so it's me against all these women, and these women, they've got it so much harder than me to lose weight. Pull your finger out lad! … What I found with the Weight Watchers was I was leaving the meeting and going to the chippy! And it just wasn't working for me because I'm a man."* In addition to monthly maintenance sessions with the T3 programme, Dave now goes to weekly exercise sessions provided by a T2 local provider. These sessions are for men only, and he finds this works better for him, as he has more in common with them.

Dave's his last six-monthly catch-up with T3 programme next month. He feels overwhelmed with how much of a difference the programme has made to his life, and proud of having followed through with it. *"It's hard not to cry really."* However, he doesn't see it as the end of his journey. His goals are longer term. *"Actually I'm still classified as obese. I've got about a stone to lose… And I'm not too worried about how long that takes, because I understand that there are times where you plateau… I was morbidly obese, I'm now obese, and very soon, I'll be overweight. And then I'll be what the doctors qualify as healthy."*

Dave does not seem overly anxious about ending the programme, mostly because for him, it started slowly, then built up overtime. It is also clear that he owns the journey he has been through. *"For 2 years, I thoroughly tried to follow what worked for me best out of the weight management system."* He is really appreciative of the way the programme was flexible enough to accommodate his needs and preferences. *"The way they tweaked it for me, I have nothing but praise!"*

One of the key features of the programme seems to be that, while there is a core programme of weekly sessions which can last as long as the individual needs them, it also provides links to other programmes delivered by other community-

based providers, based on what the individual needs. *"The way the system is run I think is amazing. It's so tailored! I thought how is that going to work, I can't take time off work all the time. And all the appointments were in the evening!"*

Safeguards

Dave has put in place what he calls 'safeguards' to avoid any setbacks. One of these safeguards is the suit he wore at his sister's wedding. *"You've got to look at the bigger picture. My bigger picture is that triple XL suit which I have kept and I think god I looked hideous in that suit."* He has a few other strategies. He has stuck an old picture of himself on the fridge, as well as a letter that his consultant at the sleep apnoea clinic has written to his GP, to congratulate Dave on his achievement. *"You kind of pick them up from various place. I've had various people telling me about putting a picture of me on the fridge... I placed my Weight Watchers gold car on my mum's box of chocolate. I have that on top of that sweet box. But I still open the lid sometimes and have that sweet."*

Inspiring others

Dave's long-term goals go beyond simply improving his own health. One of his ambition is to volunteer to promote weight management to his community, where obesity is a common problem. *"I think there should be more people there because I walk in the area and I see so many people who are like I was."* He is not sure why there isn't a higher number of people on the programme, as he feels that the promotion is there. *"I can't praise Wigan Council enough. The way they have gone about promoting health issues..."*

He thinks that sharing his own story will help people to see it's possible. *"You've won yourself the lottery lad, you can help other people." "How do you promote weight management? I obviously had a crisis in me life, but I'm here now, and I think I can readers that by helping other people. And even more so if they come to me and want the help. then I can really work with them. And guide them. And also be a shoulder when they have these doubt moments, because it's a really emotional journey."*

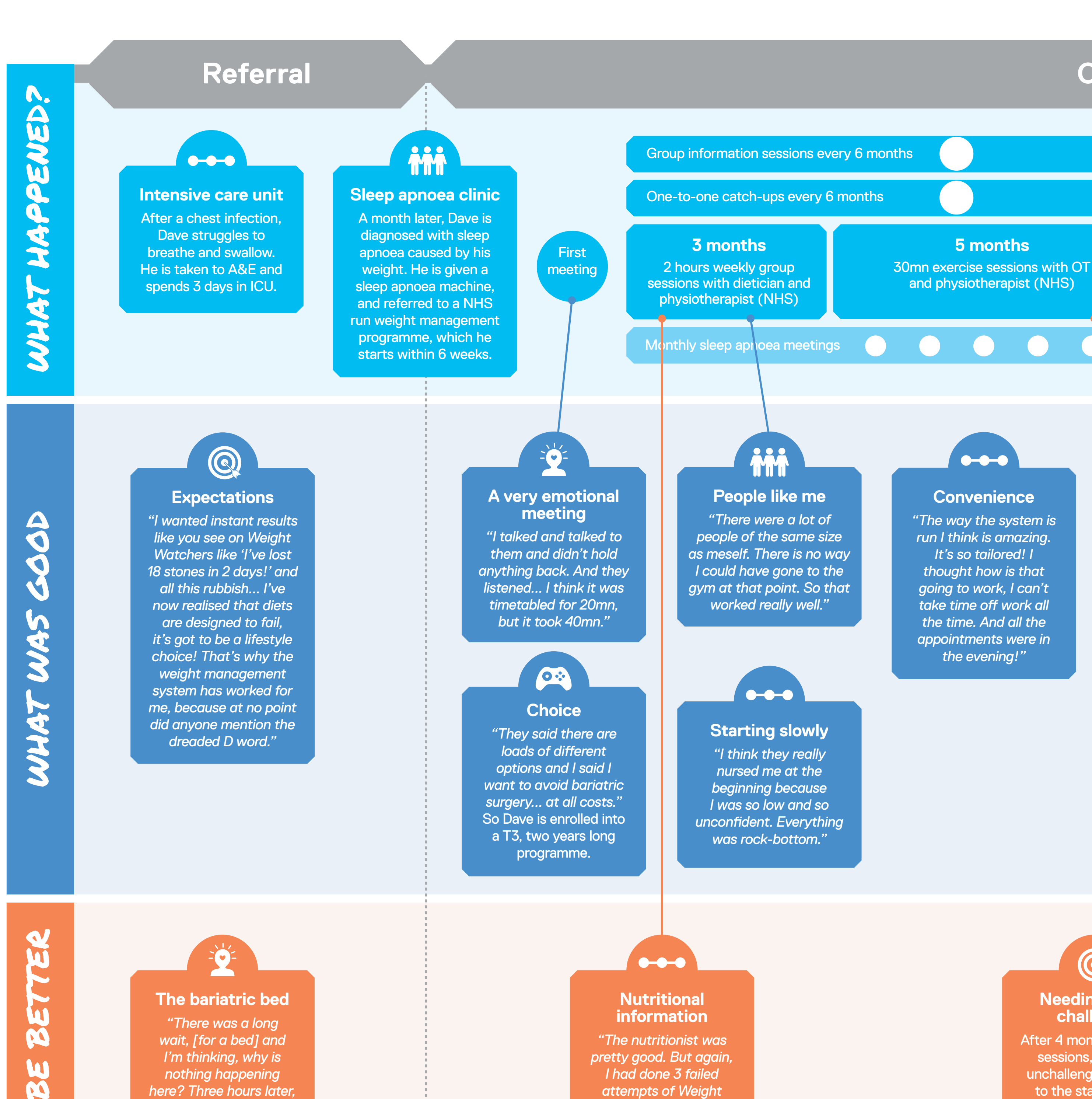
He would like to find the right way to inspire and support his friends, but also wants to avoid becoming too evangelistic. *"I have heard a few of them mention me name and 'food police'. And I think that means I need to tweak how I'm talking to them because they are clearly as unhealthy as I was, and I can't ram it down their throat."*

Having gone through it, he knows that the decision and the motivation has to come from them. *"I've done something about it. They will understand when it's their time to do the same."*

He uses social media a lot, and is planning to write a long post about his transformation in a few months, when he feels ready. *"I use Facebook a lot in the day. If I read a positive weight loss story I usually post on it, and that gets you a friend request almost straight away..."*

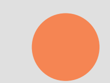
Dave is also planning a 200 miles bike ride for his next rollercoaster trip. He wants to use it to tell his story, and has already thought about a newspaper headline. *"I want to go back to the rollercoaster that I struggled to fit on in Sweden. But I'm not keen to go back there until I'm 13 stones. My friend, who manages the park, he will get the news story of his life!... Because then I can officially say a rollercoaster changed my life!"*

Ethnography F - Dave - Ideal journey



KEY

What worked well for them


Challenge or barrier

Opportunity or idea

THEMES

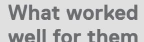
Social network and norms

Wellbeing and self-image

Aspiration and motivation

Control and choice

Experience of support



n the programme

After

3 months
£2 gym membership with Wigan Council

12 months
£40 a month membership at the gym

12 months
weekly exercise with private local provider

Last meeting

Link into a Council run programme

"In the end it was an OT who said to me 'You know you can get off Wigan Council £2 a visit at certain times with the gym?' So I joined that."

Being listened to

Dave talks about how empathic and positive the programme facilitators are. *"Straight away he realised I needed to talk to him for 5 minutes. And he gave me some positives to work on."*

Recognition

The sleep apnoea consultant wrote a letter to Dave's GP, congratulating him for losing 40kg. Dave has kept it on the fridge with an old photograph of himself. *"I thanked him so much!"*

Volunteering

Dave tries to support others during the weekly exercises classes. He would like to be a mentor and inspire others with his story.

Next milestone

Dave's milestone is to reach a BMI of 25 so he can send the sleep apnoea machine back.

Structure

"I feel I need the structure of these appointments. Maybe that's also why I want to take up volunteering."

... more ...nge

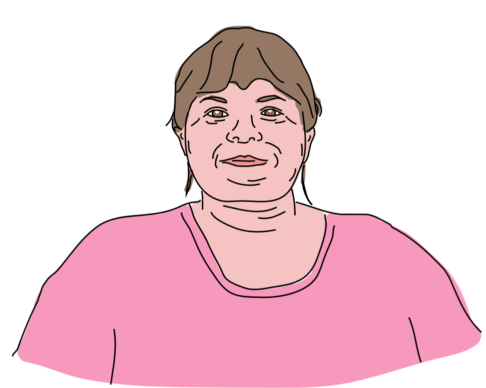
...s of 40mn ...ave felt ...d and said ...: *"I'm at ...v where ...above the ...one in this ...'s not fair ...m."*

Too motivated!

"In the end I was going that often that I had a bit of a fallout with the manager."

Ethnography G - Kerri - Summary

KERRI'S STORY



TIER 3
AGED 60

Quick Facts

- Works as a private chef.
- Has had issues with her weight since she was a child.
- Was referred to an eating disorder clinic two years ago, then to bariatric surgery. She is now enrolled on a 12 months tier 3 programme as a preparation for surgery. She has been waiting for her surgery for 7 months.
- She has lost 3 pounds.

We meet **Kerri** in a local cafe that is located in Bury, where you can see lots of people come and go. We recognise each other easily as there are not many people inside. It becomes very busy around lunch time and Kerri appears very self-conscious of her surroundings and the people around her. She adjusts her clothes constantly.

Kerri is very friendly and kind. She also uses her words very carefully when she talks about her relationships. Kerri has been together with her partner for 8 years. She seems happy in her relationship and thinks that it worked well because she is not living together with him. She doesn't want to get married as she has been through a marriage before which ended quite badly.

She is a private cook for a family with 2 young girls. She stays in their home most of time during the week and looks after the children. She normally eats meals with the family, especially sitting around the table for dinner when their parents are back from work. She also does commercial photography work for the family's business as photography is one of her passions and she is really good at it. She likes to take photos of flowers, portraits, dogs, and food. She shows us a lot of photos that she took and posted on her Instagram and says we can follow her to see more photos. When she is not with the family, she sees her partner, John, during the weekend. John lives in Devon so she has to drive far to see him every weekend.

Ethnography G - Kerri - Core insights

Social networks and norms

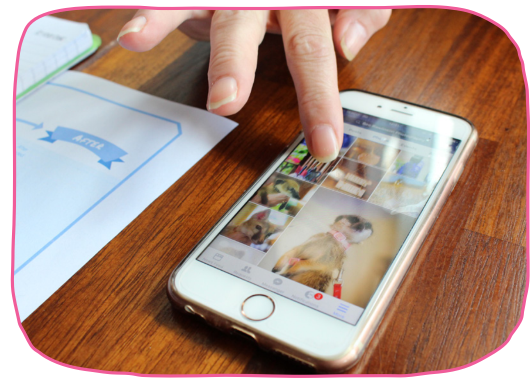
Kerri has had issues with her weight since she was 11 years old: *"weight was a big concern throughout my life."* Kerri was adopted when she was a child and she was skinny at that time, so her mum started to feed her and she gradually gained weight. She didn't particularly think she was big when she was 11, but her mum thought she was big and tried to control her eating habits. Kerri thinks that was the starting point of her criticism about Kerri's weight: *"It was terrible, she was criticising me to have a big hip, but you know, it's a bone structure you can't do anything about it. My mum had a tiny hip and the round body. She was opposite from me, it's just physically different."*

Wellbeing and self-image

She enjoys being independent and has been for more than 3 years now. This is the first time in her life where she is focusing just on herself. She describes that she has been spending her life raising her children for 20 years and caring for her mum who had dementia for 2.5 years.

She has a lot of habits including cooking, knitting, crochet, photography, and writing blogs. She also likes to post photos she takes on her Instagram. She says she gets a lot of online support by managing several different types of blogs and it keeps her really busy. She seems very comfortable sharing her lifestyle with other people online, however, she says it's impossible to describe herself in words as she doesn't feel comfortable talking about herself.

Kerri shows her photos on Facebook. She loves photography.



"I'd like to be able to get along with the flow with the camera."

"I told myself not to snack. Squashing your emotion. It about emotions and dealing with stress so you just eat."

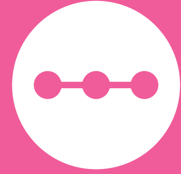
She bakes a lot but it's normally for the children she looks after, and she doesn't eat for herself.

She has a lot of habits including cooking, knitting, crochet, photography, and writing blogs.

Aspiration and motivations

Kerri thinks she couldn't maintain her weight loss without getting the surgery, though she sees it as just *"another tool."* *"In a way, I don't want to fail again."*, *"If you don't sort out your mind, and it's just nothing. Surgery doesn't solve the problem. A lot of people think it's an easy option, but it's absolutely not. It's a full time job."*

In the future, she wants to be able to walk again, be able to take photographs from the ground and even be able dance again. She says, *"I want to be able to move. I like to start to walk, run and dance again. Get the lifestyle again! Where did my life go?"* Then she adds, *"I'd like to be able to get along with the flow with the camera. Travelling to different places in the country!"*



Experience of support

She talks a lot about an eating disorder clinic she went before for about a year. It had a psychological focus and enabled Kerri to be more mindful about her eating habits. It contained a lot of mindful exercises such as breathing, a lot of it was about feeling and emotions. They also explored about her past, the psychological reasons behind her eating disorder and gave her coping mechanisms based on mindfulness that she is still using in her daily life.

It is critical to observe, explore and reflect on the thought processes of individual participants. This type of support seems to be delivered in the best (and safest way) through a one-to-one conversation with a psychologist.

Control and choice

Kerri doesn't eat snacks anymore and she tells herself not to. However, she still likes cheese and crisps. It's difficult to avoid them, but she tries hard not to buy them. She also bakes a lot but it's normally for the children she looks after and she doesn't eat for herself. She explains that it was a conscious decision not to have those snacks for her diet at the beginning, but it became a habit now. *"I told myself not to snack. Squashing your emotion. It about emotions and dealing with stress so you just eat."*

Even though Kerri attended the eating disorder clinic a year ago and lost a stone during that time, she attributes most of her current success to the coping mechanisms that she has learnt during the eating disorder programme.

She has had sleep disorder for a long time. She couldn't work when she didn't sleep, and she always felt desperate to sleep. However, she has now got a machine that helps her sleep, and says it completely changed her sleep habits.

"EVERY OPPORTUNITY, I WOULD GO FOR SLEEP AT WORK."

"I'D LIKE TO GET OFF THE MACHINE THOUGH. FINGERS CROSSED. IT'S HORRIBLE, HOW ROMANTIC!"

Ethnography G - Kerri - Full write-up

Introduction

We meet Kerri in a local cafe that is located in a central area in Bury, where you can see lots of people come and go. When we arrive at the cafe before lunch time, we saw her sitting near the front door on the corner and having her cafe latte. We recognise each other easily as there are not many people inside, although it becomes very busy around lunch time and Kerri adjusts her clothes constantly, appearing very self-conscious of her surroundings and the people around her.

Kerri is very friendly and kind. She also uses her words very carefully when she talks about her relationships. Kerri has been with her partner for 8 years. She seems happy in her relationship and thinks that it is working well because she is not living with him. She says, *"whatever I want to do, he is absolutely helpful."* She doesn't want to get married as she has been married before and it ended quite badly. Nonetheless, her ex-husband and her are 'best friends' now. She laughs and says she recently watched 13 films with her ex-husband over three days. She thinks it is possible to be friends because they have children together, but emphasises that it took a very long time to become friends.

Kerri has 4 children, of whom two are studying and working. Her daughter is studying animation and her son is a professional dancer. She seems very proud of her children and says *"my daughter is very talented. She is gorgeous!"* She shows us her daughter's illustrations and her son's dance performance photos on her Instagram. Her other two children are 'very different' and she says they are not related to the arts industry at all.

She is a private cook for a family with 2 young girls. She stays in their home most of time during the week and looks after the children. She normally eats meals with the family, especially sitting around the table for dinner when their parents are back from work. She also does commercial photography work for the family's business as photography is one of her passions and she is really good at it. She likes to take photos of flowers, portraits, dogs, and food. She shows us a lot of photos that she took and posted on her Facebook and says we can follow her to see more photos. When she is not with the family, she sees her partner, John, at the weekend. John lives in Devon so she has to drive a long way to see him every weekend.

She has a lot of hobbies including cooking, knitting, crochet, photography, and writing blogs. She also likes to post photos she takes on Instagram. She says she gets a lot of online support by managing several different types of blogs and it keeps her really busy. She seems very comfortable sharing her lifestyle with other people online, however, she says it's impossible to describe herself in words as she doesn't feel comfortable talking about herself.

She enjoys being independent and this is the first time in her life where she is focusing just on herself. She describes how she has been spent the last 20 years raising her children and caring for her mum who had dementia for 2.5 years. She was a full-time carer for her mum who died in 2013. Her death was a very difficult and stressful time for Kerri. She felt isolated and started to write a blog about her everyday and how she coped with the difficult situations. For her, *"writing is a coping mechanism."* The blog became very popular with people who were in a similar situation and she is really glad that she did it, she says *"if I didn't retain anything, I would've completely forgotten it".* When she looks back at those times she feels both surprised about what she went through, and also good about herself for having overcome these difficulties. She remembers how she got her mum a wheelchair, and her mum snapped and bit her. She says, *"I had to write it down at the end of the day, it got it out and I started the next day fresh."*

She is now completely determined to lose weight and she has already lost 3 pounds. She thinks the weight management service is something that is definitely worth doing, *"even the poorest level of service makes you consider and change."* She thinks getting people to engage with the problem they have is really important as it helps people

acknowledge that something needs to be done. Success to Kerri means being able to walk again, being able to take photographs from the ground and even being able to dance again. She says, *"I want to be able to move. I like to start to walk, run and dance again. Get the lifestyle again! Where did my life go?"* Then she adds, *"I'd like to be able to go with the flow with the camera. Travelling to different places in the country!"*

She talks a lot about an eating disorder clinic she went to before for about a year. It had a psychological focus and enabled Kerri to be more mindful about her eating habits. It contained a lot of mindful exercises such as breathing, a lot of it was about feeling and emotions. They also explored her past, the psychological reasons behind her eating disorder and gave her coping mechanisms based on mindfulness that she is still using in her daily life. She still remembers the day when she was in a one-to one session and says *"it was a turning point".* At that time, she was with the psychologist and didn't enjoy the food she was having. When she felt she had to have something else to compensate, the psychologist asked *"if you had a cup of tea and you didn't really enjoy that, would you drink another drink after that?"* and Kerri answered *"no"* and she asked again, *"why would you do that with food?".* Since then, she stopped thinking about that compensation. She thought *'it was really clever'* and worked perfectly for her.

Her motivation to lose weight is getting the surgery as 'another tool'. She thinks she can't maintain her weight loss without getting the surgery, and says *"in a way, I don't want to fail again."*

Daily routine

She says *"my routine is quite clean now".* She gets up early every morning, has a slice of toast for a breakfast before she leaves for work around 7am. After leaving her house, she goes shopping in her local supermarket every morning to prepare food for her work.
At lunch, she normally makes a wrap or salad, but sometimes it's left over from last night. She takes a plastic box and always bring her lunch to her work place. She doesn't eat snacks nowadays, however, she still likes cheese and crisps. It's difficult to avoid them, but she tries hard not to buy them. She also bakes a lot but it's normally for the children she looks after, and she doesn't eat it herself. She explains that it was a conscious decision not to have those snacks for her diet at the beginning, but it became a habit now. *"I told myself not to snack. Squashing your emotion. It about emotions and dealing with stress so you just eat." "Eating is so easy, isn't it? It is so damaging. We do it to our children, you learnt the behaviour from your parents. Every society in the world uses food as a representation of love."*

She has dinner with the family she works for during the week. She cooks different types of food including lots of vegetables. She says they had lamb steaks with lots of carrots last night. As a cook, Kerri likes to prepare her own food. At the weekend, she sometime goes out for dinner with her partner John or her friends, but tries not to eat a lot and normally shares starters. Her food routine is similar during the weekend. She might have porridge instead of the toast, but there is no big difference.

She does not do any exercise. She tries to swim but says it is difficult now because she works everyday. She used to walk with her dog but the dog died last year aged 15 years old. She now feels *"weird"* without her dog to walk. It is apparent that she maintains her weight by maintaining good eating habits: *"I'm determined. I'm maintaining mostly. I haven't weighed this week. I try not to weigh often because it's an obsession."*

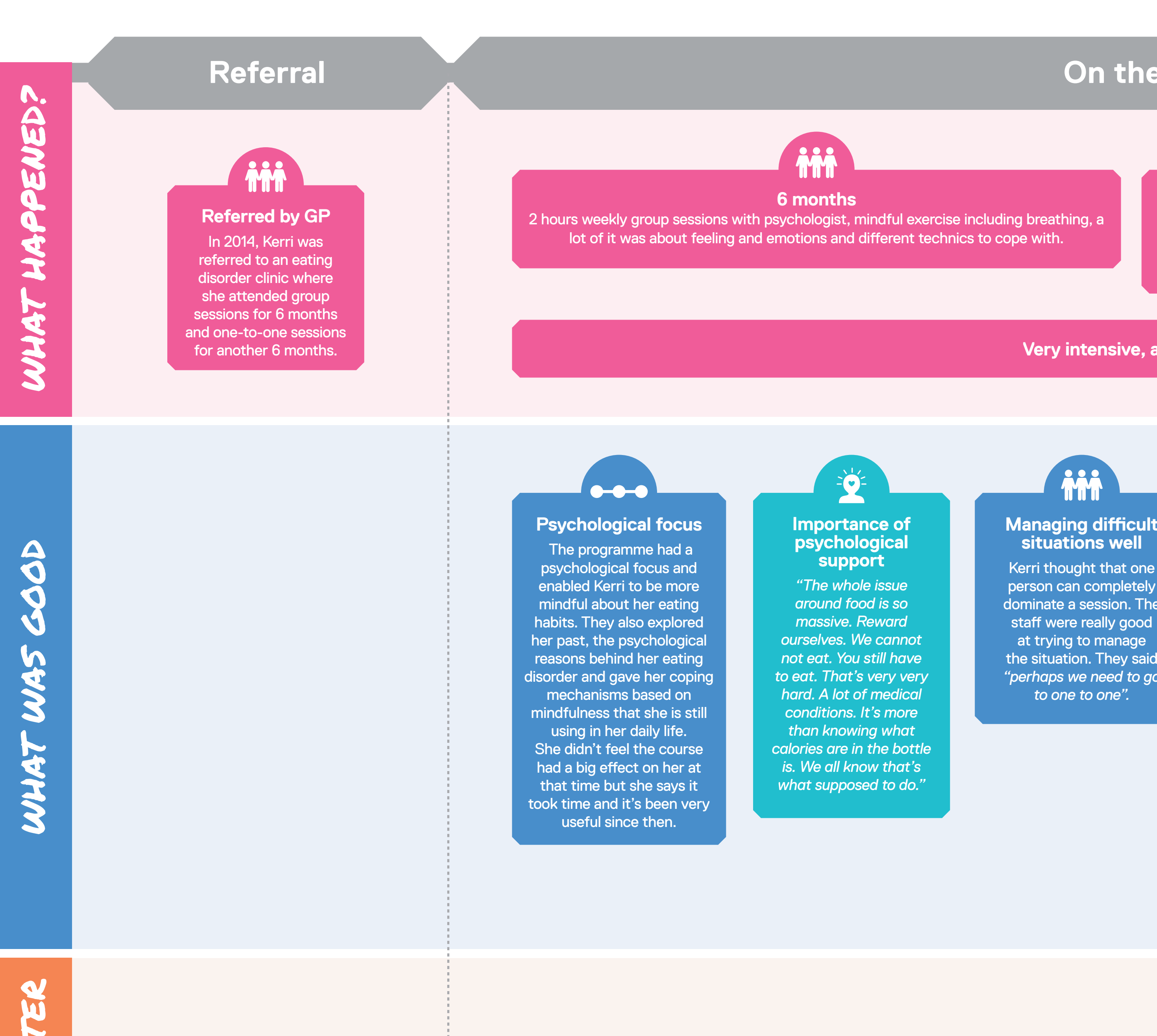
Health and weight history

Kerri has always had issues with her weight since she was 11 years old: *"weight was a big concern throughout my life."* Kerri was adopted when she was a child and she was skinny at that time, so her mum started to feed her and she gradually gained her weight. She didn't particularly think she was big when she was 11, but her mum thought she was big and tried to control her eating habit. Kerri thinks that was the starting point of her criticism about Kerri's weight: *"It was terrible, she was criticising me to have a big hip, but you know, it's a bone structure you can't do anything about it. My mum had a tiny hip and the round body. She was opposite from me, it's just physically different."* She emphasises how she would treat her children differently, *"I've never criticised eating habits to my daughter, I would never do it".*

She has had sleep disorder for a long time. She couldn't work when she didn't sleep, and she always felt desperate to sleep: *"every opportunity, I would go for a sleep at work. It's horrible, how romantic!"* However, she got a machine that helps her sleep now, and she says it has completely changed her sleep habits. She describes how amazing it is to be able to sleep well now, telling us an example of her driving experience from North Devon to John without feeling tired. However, she says that she shouldn't rely on the machine too much: *"I'd like to get off the machine though. Fingers crossed."*

She also has some problems with her joints, and her blood pressure went up quite a lot, although her GP said it is OK now. She also has some mental health issues, suffering from anxiety for a long time, and Kerri considers this separate from her issues around her weight: *"I still have anxiety issues but it is a separate thing. It's more of chemical thing, it's a physical reaction. It's a different thing."*

Ethnography G - Kerri - Ideal journey - Service 1 (eating disorder clinic)



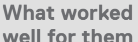
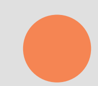
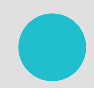
KEY

What worked well for them

Challenge or barrier

Opportunity or idea

THEMES

Social network and norms

Wellbeing and self-image

Aspiration and motivation

Control and choice

Experience of support

programme (service 1)

After

2 months waiting

he had to wait about 2 months to get one-to-one session.

6 months

One-to-one sessions with psychologist to understand what happened in the past and why you are experiencing these problems.

Last meeting

ot of homework including visiting timelines

Analysing her behaviour

"It felt like properly designed programme, rather than feeling like a slimming club." "When any crisis appears, your first reaction is not going to crisps bags and helping you analyse."

Acknowledging her emotions

"It told me to think about myself. I haven't really acknowledged. It was emotional, I totally believe it is absolutely psychological things. Knowing things. That is what it's all about."

Not knowing her last day

She felt the course ended a bit too early. People thought she was ready to manage herself but she didn't feel she was. *"I knew it was coming but I didn't know it was the day."* She felt quite distressed and upset. The instructor's manner wasn't empathetic and she found the end of the course difficult.

Ethnography G - Kerri - Ideal journey - Service 2 (preparation to surgery)

Referral | **On the**

WHAT HAPPENED?

Referred by GP
She got referred through the GP to her current WMS programme and says people only get referred for biological surgery at this stage. *"The process is to get you into the surgery. It seems very odd."*

12 months, 1 hour group sessions, n

WHAT WAS GOOD

Similar age groups
She said her group bonded really strongly and she thought it was probably because they were of similar age.

WHAT COULD BE BETTER

Not feeling understood
She thought that the facilitator was a problem. She was very young and slim, and Kerri felt there was no common ground between them. *"Its different to take advice from someone who doesn't really understand what you're going through."* She didn't feel understood enough. *"The girls in the course now are more like presenters."*

Too easy information
She thought that the information provided in the course was too easy and there was no depth. *"It feels like you're in a nursery school. We all know about making sensible choices."* She says that people who are in this course tried different types of weight management programme and this is *"their final go".*

Superficial information
She felt the exercises around nutrition were done superficially. *"A lot of people don't understand nutrition."*

Not having enough time
She thought there was no time for physical exercise in the group, *"it's one hour so you don't have time".*

programme (service 2)

After

utritional information and making choices

7 months waiting for biological surgery

Still attending monthly group meetings

Feeling supported

She thought the attitude from people in hospital was much more enthusiastic and energetic than the people in the WMS session. It seemed important for her to feel supported from the staff.

Keeping the momentum

She still attends monthly meetings while waiting for the surgery, she said she just goes because she thinks keeping the momentum is really important as well as talking to people, *"that's where the value comes from".*

Waiting is really difficult

She felt nobody seemed to manage the process. She sent emails and called them but didn't get any reply. She felt *"despondent and frustrated".* She said it's not easy for her to keep the motivation when she has to wait a long time for referral. A lot of people dropped out at this point *"because they just got fed up with waiting".*

nformation about the surgery

he said people in the session are normally aiting for the surgery nd they want to know about the surgery, ncluding what to do ter getting out of the rgery, ideas, etc. She trongly thought that he service needs to e changed to deliver ore information about biological surgery as here is only 6 weeks follow up after the surgery and people ormally don't get any further information. *A lot of them feel left after the surgery."*

No checking in

She felt *"it was superficial"* to do the food diary because no one checked it. As a result, people in her session didn't fill it in.

Experienced staff

She thought that the staff need to be more experienced and knowledgeable.

Changing life coaches

She's had 4 different life coaches over 17 months. She said it's very frustrating for her because she has to start over again with the new person. *"It can feel a bit here we go again"* She thinks there are gaps and people lose so much because of the change in relationship.

No feedback

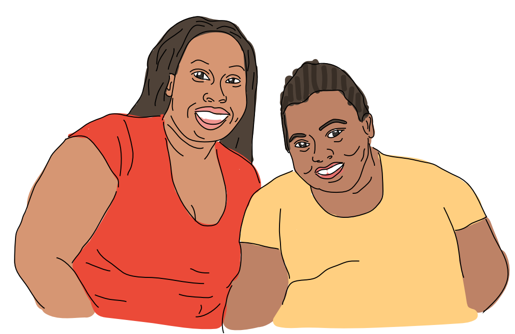
She said no one seems to monitor the session, she has never been to any session with an external evaluator were there. *"They don't like feedback. Somebody has to make money out of this, that is how I feel."*

Being able to plan her future schedule

"You just want to know. I know it's difficult with the medical waiting list, there is no way to give a definite but you just want to know where you stand clearly."

Ethnography H - Alicia and Tina - Summary

ALICIA AND TINA'S STORY



TIER 2
AGED 11 AND 18

Quick Facts

- Alicia just started secondary school.
- Tina has recently given birth to baby Lea and currently stays at home.
- Alicia wants to become an events manager, and Tina a DJ or radio producer.
- They have completed a 12 weeks weight management programme, and have lost a small amount of weight.

Alicia, 11, and her sister **Tina**, 18, live in South London together with their mum and Tina's daughter Lea, who is 18 months old.

Alicia started secondary school last year. She has one passion: dancing. She goes to dance classes every Saturday, and looks forward to spending her weekends at her auntie's house, where she invents dance routines with her cousin, who is just 2 months older than her. She also goes to piano lessons, and her role model is Alicia Keys. *"I'd like to play the piano like her!"* Alicia has very clear aspirations and says she is confident about her future: she wants to be an event planner. Perhaps if she carries on dancing, she will travel the world to perform, *"but that would only be part-time, on top of the event planning."*

Tina has been responsible for Alicia since she was 7. Her life currently rotates around looking after Lea, taking care of Alicia, doing what she calls "day-to-day tasks" and cooking. When Lea turns one she plans to get a place of her own and work as a DJ. She plans to either go to University *"and learn about studio management and stuff"* or *"apply to the BBC for a job."*

Their mum, who works 2 different jobs, often leaves early, comes back late, works weekends and travels a lot. Their parents separated when Tina was 11 or 12, and they haven't seen much of their dad since.

Ethnography H - Alicia and Tina - Core insights

Social networks and norms

Tina thinks their weight is a **genetic** issue. *"Even though we are big, we don't really eat a lot… Our dad is quite overweight. To us, he doesn't look that overweight, but realistically, a doctor would say he is very overweight… and mum's quite overweight. So it kind of runs through our genes that we are all kind of big boned."*

At the weekends, the family usually meets at their auntie's house, where usually *"somebody is cooking."* Home-cooked food seems to have a central role in creating a sense of homeliness.

Wellbeing and self-image

Tina feels ambivalent about her **body image:** *"I'm happy as I am, I don't think there's a problem but when I'm with a group of people and they are all slim I do feel a bit conscious. But I'm happy as I am, I don't really think I need to change… if someone said to me so what size would you like to be, I'll give it to you right now, I'd say a size 10, but… I wouldn't walk down the street being conscious of how I look…"*

Alicia was *"a big baby"* and has always been *"chubby."* She says she doesn't see it as an issue, although she does say that sometimes, her weight prevents her from doing some of the things she would like to be able to do, like in PE, for example. She also says that she wouldn't speak to her friends about the fact that she would like to lose weight.

Alicia's priorities: her future, her family, homwork, chores and daydreaming.

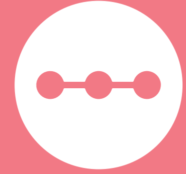
"DAD WOULD COOK A LOT OF WEST INDIAN FOOD, WHICH IS QUITE FATTY."

"[MUM] BUYS DIFFERENT MILKS NOW… SHE WILL GET WHOLEMEAL BREAD INSTEAD… WE ALL GO SHOPPING ANYWAY, SO WHEN WE DO GO SHOPPING WE WOULD SEE THE PRODUCTS AND TELL HER WHAT WE LEARNED ABOUT THEM."

Aspiration and motivations

Tina *"blew up"* to a size 20 around 12, after her parents separated. When she was 14, she decided to lose weight. *"I thought I can't go on like this! So I ran around that park until I got to a size 12... I wasn't happy. A lot of girls in school were really slim..."* She feels that to do the same thing now, she would need **external pressure.**

Tina finds her Mum a big help in losing weight by limiting the type of foods that are purchased. On the other hand she finds the doctor really **intimidating**; *"Every time I've been, saying like I've got a bit of a weight problem, he says 'That's okay just go and run it off'... It's like it's not their problem they are paid to advise me what to do, but there's no care or appreciation put into it"*. Alicia is a big support too: *"we bounce off each other"*.



Experience of support

Both really enjoyed the programme, but say they would have liked to be shown how to do certain things rather than just being told nutritional information. *"They need to be a bit more on point, like every session weighing and more practical with the kids so the kids actually go home like 'Mum we cooked some healthy food'... they need to be showing them how to do things, that's how they're going to learn."*

It also seemed to be more about healthy living, and didn't seem to actively focus on weight loss. They were weighed, but the numbers weren't shared with them, so they don't know if they actually lost weight. Though Tina reckons she *"lost nearly a stone, and put it back on again."*

Control and choice

Since the programme, Alicia is more conscious about the **food choices** she makes. She now stops to think about which option is best for her, while before, it was more automatic. However, even when she knows what's best, she doesn't always go for it.

Having a **strict routine,** like during school term, seems to help with controlling her food intake, while weekends and holidays are harder. However, while on the surface, the household appears to be relatively stable because of their strong relationship, the girls have actually experienced a lot of changes in their lives already: their parents splitting up, living in a shelter, Tina moving out... Alicia feels her life is more settled now in the new house, but Tina would like to move out again soon, which could disrupt their routine again.

Alicia looks through the booklet from the weight management programme

"Oh, they have a recipe for pizza! I might try that this week with Aunty..."

Alicia goes to dance classes very week

"I just find it really fun. You know, my week is just school, and then the first thing I do on a Saturday is dancing. It's like relaxation."

Ethnography H - Alicia and Tina - Full write-up

Introduction

We meet Alicia and Tina in their home, in South London, in a residential neighbourhood, which they call *"the countryside"* or *"the foreign part of Lewisham,"* as it's a bit out of the way. It's the middle of the school holidays, and the girls have no plan for the day. So we spend the afternoon in the living room, while Lea, Tina's eight-month-old daughter, adventurously toddles around the living room in her baby walking table, eating strawberries.

Alicia is 11 years old. She started secondary school last year. *"I was very scared at the beginning. But on the first day, not even the first day actually, on the introduction day, I made some friends, and we are still friends since. So it's been alright!"* She has one passion: dancing. She goes to dance classes every Saturday, and looks forward to spending her weekends at her auntie's house, where she invents dance routines with her cousin, who is just 2 months older than her. She also goes to piano lessons, and her role model is Alicia Keys. *"I'd like to play the piano like her!"* At school, she enjoys drama and music, but would like to be better at Maths, and English. She describes school as a source of stress, and often worries about forgetting to do her homeworks. Alicia has very clear aspirations and says she is confident about her future: she wants to be an event planner - planning birthdays, weddings, or festivals sounds like a fun and rewarding job to her. Perhaps if she carries on dancing, she will travel the world to perform, *"but that would only be part-time, on top of the event planning."*

Tina is Alicia's older sister. She is only 18 but it is clear from the moment we meet them that she has played, and is still playing a big role in raising Alicia. She describes herself as *"Alicia's father"* and talks of having been responsible for Alicia since she was 7, being responsible for picking her up from nursery when she was 8. Her life currently rotates around looking after Lea, taking care of Alicia, doing what she calls *"day-to-day tasks"* and cooking. When Lea one she plans to get a place of her own and work as a DJ; she loves Jamaican Rap, and American music. She plans to either go to University *"and learn about studio management and stuff"* or *"apply to the BBC for a job";* they have an Uncle who is a radio personality. When she can, Tina loves to go out partying and to clubs and says *"I was really bad"* because she was out last weekend from Friday to Sunday.

The two sisters live with their mum, who works 2 different jobs, often leaves early, comes back late, works weekends and travels a lot. Their parents separated when Tina was 11 or 12, and they haven't seen much of their dad since. *"They were suffering from domestic violence... So they just split, and then we moved. Yeah, he kept the house and we just moved. Since then he hasn't been like a father figure to us. Because he still blames my mum for leaving... He disappoints me. I think: you are my dad, you are 40 years old, you should be able to look after your kids."*

At the age of 16 Tina decided to move out to a hostel, but moved back in when she was pregnant with Lea. Tina lived in three different hostels between the ages of 16 and 17. *"I'm very forward, I want my own space".* She deliberately made herself homeless. *"Mum wrote me a letter saying I was impossible – she was fine with me moving out".* During that time, she kept close contact with her sister. *"I'd go there [back home,] but not to live there – I'd go in the evenings for Alicia or catch her going to school, catch up with her like".* Tina explains that the hostels the council put her in had to be close to Mum's house because suffering with abscesses and the potential of emergency hospital admission she would need her Mum's consent.

Daily routine

As it's the middle of summer holidays, Alicia and Tina don't have a strict routine. They sit in the living room, Alicia watches TV on her phone, sometimes practice the piano, and occasionally goes out to meet her friends.

Alicia

During school term, Alicia's life is, of course, more structured. She wakes up around 7.30, has breakfast, generally shredded wheat or a toast. Alicia sometimes wakes up late, in which case she will have breakfast at the school canteen. Walking to school would take an hour, so she takes the bus everyday, and sometimes gets off a stop or two earlier to walk, depending on what her friend wants to do. She then goes to class. Her favourite day is Monday, because she does drama, music and PE. She sometimes struggles with the other classes, especially maths, and says she often worries about being wrong. During the morning break, she will have a snack. *"Sometimes I have a sausage roll, sometimes I have a yogurt."*

At lunch, she sometimes brings a packed lunch, but most of the time, she will go to the school's canteen, which offers a choice of sandwiches, oven food, and has a salad bar: *"Wednesday is roast dinner and Friday Fish & Chips."* Alicia finishes school at 2.50pm, and goes home. She sometimes goes cycling in the park with her friend, but most of the time, stays at home to do her homework or watch TV. She says she avoids snacking after school. *"Mum doesn't really like me having something when I come back. Most of the time I just wait for dinner."* When she does snack though, she avoids candy. *"I'm not a sweets person, I like chocolate more."*

Dinner is between 5 and 7. Most of the time, Tina cooks, she likes cooking, but not baking. Sometimes Alicia will prepare something. She has a few recipes like tuna pasta bake, her favourite, spaghetti, and salmon and mash, which she likes making. On Fridays, they generally go out for a take-away. In the evening, it's often just the two of them, and if Mum comes home before they have gone to sleep, she will join them. *"She's so much on the go. It's unpredictable whether she will even come home."*

On Saturdays, Alicia goes to street dancing class for 2 hours. It's often the highlight of her week. She has performed in a few places, including Disneyland Paris. *"We went there for about 4 days. We went a lot for rides and performed. It wasn't like scary even though there were a lot of people because there was like a mist in front of us."*
"I just find it really fun. You know, my week is just school, and then the first thing I do on a Saturday is dancing. It's like relaxation."

After dance class, she then generally heads straight to her aunt's house and stays over until Sunday. When she talks about the weekends at her aunt, Alicia's face lights up. Her house seems to be a hub for the extended family. Alicia and Tina describe how there is music, dancing, and generally a big Caribbean lunch, that goes on until evening, and relatives coming and going all afternoon. Alicia likes helping her aunt to cook and to set-up the house for the party. She thinks that's where her inspiration to be an events manager comes from. Food seems to take a central role in these family gatherings:

Tina - *"She always cooks a fish because she is vegetarian."*

Alicia - *"Pescetarian!"*

Tina -*"Yes, whatever, pescetarian! She is a cake baker, so it is a bit… yeah, lots of pounds!"*

On weekends, Alicia also looks forward to unsupervised time with her cousins and her friends. *"Sometimes we just play, or we go out shopping. Or like if there is some sort of festival on, we're going there… Sometimes we go to this Turkish restaurant… We have like this Turkish pizza."*

Alicia finds that she tends to eat more during holidays, because the fridge is just there, and food is readily available in the house. *"Basically during school, they tell you when you can eat and when you can't… It's harder not to eat during the holidays."*

Tina

Tina's routine is now a bit more limited, because Lea is still very small. She would like to be more active, but she tends to stay in the house, and finds it hard to be motivated to go out of the house. *"I think that's because the weather hasn't been so nice, so I stay with the baby in the house. I need to get out. But it's hard."*

For breakfast, Tina generally has 2 to 3 slices of toast or golden syrup porridge. For lunch, she has a 'meal deal' or sandwich, or on Saturday a Jamaican bun and cheese. She snacks on fruit or maybe crisps in the morning with a chocolate bar, four finger Kit-Kat or peanut M&M's in the afternoon. Tina finds that when she is in the house she eats more. *"If I'm busy one meal a day is fine".*

Tina doesn't like sitting at the table, but Alicia has to. *"When I was younger my parents were kind of strict. Now I'm at the age where if I don't want to sit at the table, I just don't sit at the table… And it's so awkward with [Lea] now."* She has bad memories of being told to sit alone at the table as a child while her parents were on the sofa, or looking after Alicia. Tina also does not like the house they live in, she doesn't feel at home; *"if it was ours it would be decorated and stuff".* She prefers sitting at the table at her Aunt's *"her house is a bit more homely, cosy, not like our house".*

Their health and weight history

The family

For Tina, their weight is a genetic issue, rather than about how they currently eat. *"Even though we are big, we don't really eat a lot… Our dad is quite overweight. To us, he doesn't look that overweight, but realistically, a doctor would say he is very overweight… and mum's quite overweight. So it kind of runs through our genes that we are all kind of big boned."*

She also reckons her dad's cooking when they were younger shaped their eating behaviours. *"When we were younger, our dad used to give us quite big portions… There was always food in the house. But when we moved with our mum… that's when we started to cut down food… My mum would cook a lot of veg and salads… While dad would cook a lot of West Indian food, which is also very fatty."* Tina goes on to list all the different foods he would make: *"tuna pasta bake, chicken, rice and peas, oxtail curry goat, white rice, salads, mac'n'cheese, fried fish…"* Alicia asks her to stop and they both laugh.

Their Mum has a different attitude to food. She is trying to lose weight, and has tried several times. Her latest attempt is with juicing and detox. She is also stricter with what goes into the shopping basket.

Tina - *"Mum doesn't like junk, she doesn't really like biscuits or crisps."*

Alicia - *"Sometimes."*

Tina

Tina remembers when she was between 5 and 10 years old being *"really slim, really small". "I was quite slim, and when I hit puberty that's when I started to put on a lot of weight…"* Talking about when she, Alicia and her Mum moved out of the family home, Tina says; *"Just after we left, I blew up".* Her weight was more noticeable at 12 when she weighed about 15 stone and was a size 20. When she was 14, Tina decided to lose weight. *"I thought I can't go on like this! So ran around that park until I got to a size 12… Every night I'd run for 2 hours… I wasn't happy. A lot of girls in school were really slim, they had nice hair and everything."* During that period, she saw her dad once, which motivated her even further. *"I though you know what, I'm gonna lose it, I'm going to show you that I don't need you." She is proud of how much she lost then. "That was my first big achievement to myself."*

At 17 her weight dipped to 8 stone when she fell pregnant with Lea and suffered from morning sickness. Tina worries about two aspects of her health. The first is the abscesses on her lower back, which she has suffered from since the age of 11. She's had five operations, each time being in hospital for about two days and then having them 'packed' daily either by her Mum or the doctor. The last operation was just before she fell pregnant with Lea and she is hoping it will have been successful. The abscesses caused her to miss a lot of school; *"I done some of my GCSE's but I fell sick, I couldn't do the rest, I barely went to school 'cos I had the abscesses"* and she feels it has restricted her ability to exercise, such as swimming. The other problem is arthritis in her hands and feet that started after she gave birth to Lea. She wants to have a 'definition' – *"they think it is inflammatory"* - and is hoping a recent test will confirm whether it is or not.

Tina finds her Mum a big help in losing weight by limiting the type of foods that are purchased *"she contributes by like not buying silly foods and such".* On the other hand she finds the doctor really intimidating; *"Every time I've been, saying like I've got a bit of a weight problem, he says 'That's okay just go and run it off'… It's like it's not their problem they are paid to advise me what to do, but there's no care or appreciation put into it".* Alicia is a big support too; *"we bounce off each other".* However, she would find it harder to find the same motivation as when she was 14. She feels she would need external pressure to achieve weight loss. Ideally, she would want someone to be stricter with her and help to set strict goals. She reckons it is because she is now happier with how she looks. *"It's not as bad as when I was 14!"* She does want to *"tone up a bit"*, but likes her curves. Though when prompted further, she does feel ambivalent about her body image: *"If I had the choice I'd be a size 10 by now, if I had the choice… I'm happy as I am, I don't think there's a problem but when I'm with a group of people and they are all slim I do feel a bit conscious. But I'm happy as I am, I don't really think I need to change. If I had the option… if someone said to me so what size would you like to be, I'll give it to you right now, I'd say a size 10, but I'm not conscious of being… I mean I wouldn't walk down the street being conscious of how I look… But when I'm with my friends I do feel different".*

Alicia

According to Tina, Alicia was *"a big baby"* and has always been *"chubby."* At school, she is taller than most people in her year, though she says *"it's relative. It depends on which friend I'm speaking to!"* Alicia doesn't talk about her weight much. She says she doesn't see it as an issue, although she does say later that sometimes, she feels it prevents her from doing some of the things she would like to be able to do, like in PE, for example. She also says that she wouldn't speak to them about the fact that she has been on a weight management programme or that she would like to lose weight. She says that even if she trusts her friends, *"once one person knows something about you, everybody in the school knows it. I'm related to every single person in the school because."*

Although she doesn't explicitly link it to her weight, Alicia also says she spends a lot of time thinking about her future, and wonders what she will look like when she is older.

Ethnography H - Alicia and Tina - Ideal journey

Referral

On the

WHAT HAPPENED?

Word of mouth
Tina: *"I had a friend, her son went to the [programme]. She said it was good, so I looked for more info."*

Pre-assessement
Tina and Alicia were weighed, had a one-to-one conversation, and then received a confirmation letter .

12 weeks, 2 hours sessions, nutritio

Self-referral
Tina: *"It was our mum's decision. And mine."*

WHAT WAS GOOD

Whole family
Tina went along to each session, and brought baby Lea with her, even though there was no creche. *"It's a family thing. It's not even just for Alicia. They even teach things for Lea and for me."*

Fun
"It was half and half. An hour of learning and an hour of having fun!" Alicia.
"It was actually kind of fun because it was nice weather and the people were very nice. So I did enjoy going." ... "I felt very open with them, very comfortable" Tina

Goal setting
Alicia had to set goals, which she found helpful, because these seemed achievable. *"For example, one of the boys there, he did have desert like everyday, and then they tried to say how about 2 days of the week, don't have it. And so they just set us goals, an active goal and a nutrition goal."*

Convenient
Alicia: *"It was quite easy because after school I would just get on the [bus] and go straight."*

WHAT COULD BE BETTER

A bit nervous
Alicia worried about not fitting in. But after the first session, she eased into it and enjoyed it.

Weight management?
At first, Tina thought the course was about healthy eating. "I didn't think it was weight management... but when I got there and [they said] 'we're going to try and help you lose weight', I thought 'okay!' and it was even better for Alicia."

Age group
Alicia was the oldest girl in the group, which she felt a bit weird about at the beginning. She had fun, but didn't really make friends. *"One girl was a similar age to me, but I was the oldest there, which was weird really because I'm usually always the youngest."*

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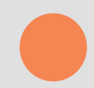
KEY

What worked well for them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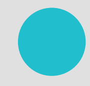

Opportunity or idea

THEMES

Social network and norms

Wellbeing and self-image

Aspiration and motivation

Control and choice

Experience of support

e programme

After

onal information and active games for the whole family.

Practical activities

"We went shopping one time, and we got this yogurt that only had like 3 grams of sugar and 0.5 grams of fat, and it actually tasted quite nice. Like, not as good at like obviously you know Cornys because that's full of sugar. But it actually tasted quite nice!" Alicia

One-to-one

Tina valued having one-to-one time in addition to the group sessions. *"Time to time they would pull you aside and have one-to-ones with you about like your daily routine, and how you can improve it and whatnot. So say once every other week, they'd use a 10mn conversation about how [Alicia] has been doing, and what things she needs to progress."*

Reward

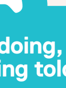
At the end of the programme, as a reward, the group was given certificates and taken to the swimming pool.

Weighing

Alicia has lost a bit of weight, and Tina *"lost nearly a stone, and put it back on again."* They don't know precisely, because, even though they were weighed at the start of the programme, in the middle, and at the end, they weren't told the numbers. They don't have a scale at home either. *"Mum doesn't like scales!"* But Tina has developed her own measuring system. She looks at her ankles: if they are swollen she has put on weight.

Putting learning into practice

Alicia found the nutritional information really helpful. *"We found out stuff that you wouldn't have really thought... For example, we had gone shopping before the programme, and we thought, you know the traffic lights, if it's green, it's healthy. But what I didn't realise is that they do it in different types of portions."* They have shared their new knowledge with their mum, and now take the time to look at labels when they go shopping.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oyed the e, but say have liked wn certain er than just nutritional on. *"They a bit more like every ighing and cal with the kids actually e 'Mum we me healthy need to be em how to that's how g to learn."*

Not realistic

When asked if the programme achieved what it set out to achieve Tina said *"No, I think they were trying to... obviously the kids to lose weight in a certain amount of time, but I think what they delivered it wasn't realistic they sat and spoke a lot more than they did activities... 'cos halfway through the sessions the kids were swaying off like tired and stuff."*

Recipes

They were given an activity book including recipes that offer lower fat and lower sugar options. The girls hadn't looked into it since the programme finished.

Impact?

Tina says she got along well with the other families on the programme, but feels disappointed that one dropped out. However, laughing she says she saw them in McDonalds. She also thinks that some families didn't quite take the content of the programme in: *"One I actually saw yesterday... But she was in the chicken shop!"*

Follow-up

Tina thinks *"they should do say a follow up call after a month and then 6 months."*

Ethnography I - Wayne and Adam - Summary

WAYNE AND ADAM'S STORY

TIER 2
AGED 9

Quick Facts

- Alicia just started secondary school.
- Tina has recently given birth to baby Lea and currently stays at home.
- Alicia wants to become an events manager, and Tina a DJ or radio producer.
- They have completed a 12 weeks weight management programme, and have lost a small amount of weight.

We meet **Lucia** and her sons, **Wayne** and **Adam**, in the cafe of their local health and leisure centre, which is also a GP practice, a library, a swimming pool, and backs onto a park. They arrive more than an hour late, because Lucia had to drive her husband to the hospital, all the way to Croydon. We spend the afternoon in the centre, while Wayne and Adam are waiting for their swimming classes to start, at 4pm for Wayne, and 5pm for Adam. The only reason they don't go to the same class is that *"they bicker all the time"*, so Lucia decided it was wiser to split them.

Wayne and Adam are twins. Adam was born *"5 minutes earlier,"* much to the annoyance of Wayne. Both arrive with ear phones in one ear, listening to music from their smart phone. They mostly like hip hop and rap music. Lil Wayne is their favourite artist. They also love reading. After about 20 minutes of sitting with us, they start bantering with the library staff, and almost immediately run upstairs to borrow 3 or 4 books each.

Apart from their shared passion for hip hop and books, they are very different from one another. Wayne is an extrovert. He is into sports, and wants to be a rugby player when he grows up. Lucia doesn't want to let him play, because she has heard it is a rough sport. He also like playing drums. Adam is more reserved. He plays the keyboard, and *"is good with computers. He wanted to be a doctor, but now he wants to be computer scientist."*

Ethnography I - Wayne and Adam - Core insights

Social networks and norms

Wayne and Adam are quite different physically. When they were born, Wayne weighed 3.5kg, while Adam was only 2.5kg. Wayne has always been bigger, But Lucia never saw it as an issue. *"He has always been a big baby, right from birth... He was even bigger than this... The more he is growing taller, the more he is losing weight. So I don't look at him and think he is overweight."*

Wellbeing and self-image

The twins both come across as confident children. They have different attitudes to food. Wayne enjoys food and sees it as a source of pleasure. For Adam, it's more complicated. Even though he is slim, he wants to avoid putting on weight, as he doesn't want to get teased at school, like his brother has been.

Lucia shows some old photos of her. *"Look how slim I was! There is no going back to that!"* Lucia says her weight problems started when she was breastfeeding. Feeding 2 babies was exhausting, so she started eating more. She is trying to shed a few pounds, but she prefers to think about it in terms of getting healthier, rather than focusing on weight *"because the more you think about it, you're going to be more stressed. So you're not going to be losing, you're going to be adding."*

The children decided to get a snack from the local chicken shop. Lucia agrees, but Lucia makes it clear that it's a rare treat.

"LOOK AT THIS ONE MUM. I REMEMBER THAT'S WHAT WE HAD WITH AUNTY. IT'S £1.89 EACH, SO IF WE GET 4, IT'S ONLY £7 SOMETHING."

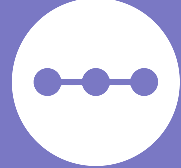
The boys love being active.

Lucia downloaded an app to measure how many calories she burns, but she finds it hard to find the time to exercise in her busy routine, since she works night shifts.

Aspiration and motivations

A big decision factor for Lucia and the boys to take up the programme was the fact that Wayne was teased at school for being tall and big.

Lucia is also trying to eat better and be more active. She has cholesterol and seems frightened by the prospect of heart failure. Her doctor told her to lose weight a while ago. He mentioned to her some weight management programmes, but she would have had to pay for them herself, which she wasn't ready to do. So she made up her own food routine - not eating after 7pm, drinking green tea in the morning. She also tried Zumba and AquaFit classes, but eventually, she stopped because it was too expensive. *"It was good, and it made me feel good, but it was £5 a session. I already pay £45 each month for the children's membership."*



Experience of support

Lucia, Wayne and Adam were mostly really satisfied with the weight management programme. Lucia feels like she got to know lots of things she never knew before. She used to trust the food industry, and didn't really question the nutritional value of the products. Now she is more aware.

The boys said they would love it if there were even more activities, not only on the programme, but also afterwards, so that they could carry on. They really liked the active games instructor and found it hard to say goodbye to him.

Lucia thought it was really well facilitated and really engaging for the kids.

Control and choice

The boys generally shop with Lucia. Wayne, especially, seems to like being part of the decision-making. At home, the boys' dad and Lucia have different rules. Their dad is stricter, and generally doesn't want them to snack between meals, while Lucia will allow them a treat from time to time.

Lucia is critical of the food industry. *"Advertising this junk food all the time… they should reduce it! Because it pulls the children. Because there are some parents who are quite lazy with cooking, and at the same time, there are also some parents who are not lazy with cooking, but because they don't want to buy for their children, it becomes a stress for them… because when the child is nagging, nagging and screaming, it drives them crazy as well! It's not easy to be a mother. It's a really really difficult task."*

Lucia is originally from Nigeria. Once a week, she cooks jollof rice and freezes enough portions for the whole week.

"Most things that kill people back home is things like diabetes, high cholesterol, high blood pressure… Because people just eat and eat and eat, they don't think of it… But there you have more organic food. Because people cultivate food. When I was growing up, in the back of my house, we had corn, tomatoes, cassava… It's fresh!"

Ethnography I - Wayne and Adam - Full write-up

Introduction

We meet Lucia and her sons, Wayne and Adam, in the cafe of their local health and leisure centre, which is also a GP practice, a library, and a swimming pool, and backs onto a park. They arrive more than an hour late, because Lucia had to drive her husband to the hospital, all the way to Croydon. We spend the afternoon in the centre, while Wayne and Adam are waiting for their swimming classes to start, at 4pm for Wayne, and 5pm for Adam. The only reason they don't go to the same class is that *"they bicker all the time",* so Lucia decided it was wiser to split them.

Wayne and Adam are twins. Adam was born *"5 minutes earlier"* though, much to the annoyance of Wayne. Both arrive with earphones in one ear, listening to music from their smart phone. They mostly like hip hop and rap music. Lil Wayne is their favourite artist. They also love reading. After about 20 minutes of sitting with us, they start bantering with the library staff, and almost immediately run upstairs to borrow 3 or 4 books each. *"Diary of a wimpy kid"* is Adam's favourite. Apart from their shared passion for hip hop and books, they are very different from each other. Wayne is an extrovert. He is into sports, and wants to be a rugby player when he grows up. Lucia doesn't want to let him play, because she has heard it is a rough sport. He also like playing drums. Adam is more reserved. He plays the keyboard, and *"is good with computers. He wanted to be a doctor, but now he wants to be computer scientist."*

The twins are joined by two of their cousins, who are also going swimming and everyone sits in the cafe waiting for Lucia to give the go ahead for the pool. The children get hungry. Lucia hesitates. She wants them to have enough time to digest before they go into the pool. At the counter, there are sandwiches, sweets and chocolate on display. Lucia sends Wayne to look at the chocolate bars and see if it's *"friendly or unfriendly."* Wayne reads the label with attention. *"It's unfriendly!"* he says, disappointed. Lucia explains that they learned how to read labels at the weight management programme they recently finished, which she feels has made a big difference to the way they now approach food.

Eventually, Lucia decides that she will go and buy them a snack. As the children are impatient to go into the pool, Lucia says: *"If you can wait an hour after you have eaten your snack, we'll get Mac Donalds!"* But Mac Donalds is a car ride away, and there is no space in the car to take everybody. So one of the kids suggests: *"Why don't we just go to Morleys! We can walk there."* Morleys is a chicken shop just across the road. Lucia decides she will go alone and leave the children in the library, so that she can choose herself, as she doesn't want the kids to go for the expensive options. Lucia has just crossed the road, when suddenly, Wayne appears behind her.

Lucia: *"What are you doing here?"*

Wayne: *"I just wanted to come and find you to see where you are."*

Lucia: *"Yeah, right, you wanted to come with us, so you can choose."*

At Morleys, Wayne and Lucia look at the big and bright food photographs that cover the walls and discuss the different options. They have a discussion about what is friendly, and what is unfriendly, but eventually make a decision based on cost. Wayne points at the 4 chicken wings and fries menu. *"Look at this one mum. I remember that's what we had with aunty. They like it. It's £1.89 each, so if we get 4, it's only £7 something."*

As they wait for their food, one of the men who work at the library enters the chicken shop. He says, jokingly: *"What are you doing here? It's not good for you!"* To which Wayne replies: *"What about you, it's not good for you either!"* When he gets his box, Lucia watches him spread the sauces on. She exclaims: *"Oh my god, this is too much!"* Meanwhile, Wayne spreads mayonnaise and barbecue sauce on each of the 4 boxes. Lucia seems a bit worried. She says to Wayne: *"Each one of you will give me one piece of chicken. So I get 4, and you all get only 3."* On the way back, she says it is an exception. It's just a treat, and they don't get treats really often. Back at the leisure centre, everyone takes a seat in the

sunshine and starts working through their box. When Lucia finally asks for the pieces of chicken from everyone, all protest, but eventually give her. But Wayne runs away into the park, sits on a bench and finishes his box alone.

The kids then have to wait at least half an hour before getting into the pool. Lucia would like them to sit still, but, re-energised, they race down the hill pretending to be Usain Bolt and Justin Gatlin, and play the 'dizzy game', spinning onto themselves.

Daily routine

It's the summer holidays. The twins mostly spend their time playing at home, visiting their cousins, and going to the swimming pool.

The family loves traveling, but this summer, they are staying in London. Lucia usually takes them to Nigeria, where she is from, at least once a year for Christmas, then to another country during the summer holidays. Lucia feels it is important for them to experience other cultures. So far, they have been to Italy, France, Norway, and Denmark. But this year, they can't afford to go. *"Mum is skint!" says Adam. Lucia then explains that her husban*d used to have a job in a security firm, but had to stop because of a knee injury. He now works in PoundLand, but his shift are irregular. Lucia works night shifts as a carer in a nursing home, and with her small salary, she finds that money has become a worry.

Lucia's work shifts generally run from 8pm to around 8am. She comes back from work around 8.30am, just on time to take the kids to school for 8.45am. The twins usually prepare their own breakfast, and used to enjoy experimenting with making cereals cocktails - mixing different kinds of cereals. Though now, they only have corn flakes, because the other cereals fall in the 'unfriendly' category. After the school run, Lucia goes to sleep until at least 1pm. The twins come back around 3pm. After school, on Thursday evenings, the kids go to Maths and English tuition. On Mondays, she takes them to their swimming class. During that time, she sometimes watches them from the window, or, when she is really tired, finds a couch upstairs in the library to doze off for a few minutes. She used to use the time to go to Aquafit classes, or to do Zumba in the gym downstairs. But eventually, she stopped because it was too expensive. *"It was good, and it made me feel good, but it was £5 a session. I already pay £45 each month for the children's membership. So that was too much. I preferred to cut the classes for me than for them."*

For dinner, they usually have anything else Lucia has cooked on the day. They love having chips, but now Lucia bakes them in the oven, instead of frying them. Lucia's speciality is Jollof rice - a Nigerian staple recipe of fried rice with vegetables. Lucia would usually cook a big pot of it once a week, then put individual portions in boxes and freeze it all for each day of the week. Sometimes, after their mum is gone to work, the twins might have crisps and yogurt before going to bed.

On weekends the family goes to church. At church, Lucia usually cooks for the community.

The boys like sports. They like jogging and running everyday. Adam used to like cycling, but his bike got stolen and he misses it a lot. Wayne used to like to play computer games, but the computer got broken and now the parents sent it to Africa to fix it, so he seems frustrated. His father has his own computer but Wayne is not allowed to use it. They also enjoy swimming and playing with their friends and Wayne shows us how to play king ball game, which is his favourite game.

Health and weight history

Wayne and Adam

Wayne and Adam are quite different physically. When they were born, Wayne weighed 3.5kg, while Adam was only 2.5kg. So Wayne "was a big baby" and has always been bigger. But Lucia never saw it as an issue. *"I never felt Wayne was overweight before. He is ok, he is running up and down, he is fit… He has always been a big baby, right from birth… He was even bigger than this… The more he is growing taller, the more he is losing weight. So I don't look at him and think he is overweight."*

However, when Wayne mentioned being teased at school because of his size, Lucia started to worry. *"When he keeps on saying that they are laughing at him, that he is too big, then I say to him you tell them that they are too thin! Because you're not doing anything, you are not eating junk…"* Then, when she heard about the weight management programme during a coffee morning of parents at school, something ticked in Lucia's head, and she signed up for it. Wayne is now part of an anti-bullying group at school, so knows how to stand up for himself.

Two brothers have a very different attitude to food. Adam doesn't like eating because he is concerned about putting on weight. For him food is a source of concern and uncertainty. While Wayne loves food. It makes him feel happy and satisfied. When dad is around they don't dare as much to pick. Mum says he is really active. For Wayne, what healthy means to be active, strong and nutritious. Wayne says people need to stop eating junk food to be healthy. He remembers watching Youtube videos of *"fat people eating junk food"* and this is why he thinks junk food is bad.

Lucia

Lucia found that going onto the weight management programme with her sons helped her as well. She is trying to eat better and be more active. She has cholesterol and seems frightened by the prospect of heart failure. Her doctor told her to lose weight a while ago. He mentioned to her some weight management programmes, but she would have had to pay for them herself, which she wasn't ready to do.

Recently, Lucia's sister, who still lives in Nigeria, found some old photos and messaged them to her. Lucia has kept the photos on her phone. *"Look how slim I was! There is no going back to that!"*

Lucia says her weight problems started when she was pregnant with the twins. *"We didn't know it was going to be twins until late in the pregnancy. We went for the scan, and the doctor said: 'sorry, we couldn't see it before but you are having twins.' My husband and I couldn't believe it! We said are you joking?"* She put on more weight when she started breastfeeding. Because she had to feed 2 babies and felt exhausted, she started eating more.

She is now trying to get pregnant again, and hopes for a girl, which the boys would like very much. *"Wayne says I should make 3 girls - one for him, one for his brother and one for his dad. And when I ask him 'What about me?' he said, 'Mummy, you look after everybody.'"* This has prompted her to think about dieting:

"I would say yes, I was trying to lose weight. Because when I was first told I need to lose weight if I want to get pregnant, I said come, on, I don't think I have weight! The only place I felt I had weight was my belly. Then when they say I need to lose it, I say ok, thank you! Then I started doing with the green tea. I drink green tea in the morning and hot water and lime just before going to bed, to detox everything. Then I was telling myself, that just after 7pm I don't eat. Even if I'm hungry, I just take fruits. I cut off the biscuits… Even if I'm going to work, I'll just put fruits in my bag. I put tangerine and apples, or carrots, or almonds. I buy

them in Aldi, or in Holland and Barrett. I also buy those Brazil nuts. Or celery sometimes. I eat celery stick all the time!"

But she prefers to think about it in terms of getting healthier, rather than focusing on losing weight. *"Because I don't want to think about it. So, if it's going to go, it's going to go, but what matters is the way I eat, and the exercise… That's what matters. But it's not by thinking about it, because the more you think about it, you're going to be more stressed. So you're not going to be losing, you're going to be adding."*

Fitting the exercise she need into her busy routine is a bit of a challenge, especially since she stopped the Zumba and Aquavit classes. She got an app that calculates how much she walks, and how many calories she spends, but she doesn't look at it everyday, because she would need to set it up properly for her to set daily goals and get rewards.

"For me to be successful is for me to be healthy. If I lose the weight, so be it, but if I don't lose the weight… Being healthy is still success."

Lucia compared the food and healthy eating culture in the UK and in Nigeria.

"Most things that kill people back home is things like diabetes, high cholesterol, high blood pressure… because people just eat and eat and eat, they don't think of it. they don't know the bad side effects of it, the don't know you are not supposed to eat certain foods, or eat just before you go to bed… Gradually, few charity organisations are helping out to raise awareness… for example about the red oil that people are using in cooking, the side effects of it, about exercise, healthy eating, etc."

But at the same time, she feels that the quality of the food in Nigeria is better, fresher. *"There you have more organic food. Because people cultivate food. Because I remember when I was growing up, in the back of my house, we had corn, tomatoes, cassava… And when it grow up, I pluck it, I cook it, and I sell as well! It's fresh! … Where I live here, there is one man I seen in the corner, he has a small farm, like he has spinach and everything. I always look at him, I laugh. It just makes me to remember home, because I always had something like that! It's nice because when you eat like that you eat things fresh, not preserved…"*

She seemed aware and interested in the big picture surrounding obesity and healthy eating issues, and was quite passionate about the role the government could play in restricting advertising of unhealthy foods, and saving money to the NHS through more prevention. *"It's when we eat to many conservative foods, too many preserved foods, too many chemicals… This is where the sickness is coming from. Because if you look at it, if we all eat healthy, nobody is going to be sick! the government is not going to spend money… But everybody wants to make money fast!"*

Her family back home has a farm, and she enjoys seeing the boys getting in contact with this side of the culture. *"We went to my brothers place, they helped to feed the chicken. And they also have piglets. the piglets were playing in the mud, and they said: "no!! this is not possible!" And then my sister's husband has a fish pond. He trades fish and sells them. He rears goats, he also has chicken. My boys were running around with those things! There is a video where Adam is pursuing the chicken around, wearing no shirt and just some pants like the kids over there! He said: 'I must catch that chicken!'… These are the things they don't get here, isn't it? Here you would be scared of the neighbour next door in your own home. But back home, the children are free to run around and play around…"*

Ethnography I - Wayne and Adam - Ideal journey

Referral

On the

WHAT HAPPENED?

Outreach

Lucia goes to regular coffee morning sessions at the twins' school. Once, someone joined and did a talk about the weight management programme. She signed up because it was around the time Wayne said other children were making fun of his size.

Pre-assessement

The family went to an assessment at the library, where they were weighed. Lucia was surprised that they weighed Adam and enrolled him as well, as he looks skinny to her. Eventually, they received a letter saying they were accepted onto the programme.

12 weeks, 2 hours sessions, nutritio

WHAT WAS GOOD

New people

The twins enjoyed the fact that the group was mixed up with people from different schools.

Engaging

Lucia thought it was really well facilitated. *"The information they passed on is very good. And the method they used, I like it, because the kids were all involved in it. Because they used cards, and the kids could touch them, and play with them... When you do practical things with them it stays with them! It was fun for them because they were in groups, and each group wants to win!"*

Language

Both the children and Lucia found the way information was broken down helpful, particularly in understanding what foods are *"friendly"* and what foods are *"unfriendly."* They liked that they used this language, instead of just *"fat"* or *"healthy"* because *"healthy"* is already used by marketing a lot, and is sometimes confusing.

WHAT COULD BE BETTER?

A bit nervous

Wayne: *"I was nervous at first because I thought I wasn't going to fit in."*

What worked well for them | Challenge or barrier | Opportunity or idea | Social network and norms | Wellbeing and self-image | Aspiration and motivation | Control and choice | Experience of support

programme | After

onal information and active games for the whole family.

Homework

"They got a book about food, food hygiene, answering questions for the kids. Yeah, they used it, because while we were on the programme, there were some pages we needed to go home, read about it, and when we come back we have to discuss about it, so the kids were doing it."

Reward

"After the programme, they gave us a reward, they took the kids swimming. Everybody agreed on what we wanted to do, so they went swimming, and then they had another free entrance to go for one more swim. But they haven't gone yet. Probably I'll do that this week, because that ticket will run out on the 31st of August."

Consumer

Lucia feels like she got to know lots of things she never knew before. She used to trust the food industry, and didn't really question the nutritional value of the products. Now she is more aware. *"Before I never thought that they would sell you something that is bad!... Now I know when there are too many calories and fat. And they never let you know, they tell you this is good for health, and you see the advertisement on television... it's bad!"*

More fun

Wayne generally found the first half a bit boring. *"It was good, but I tried to get them to skip to the activities, because I loved the games so much!"*

Ending

Ending the programme was a bit hard. The twins particularly loved one of the instructors, the one who facilitated the active games.

"The kids were fond of him! They were not happy when he said that's the end. They said: 'Oh no! We want to stay with you!'"

Carrying on

Wayne asked if the programme was going to start again. They would like to carry on, especially with the activities. Ideally, they would like free activities they could join after the programme finishes.

Ethnography J - Nathan

NATHAN'S STORY

TIER 3

AGED 11

Quick Facts

- Nathan just started secondary school.
- It is Nathan's second attempt at a weight management programme. He completed a 6 weeks programme when he was 8 and is currently enrolled on a tier 3 programme, which included a week long camp and subsequently weekly sessions.
- He has lost 4 pounds so far.

Introduction

Nathan is a quiet and curious 11-year old boy who's just started secondary school. He lives with his mum, dad and his 6-year old sister in their newly-built 4 bedroom house in Wigan. The family moved there only 12 months ago. There is a large garden with a trampoline where the children play in summer. Nathan's grandparents and friends live nearby.

Nathan's school is just 5 minutes away from where the family lives and Nathan is able to walk to school. Nathan likes school because he gets to meet his friends and he doesn't get bored. At home, he can get bored with playing video games. He's good at school and enjoys going there. His favourite subject is technology and design because this is the only class that doesn't feel like work. He can be creative which he enjoys a lot. When he's at home he likes to cook, bake, or play video games where he can build stuff. He seems to be exploring his creativity in many different ways.

Nathan's mum describes him as a sensitive and caring boy which seems to make him popular among his friends and teachers. Equally his sensitivity can sometimes make him vulnerable. For instance, he doesn't want to play football or rugby because he's not very good at it and he doesn't want to let his teammates down. So, he prefers not to do these sports activities at all. He would like to be able to do more physical activities, but feels restricted because he's not fit and healthy enough. He hopes that when he loses some weight he will be able to join in more activities. He also hopes that he will have to not go to the hospital so often.

Since he's 6 years old, he has seen a pediatrician who monitored his weight and sugar level in his blood. Nathan would just like to be healthy and not to have to go to the hospital again.

Nathan's mum is concerned about Nathan's physical and emotional wellbeing. She wants him to be confident and happy and feels that his weight may get in the way. She doesn't want other children to call him fat. That would make Nathan very sad. So she's working very hard to encourage Nathan and push him to go to the weight management classes and to lose weight. She's the key driver behind Nathan's weight loss journey.

Daily routine

Being a more studious and creative person Nathan enjoys going to school. He's good at design and technology and at maths. His passion for creativity becomes apparent when he started drawing his own superhero during our conversation. As he drew he became more confident and more talkative as well. He seems to prefer to do indoor activities like reading, playing video games, drawing and baking and cooking. Sometimes he goes and plays football with his friends after school. But, he doesn't really like football that much. If he had to choose among the various sports activities he would prefer volleyball and dodgeball. But, there's no club for that. So, he sticks with what his friends do, or just stays at home.

In the mornings Nathan has chocolate cereals, for lunch he now usually has a chicken panini and a cookie. In his first week at high-school Nathan was all excited about the many different food offers that he could get at the canteen and spent his £15 of pocket money only within 3 days. However, his mum intervened and explained to Nathan that this wasn't the healthiest and financially wisest choice for him. They agreed that he would not spend more than £3 per day which should enable him to get a panini, a cookie and some water for lunch. Nathan feels happy with this decision and follows this guideline. Around tea time Nathan has a cereal bar. And in the evening his Dad cooks some dinner. He usually cooks some pasta in the evening. Nathan complains about his Dad saying that *"he cooks all the time chicken and pasta in the microwave".* Nathan's mum agrees that her husband does not think about including vegetables in the meal. He thinks they are futile and follows the idea that *"potatoes are enough veg in the meal".* She explains that her husband's upbringing wasn't easy and that he himself had grown up with only bread and butter. So, he wants to offer his family a better diet, which often means hearty meals.

Charlotte, Nathan's mum, thinks that she needs to change her husband's habits and create weekly menus so the family eat more healthily as she doesn't believe that he would change his food choices by himself even though he is supportive of Nathan's weight loss journey. Charlotte also notices that her parents did not set the right norms by following the traditional idea that everybody has to finish their plate. Having grown up with his grandparents from when Nathan was a toddler Charlotte thinks that her parents *'overfed'* him and that he developed a strong appetite as a result of living with his grandparents. Nathan's grandparents looked after him since his first birthday because Charlotte went back to work. He stayed at his grandparents' home after school while he was still in primary school. Charlotte feels compelled to *'train'* not only Nathan, but also her husband and her parents' to ensure that they don't encourage bad food choices.

Nathan's sister is not affected by any weight issues. She loves vegetables and fruit contrarily likes to swim and goes to a weekly swimming class which she enjoys a lot.

On weekends Nathan gets some treats like milkshakes and pizza because he likes pizza a lot. However, because Nathan is now on a diet, he can only have *'pitta pizzas'* instead. These are self-made pizzas with pitta bread. They are smaller and healthier than the large pizzas. Once per month Nathan will be able to have a real pizza with lots of cheese.

Nathan likes to play on the slides and swings and also enjoys playing frisbee, though usually he tends to stay at home and read, or play with his playstation. On the weekends Nathan's parents are making an effort to take him out and walk in the fields, or play some games outside. Recently, Charlotte and Nathan walked 10 miles together. His grandparents also took him to a trampoline park which Nathan enjoyed a lot. Charlotte in particular thinks that moving more can enable Nathan to lose weight and maintain a healthy weight. And Nathan seems to embrace that idea, too.

When asked who the healthiest person is in Nathan's opinion he has a clear name: Usain Bolt. *"He runs a lot. I don't want to be that healthy though."*

Being able to run without getting out of breath is a marker of health for Nathan. Food seems to be only of secondary importance. The capability to do physical activities is both a means and an end of health. The underlying idea is that one doesn't need to pay close attention to what he or she eats as long as he or she does enough physical activities. The capability to do these easily is then an indicator of one's fitness and health.

Mum: *"Think of David. He's going to McDonald's every Friday as a treat. But, he's playing rugby and football and he's out and about. It's about going out and doing something instead of sitting in front of your XBox. When we were on holiday in August Nathan made friends with Chris and they talk on the XBox. And he's on it more than he used to be. This is why he's put on the 2 pounds."*

Nathan has a clear understanding of what healthy and unhealthy food options are but admits that he gets tempted by unhealthier food choices like pizzas, burgers and ice cream. His mum also agrees and comments that healthy food options are *'never on sale. It's only the unhealthy products that are on offer'.* That's very difficult for children and parents. She has to be very tough with Nathan to not give in and remind him of his commitment when he asks for ice cream in the supermarket.

Health and weight history

Charlotte explains that Nathan has always been a big baby and toddler and thinks that this is due to her parents' eating excessive eating norms. Nathan grew up and stayed with his grandparents when his mum was working and adopted thus a bigger appetite over time. It was in primary school when he was weighed and referred to a pediatrician that the family started to be concerned about his weight. He was in the top percentile and at risk of developing diabetes. The doctor, however, reassured Nathan's mum and said that there was nothing to worry about yet and that he will monitor Nathan's health every 6 months. Ever since, Nathan sees his pediatrician on a six-monthly basis.

Nathan defines health by the absence of health issues and being able to do physical activities easily. This makes it tangible for as to what Nathan wants to achieve at the end of the weight management programme. Being healthy means not having to go to hospital and not having to struggle walking uphill. He wants to be fit and happy and this is the ultimate end of health for him.

Parental coaching and encouragement is a key enabler for the child to engage with the activities

Nathan's mum highlights the importance of being motivated as a parent because the weight management programme will challenge and frustrate the children. This is the second time Nathan attends the weight management programme. He attended it for the first time when he was 8 years old. The programme lasted between 6 and 8 weeks and included weekly physical activity and food education sessions. Nathan did not like the physical activities. They were too difficult and so he would not engage in the activities. *"Everything was hard work."* Charlotte and Nathan would argue every time he needed to go to the sessions and also after the sessions. Charlotte had to push Nathan through the activities and encourage him. And even though Nathan engages much more positively with the with the current weight management programme

Charlotte still needs to coach and encourage Nathan when he has a low-moment.

Charlotte exhorts Nathan during the conversation about the food choices he makes.

Mum: *"Do you remember when we went to the supermarket last week? Do you remember what you asked for?"*

Nathan: *"No?"*

Mum: *"You asked whether I could buy you some ice cream because it was on offer. That's not good for you. You know that, don't you?"*

It feels like a practices and well-established schema where Charlotte points out the false behaviours of Nathan - like drinking too much juice, cordial or wanting to eat pizza, cheese and ice cream - and him looking guilty. Sometimes, he responded defensively though:

Mum: *"When he was in primary school all of his friends went to to McDonald's every Friday."*

Nathan: *"They only did that for about 8 weeks."*

Mum: *"I don't mean that... Think of David. Every Friday his mum took him to McDonald's for a treat..."*

Nathan: *"I don't want to go there though. I don't want burgers."*

Charlotte complains that Nathan seems to struggle to open himself up to new and types of food that are presented as substitutes to ice cream, cheese, pizza. She would like him to eat more vegetables, but can't make him eat these. His mum observed that Nathan was much more open to trying new types of healthier food while he was in the weight management camp. She feels that he shows less resistance to strangers when it comes to food than to his parents. At the last camp Nathan has discovered that he likes yogurt and chooses that as a treat instead of ice cream. Charlotte hopes he will be exposed to more alternative healthy food options in the next camp.

Experience of the weight management programme

Referral

Nathan attended a 6 week-long WMP with the same provider when he was 8 years old. But then everything felt like much more hard work and Nathan was resisting strongly to go and take part. It was only last summer when Nathan had his health checks that his pediatrician recommended to see a dietician. Nathan's blood pressure was high and he was borderline diabetic. Charlotte received a call from the weight management programme very quickly and gave her some information about the programme. She signed up Nathan for the Go Wild Camp and the subsequent weight management programme. Nathan is clear on why he's signed up to the weight management programme. It's primarily to lose weight and to stop having to see his pediatrician.

The Go Wild Camp

What they did

Last summer Nathan went to a summer camp where children do physical activities together throughout the whole day. Nathan only attended one week out of three weeks as their holidays overlapped with the camp.

On the first day the group did a walk of 2.5 miles after which the children had lunch. They spent the afternoon indoors playing ball-games or making clay models. Nathan comments that not all activities were *"proper"* because they did not have to run in all activities. In the evenings the children prepared dinner together which was fun for Nathan as he likes cooking.

The structure of the following days followed that of the first day, except that on one day the children attended a session around food which covered portion sizes and the types of food that they should be eating and the types of food and drinks they should be avoiding. The children were

also weighed once in that week. Nathan lost 4 pounds during that week.

How he felt

Nathan felt very frustrated at the end of the first day when he came home. He cried and said to his mother that he did not want to return to the camp. The walk was mostly uphill and very difficult for Nathan. He felt so tired that he wasn't able to do any of the afternoon activities well. He didn't like that. He wants to be able to do everything well.

Charlotte comforted Nathan and convinced him to go back and that he would be doing OK. He went back and was surprised that the walk and activities in the afternoon felt easier. From then onwards he was fully engaged and pleased in the programme.

Nathan enjoyed being outside and doing lots of activities. He particularly liked pond dipping where they discovered the wildlife in the ponds and waters. But he also liked canoeing and climbing a lot. Nathan proudly shares that he climbed the third highest mountain. He liked the instructors whom he describes as nice and encouraging. Looking back at his time with the weight management programme Nathan is proudest of his achievements at the Go Wild Camp where he lost 4 pounds. He's happy that he didn't give up after the first day and that he went back and kept going.

In the end of October there will be another 1-week long camp organised by the weight management programme where this time the children will stay overnight. Both Nathan and Charlotte look very forward to this camp because it was such a good experience in summer. Charlotte thinks that this camp will encourage bonds and friendships between the children which will be a helpful motivator for Nathan to keep on going.

The weekly sessions

What they did

Nathan has attended 3 sessions of his weight management programme since he has signed up. The sessions are on a weekly basis and last for an hour. Nathan was weighed at the first session and will be weighed at the last session in 8 weeks time. During the session the group of 15 do physical activities like basketball and dodgeball facilitated by the instructors. Parents are invited to participate, too.

How they felt

Nathan was a bit nervous initially. But, after week or two he was fine. He's the youngest child in the programme. There are some older girls who don't participate in the activities which he finds unfair sometimes. His mum discourages this behaviour and tries to encourage him to participate by playing with the children, too. She is grateful that the programme starts at 5pm which enables her to bring Nathan to the session. She mentions another class on Thursdays which would be good for Nathan. But the classes are too early for her working hours. She cannot leave work so early to drop Nathan at the weight management programme.

Nathan notices that his attitude has changed towards the programme this time. He is less resistant to the activities and participates in them as well as he can. He says that the activities feel less like hard work and are thus more enjoyable. He hasn't made any friends with the children on the programme. There is no opportunity to do so during the class. But, Nathan feels motivated by the fact that the instructors participate in the games. That makes it much more fun.

Charlotte points out that the programme was advertised as 1,5 hour long session where the first hour focuses on physical activities and the rest of the time on food education. This has not yet been offered which she laments. She would find it helpful to get information about healthy food options.

Changes at home

Nathan feels more active since he started the weight management programme. He lost 4 pounds since he started the weight management programme and feels more confident. He says he likes to join in more now. People also notice changes in his physical appearance and encourage his weight loss.

Since the summer camp Nathan is drinking more water instead of juices. He is also eating yoghurt and granola bars now instead of other sweet snacks. Nathan also notices that he feels full sooner even leaving some food aside.

Charlotte is trying to introduce the idea that Nathan doesn't need any desserts every time he has a meal. His mum is also trying to reduce the amount of squash that he's currently drinking because it's not good for his health.

What would they change in the weight management programme?

Information about food - The course was advertised as a session where the children would do some physical activities, but also learn about different foods, and food proportions. Charlotte wants to learn what alternative healthy food options there are and how they could make healthier choices. She would find it helpful if the weight management programme would help participants to understand these healthy life choices better.

More classes at out-of-work hours - Currently there is only one class available on a Tuesday that Nathan's mum is able to make. They would love to have the opportunity to attend more classes at a time that works for working families.

Weighing - Charlotte finds it strange that the instructors don't weigh the children regularly enough. She weighs Nathan at home on weekly basis to keep his motivation up.

Making friends - Nathan doesn't mind that he doesn't know any children at the programme. Charlotte, on the other hand, thinks that this would make a difference and create more motivation. She thinks that the Go-Wild Camp will be very helpful in developing friendships as the children will be staying at the camp for a week and they will be sleeping over as well.

Digital engagement - Charlotte laments that there is no opportunity for families to build relationships and engage in the programme. While parents are invited to participate in the sessions very few parents do so. Indeed, the majority drop off their children and pick them up when the session ends. She thinks that the weight management programme could create a social network on social media very easily which would enable parents and children to connect and stay engaged in the programme and do activities together outside of the sessions.

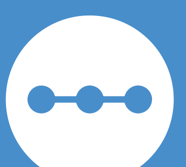
Future outlook - Nathan feels confident that he will continue to lose weight and become more healthy. He is expecting to be able to eat more of the stuff he likes and not to have to restrict himself as much in the future. And most importantly Nathan hopes that he won't have to go to the hospital every 6 months.

Social networks and norms

Nathan's mum thinks that Nathan has put on so much weight as a toddler because his grandparents set unhealthy eating habits. They encouraged him to eat big portions and sweets. Now, he needs to unlearn this.

Should weight management programmes also target specifically grandparents, cooks at home?

Encouraging friendships creates another motivator for people to continuously attend weight management programmes and to keep the motivation high.



Experience of support

When Nathan participated in the same weight management programme a few years ago he did not engage with it. It "felt like too much hard work". There may be a tolerance threshold for participants as to what level of effort they can tolerate and what is just beyond their tolerance threshold. Instructors need to find the right balance for each participant between pushing them and not pushing them too hard.

Accessibility of the weight management programme sessions matter - Nathan could not attend other weight management programmes because they were too far away, or at inconvenient times for his working parents.

Aspiration and motivations

Nathan has a clear and tangible goal as to what he wants to achieve - he doesn't want to go to the hospital anymore and be able to do physical activities easily.

Nathan needs someone to motivate him to do physical activities and eat more healthily. He will not do that by himself. Currently, his mum is nudging him.

Parents' motivation is a key enabler in weight loss for children - If it was for Nathan he would have given up the weight management programme after the first day because it felt too frustrating. His mum kept pushing and challenging his belief of what he was able to do. She did emphasise that this wasn't emotionally easy for her because she doesn't like to see him crying and suffering. But, she believed in the longer term this would help Nathan in his weight loss and confidence.

Wellbeing and self-image

Nathan's confidence and wellbeing is a key motivator for Nathan's mum for him to participate in the weight management programme as she wants him to grow up and feel confident about himself.

Ethnography J - Nathan - Ideal journey

Referral

On the

WHAT HAPPENED?

What they did before

Nathan attended a 6 week-long WMP with the same provider when he was 8 years old. But then everything felt like much more hard work and Nathan was resisting strongly to go and take part. It was only last summer when Nathan had his health checks that his pediatrician recommended to see a dietician. Nathan's blood pressure was high and he was borderline diabetic. Charlotte received a call from the weight management programme very quickly and gave her some information about the programme.

Signed up for the Go Wild Camp

She signed up Nathan for the Go Wild Camp and the subsequent weight management programme. Nathan is clear on why he's signed up to the weight management programme. It's primarily to lose weight and to stop having to see his pediatrician.

The Go Wild Camp

Last summer Nathan went to a summer camp where children do physical activities together throughout the whole day. Nathan only attended one week out of three weeks as their holidays overlapped with the camp.

First day - a

On the first day the group did a wa had lunch. They spent the afternoo clay models. Nathan comments tha they did not have to run in all ac prepared dinner together which w

Weight Manag

Nathan has attended 3 sessions of his weight manage on a weekly basis and last for an hour. During the se and dodgeball facilitated by the instructors. Parents a programme starts at 5pm which ena

WHAT WAS GOOD

WHAT COULD BE BETTER?

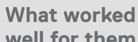
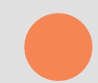
Felt very frustrated

Nathan felt very frustrated at the end of the first day when he came home. He cried and said to his mother that he did not want to return to the camp. The walk was mostly uphill and very difficult for Nathan. He felt so tired that he wasn't able to do any of the afternoon activities well. He didn't like that. He wants to be able to do everything well.

No social bo

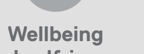
He hasn't made a with the childre programme. Th opportunity to do the class. But, Na motivated by the f instructors partic games. That mak more fu

KEY

What worked well for them | Challenge or barrier | Opportunity or idea

THEMES



Social network and norms | Wellbeing and self-image | Aspiration and motivation | Control and choice | Experience of support

e programme

After

tough walk uphill

alk of 2.5 miles after which the children on indoors playing ball-games or making t not all activities were "proper" because ctivities. In the evenings the children was fun for Nathan as he likes cooking.

Some food education

The structure of the following days followed that of the first day, except that on one day the children attended a session around food which covered portion sizes and the types of food that they should be eating and the types of food and drinks they should be avoiding. The children were also weighed once in that week. Nathan lost 4 pounds during that week.

ement Programme

ement programme since he has signed up. The sessions are ssion the group of 15 do physical activities like basketball are invited to participate, too. Charlotte is grateful that the ables her to bring Nathan to the session.

Activities at WMP

Nathan notices that his attitude has changed towards the programme this time. He is less resistant to the activities and participates in them as well as he can. He says that the activities feel less like hard work and are thus more enjoyable.

Enjoyed activities and feel proud of his achievements

Nathan says he enjoyed being outside and doing lots of activities. He particularly liked pond dipping where they discovered the wildlife in the ponds and waters. But he also liked canoeing and climbing a lot. Looking back at his time with the weight management programme Nathan is proudest of his achievements at the Go Wild Camp where he lost 4 pounds. He's happy that he didn't give up after the first day and that he went back and kept going.

onding

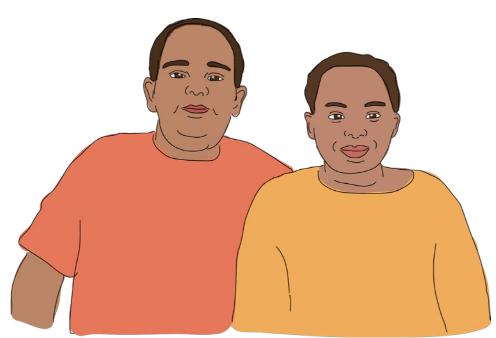
any friends en on the ere is no o so during athan feels act that the ipate in the es it much n.

Food education

Charlotte points out that the programme was advertised as 1,5 hour long session where the first hour focuses on physical activities and the rest of the time on food education. This has not yet been offered which she laments. She would find it helpful to get information about healthy food options.

Ethnography K - Fahmi and Nadifa

FAHMI + NADIFA'S STORY



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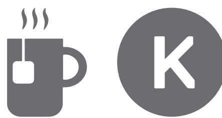


Quick Facts

- They live with their mum, dad, ad their 2 other siblings who are 10 and 5 years old.
- Their mum is also overweight, while their dad and the other 2 siblings are of a healthy weight.
- They were referred to the programme by the school, through NCMP letters.
- The programme consists in weekly sessions over 3 months, once a year. It is the third year they attend.

Introduction

I meet the Farhan family in their 2 bedroom flat in East London on a sunny autumn afternoon. The flat is on the top floor of a building which is located on an animated main street where dozens of take-away stores, little ethnic markets and electronic stores are piled up on each other. Opposite the Farhan family's home is a large McDonald's and no sight of any healthy-looking food store or restaurant. There is also no park within eyeshot.

I enter the flat and Amina, Nadifa and and Fahmi's mother, lets me in. I meet Nadifa and Farhan who are 9 and 8 years and their 2 other siblings who are each 5 and 10 years old. School has just ended and all children are in their pyjamas ready for dinner and bedtime. Nadifa and Fahmi sit quietly on the sofa and listen to why I am here in their home. The other two children play in their room. The children are full of energy and enthusiasm. They share with me their favourite games on the weight management programme and what games they like to play at school. Fahmi blurts out guiltily that he ate some chocolate the day before. They used some chocolate coins in their topic class to do a role play. At the end of the class he ate the coin. He knows he isn't meant to eat chocolate. But, it was too tempting. Fahmi and Nadifa get so excited when they tell me about their friends and the games they play together that they start screaming and jumping on the sofa and chairs. Nadifa's favourite sport is football which she plays twice per week during her lunch break at school. Fahmi doesn't like to do sports in his lunch break. He prefers to play games with his friends. His favourite game is

playing tag. He does karate on Saturday mornings. He is yet a white belt, but wants to become a black belt very soon. Their youngest brother sneaks in every now and then to participate in this new and exciting conversation and share his opinions. Amina reproves her children initially, but lets them get on with their activities. She prepares dinner for the family while we talk.

Daily routine

Fahmi and Nadifa get up around 7am in the morning. For breakfast Nadifa has weetabix with some fruit, usually some grapes or apples. Fahmi prefers coco pops or weetos. Amina makes sure they have only small portions of food throughout the day, including for breakfast. At school the children can chose to have some fruit from their fruit basket. Nadifa eats sometimes a pear. And at lunchtime Nadifa usually has a tuna wrap from the canteen, which she says is her favourite meal. Fahmi seems indifferent. He particularly likes fish and pasta, but is happy to eat anything really. They both like potatoes, rice curry or a chicken burger. Fahmi will sometimes have some biscuits in the afternoon. Nadifa prefers to drink some juice instead. Dinner time is around 4:15-4:30 when the children's Dad comes home from work. Amina will prepare a balanced meal that typically includes pasta (Fahmi's favourite) or rice with some meat or fish and some vegetables. When I am with the family they generously offer to have dinner together. We have some spaghetti with tomato sauce, some chicken and some salad on the side. The children get well filled smaller plates. As dessert the family eat some apples cut by Amina. Usually, the children do their homework after dinner and then can play some games.

Fahmi and Nadifa have a busy schedule. On the weekends the children get some tuition in English and Maths for 4 hours. They also go to their Koranic lessons which again usually lasts up to 4 hours. Fahmi additionally attends karate classes on Saturday mornings. Sometimes his Dad takes him out to do some swimming, or to play football. Nadifa doesn't do any sports activities on the weekend. But, her Dad is investigating whether there are any karate sessions for girls only because Nadifa loves to move.

Since the weight management programme they play around much more. Before, they usually sat on the sofa and watched TV, or played with the IPad. Now, they do some physical activities at home. They run in the living room and play freeze tag, or they jump on the chair. Both Nadifa and Fahmi seem very active children. Even during the interview they are moving around a lot . They say they loved the weight management programme because it was full of physical activities and games which they enjoyed a lot. They yearn to go out and play games.

In the summer holidays Amina took the children to the weight management summer camp where they played a lot of games in the school yard, or the spider park. They do competitions with their scooters, play football, or spin on a roundabout. Now, that it is winter it's too cold to go outside. It gets dark as well. So, the children play games at home.

Amina explains that since the weight management programme she has made some critical changes to the diet of the children. As the cook of the family she has reduced the children's portion sizes, she prepares more balanced meals following the weight management programme's guidance. Every meal will include some vegetables which the children seem to enjoy. Most importantly, Amina has banned any fat and sugary food and drinks. She used to buy crisps, fizzy drinks, chocolate spreads and other unhealthy snacks for the children, of which they were allowed to have as much as they wanted to. However, now they can only have one fruit, or some yoghurt if they want a snack. It is only on Sundays that the children can have a sweet treat.

Amina explains that it was not difficult to introduce these changes at home because Fahmi and Nadifa themselves agreed and accepted that they needed to change their diet. Amina thinks that she would not have been able to make these changes without the support from the weight management programme, primarily because she didn't realise

the negative impact of the children's diet and secondly because the children would have been much more resistant if she had forbidden crisps and sweets all of a sudden. Hearing the advice from experts was essential and necessary for her and the children to make these changes at home. The instructors offered separate food information sessions for the parents and the children. Usually, when the children were playing games one lifestyle coach would run a food education session in parallel with the parents of the children. After that, the same coach would run the same session with the children.

Health and weight history

Fahmi is a year younger than Nadifa, but also taller and larger. He eats his meal more quickly than Nadifa and also asks for biscuits and sweets. When he gets some juice from his Mum he drinks it in a flash. Without having to ask for it, his glass gets filled up by his Mum when she serves his food. This is exceptional because they have a guest at home, Amina explains. Normally, the children are only allowed to have water. Fahmi also eats the fruit that he gets from his mother instead of the biscuits in a flash. Amina doesn't ask the children whether they want any dessert, but offers it to them without any prompt.

Fahmi really enjoys food and talks about his treats guiltily. He admits that he *"sometimes"* has ice cream - *"in summer only".* His favourite ice cream is vanilla and chocolate. But, now he only eats fruit, which he likes, too. He likes grapes and strawberries the most. The children tell me how in the evening their Dad prepares some fruit for them. And last night they ate so many apples and grapes! The children burst out in laughter again.

Nadifa seems rather indifferent with regards to food, except for tuna wraps. They are her favourite meal. She is in no haste to finish her meal, drink her glass of juice or eat some apples. She is more silent in comparison to her brother. Whenever she shares a story, Fahmi gets excited and joins in the conversation and shares his stories and opinions with us.

There is a nice complicity between the siblings which is probably due to their close age. They have the same friends with whom they play in their lunch breaks and they have their own secrets which Fahim accidentally blurts out. He tells me how some children in their class call them, or other overweight children, names. Nadifa gives him a shocked look, after which Fahim starts to stutter. He realises that he may have hurt his sister. But, then Nadifa gives in and shares her experiences of children calling her big and incapable of running. Fahim tells me how two children had called him big. I ask what they responded to these children. Nothing, they say. For the first time Fahmi, whose eyes have been sparkling and who has been shouting and giggling throughout the interview, goes silent and looks down on his feet. Nadifa defends her brother and says that this was rude. She says it in a very grown-up and outraged fashion. Amina agrees. She explains that the Life Coach pointed out that no one was ever to be called big. She looks puzzled. She says that she will address this with the parents of the children. Fahmi and Nadifa look relieved and their mood changes again.

Nadifa repeats on several occasions that her goal is to be *"skinny, but not too skinny".* She wants to be slim like the other girls in her class. And she certainly doesn't want anybody to call her, or her brother, names. Fahmi is less worried about his appearance. He says that he wants to lose weight so he becomes a *"healthy adult".* He wants to live until 97 years and be fit and healthy. He also seems to think that being a bit big is good because that symbolises physical strength. His understanding of weight and size seems more ambiguous, whereas his sister's understanding is clear. There may also be a gender bias intertwined in these different conceptualisations.

Amina, Fahmi and Nadifa have some issues with their weight. Their other two siblings and their Dad don't. Amina thinks that this is because Fahmi and Nadifa must have taken after her family which have a history of weight issues. The other two children, on the other hand, must have taken after their Dad's family who are all slim. Nonetheless,

this view doesn't lead Amina to think that there is nothing she can do about her weight. She can and she tries.

Experience of the weight management programme

Referral

The family has been on the weight management programme for three years. Fahmi was referred to the programme first when he was 5 years old. The family received a letter from the National Child Measurement Programme (NCMP) which stated that Fahmi needed to lose some weight. Amina went to see his teacher who confirmed and told her about the weight management programme which took place at the children's primary school every Thursday afternoon to help families and children to lose weight. Amina felt alarmed by the teacher's explanation and attended the first session of the weight management programme. She explained that she was unable to leave her other children at home and so they were also able to participate in the weight management programme with their siblings. Last year, however, Nadifa was also referred to the weight management programme by her school nurse. It is unclear why Nadifa had gained weight while she had attended the weight management programme over the last two years.

During

The family has no distinctive memories about the first session on the programme. However, they say that they were very happy with the programme and the Life Coaches. Amina had to make some adjustments with her employer to attend the weight management sessions with her children. But, that was worth it because she learnt a lot on the programme, not only on nutrition and physical activities, but also on parenting skills. And the children just loved the sessions. They ask their Mum when they can go back to the programme, which is probably the best indicator for the effectiveness of the engagement of the weight management programme. Sadly, Amina explains that she can't bring the children to the weight management programme this year because it is taking place in a different school which is in 30 minute walking distance and too far away for the family. Both Fahmi and Nadifa look disappointed and sad when they hear that they can't attend the games.

The programme lasted for 3 months each year. At the end of the 3 months there did not seem to be any contact between the programme and the families. The sessions took place every Thursday afternoon around 3:40 to 6pm. Roughly 10-15 children participated and 10 parents.

The weight management session was divided in two parts - one targeting the children and one targeting specifically parents. While 2 Coaches played games with children the parents were getting some nutritional information from the Life Coach. After their session it was the children's turn to get some food education. The Life Coaches brought some fruit and vegetables which the children were able to eat in the sessions. It allowed Fahmi and Nadifa to realise that fruit was really nice. On one occasion during the programme a psychologist attended a session to provide psychological support to the families. However, Amina could not attend that session. Amina got a free pass for the gym and swimming pool while she attended the weight management programme with her children. She used that opportunity to attend zumba and swimming classes, which she enjoyed a lot. Sadly, with the end of the weight management programme Amina is not able to sustain these activities. She would not be able to pay for the zumba classes or the swimming pool.

After

Thanks to the dietary changes and these exercises Amina has lost nearly 20 kilogrammes over the last three years. Amina is less clear on how much weight her children have lost. They have received a letter from the programme which stated their weight loss, but she can't find it anymore. She thinks that Fahmi must have lost nearly 10 kilogrammes whereas for Nadifa she was not quite sure.

Social networks and norms

- The service targets parents separately and specifically to ensure they make changes in the children's diet and physical activities. This seems to have worked very well for Amina personally and also possibly Fahmi. It is less clear why Nadifa gained weight while she had attended the weight management programme with her family for 6 months over a period of 2 years.

Wellbeing and self-image

- Fahmi and Nadifa have both been bullied by other children at school because of their weight and which seems to be a concern for them.

- Amina explains that she does not criticise her children for what they want to eat. And one can feel this with the children. Their weight does not seem to be an issue for them to the extent that it does not prevent them from engaging in sports activities and playing games with their friends. They seem confident, sprightly, and full of joy and energy.

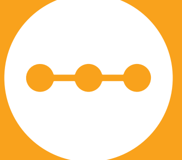
Aspiration and motivations

- For Nadifa and Fahmi having fun is the primary reason to attend the weight management programme. They seem less concerned about their appearance of weight loss. The programme enabled them to have fun by enabling them to play games with their peers.

Control and choice

- The service targets parents separately and specifically to ensure they make changes in the children's diet and physical activities. This seems to have worked very well for Amina personally and also possibly Fahmi. It is less clear why Nadifa gained weight while she had attended the weight management programme with her family for 6 months over a period of 2 years.

- Getting children on board for dietary changes - Amina explains that it was easy to introduce changes in their diet because her children themselves agreed that they needed to change that thanks to the weight management programme. The programme presented viable alternatives by offering fruit and vegetables during the sessions which enabled the children to understand, feel and experience the difference. With Fahmi it is less clear where he stands as he seems to miss eating sweets.



Experience of support

- Amina is grateful for the programme because she has learnt a lot not only about nutrition and physical activities and the importance of that for health. But, she improved her parenting skills as well.

- Physical activities can be fun if they are not focused on performance, but on play. Children are more likely to engage in games if the focus is not on their individual performance, but that of the team.

- Amina was able to bring her other children along with Fahmi and Nadifa which enabled her to participate and engage in the programme. Neither she, nor Nadifa or Fahmi would not have been able to attend otherwise.

- Amina is not able to attend the weight management programme this year because it is located in a school that is further away and difficult for her to reach by foot. A bus pass could enable her and the children to get there.

- Amina attended zumba classes and went to the swimming pool while she was on the programme because she had a free gym membership. Once the programme ended she stopped to attend these classes, too because she was not able to pay for them. Getting a free membership for the whole family would enable her and the family to sustain these activities also once they leave the programme. This would enable the children to do some physical activities also in winter where they struggle to find a space.

Ethnography J - Nathan - Ideal journey

Referral

On th

WHAT HAPPENED?

Received a letter from NCMP

Fahmi was referred to the programme first when he was 5 years old. The family received a letter from the National Child Measurement Programme (NCMP) which stated that Fahmi needed to lose some weight. Amina went to see his teacher who confirmed and felt alarmed by the teacher's explanation and attended the first session of the weight management programme.

Referred by school nurse

A year ago Nadifa was also referred to the weight management programme by her school nurse. It is unclear why Nadifa had gained weight while she had attended the weight management programme over the last two years.

The programme lasted for 3 months each year. Th
Roughly 10-15 ch

WHAT WAS GOOD

WMP targeted and engaged separately and specifically parents

The weight management session was divided in two parts - one targeting the children and one targeting specifically parents. While 2 Coaches played games with children the parents were getting some nutritional information from the Life Coach. After their session it was the children's turn to get some food education.

Fun comes first

For Nadifa and Fahmi having fun is the primary reason to attend the weight management programme. They seem less concerned about their appearance of weight loss. The programme enabled them to have fun by enabling them to play games with their peers.

Fruit and vegetabl

The Life Coaches broug
some fruit and vegetabl
which the children wer
able to eat in the sessio
It allowed Fahmi and
Nadifa to realise that fr
was really nice.

WHAT COULD BE BETTER?

Psychological support for families on dema

On one occasion dur
the programme a
psychologist attend
a session to provid
psychological suppor
the families. Howev
Amina could not atte
that session.

THEMES

What worked well for them

Challenge or barrier

Opportunity or idea

Social network and norms

Wellbeing and self-image

Aspiration and motivation

Control and choice

Experience of support

e programme

After

e sessions took place every Thursday afternoon around 3:40 to 6pm.
ildren participated and 10 parents.

No contact after the session

At the end of the 3 months there did not seem to be any contact between the programme and the families.

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Childcare

Amina was able to bring her other children along with Fahmi and Nadifa which enabled her to participate and engage in the programme. Neither she, nor Nadifa or Fahmi would not have been able to attend otherwise.

Free gym membership pass

Amina got a free pass for the gym and swimming pool while she attended the weight management programme with her children. She used that opportunity to attend zumba and swimming classes, which she enjoyed a lot. Sadly, with the end of the weight management programme Amina is not able to sustain these activities. She would not be able to pay for the zumba classes or the swimming pool.

More confident parents

Amina is grateful for the programme because she has learnt a lot not only about nutrition and physical activities and the importance of that for health. But, she improved her parenting skills as well.

Success

Thanks to the dietary changes and these exercises Amina has lost nearly 20 kilogrammes over the last three years. Amina is less clear on how much weight her children have lost. They have received a letter from the programme which stated their weight loss, but she can't find it anymore.

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Physical accessibility

Amina is not able to attend the weight management programme this year because it is located in a school that is further away and difficult for her to reach by foot. A bus pass could enable her and the children to get there.

Appendix 8 **Ethnography recruitment materials**

Flyer adults front

V3 - 16 May 2016

Have you ever had a conversation with a professional about losing weight?

Would you have a morning or an afternoon to tell us about your experience?

We are looking to speak with people who are getting professional support to lose weight, or who have tried weight management programmes, such as Weight Watchers, Slimming World, or others.

Your contribution will help people all over the country to access the right support to achieve a healthier weight.

£40 voucher to thank you for your time

We can come to your place, or meet anywhere else you would find comfortable:

To find out more, contact Nil:

nil.guzelgun@innovationunit.org

020 7250 8087

Flyer adults back

Hearing directly from you about your experience, including what motivates you, and about the barriers you face in your daily life to achieve a healthy weight, will be key to designing services that work well for people.

Who is behind this?

The research is run by the Innovation Unit on behalf of Public Health England. The Innovation Unit is a not-for-profit organisation that works with councils and communities across the UK to design better public services.

Who can participate?

We would like to hear from you if you:

- are over 16
- have been referred by your doctor or another health professional onto a weight management service
- live in Newham, Greater Manchester or Suffolk

We will not exclude you if you do not meet the criteria below, but would particularly welcome hearing from you if you:

- have children who are also looking to lose weight
- you have have tried but dropped-out of a weight management service
- you are a man

What will it involve?

If you are interested in taking part, you will spend half a day (up to 4 hours) with a researcher for a conversation about your current life. We will thank you with £40 in vouchers.

What happens to this research?

It will be used to develop ways to better respond to needs of people who are overweight or obese. Everything you tell us is confidential. We will not share your name or contact details. Taking part in the research will not affect any benefits or support you personally receive.

If you are interested in talking to us, contact Nil: 020 7250 8087

nil.guzelgun@innovationunit.org

Nil is an experienced research coordinator at the Innovation Unit. When you contact her, she will ring or email you to tell you more about what the research will involve. You will have an opportunity to ask her any questions you have about the research.

Flyer families front

V3 - 16 May 2016

Do you have a child who is trying to lose weight?

Would you have a morning or an afternoon to tell us about your experience?

We are looking to speak with children aged 4 to 11 who are overweight or obese and their parent(s) or legal guardian(s). Specifically, we are looking for children who are getting professional support to lose weight, or who have tried weight management programmes, such as My Time Active, Beezee Bodies, Henry, or others.

Your child's contribution will help other children all over the country to access the right support to achieve a healthy weight and better lifestyle.

We can come to your place, or meet anywhere else you would find comfortable:
To find out more, contact Nil:
nil.guzelgun@innovationunit.org
020 7250 8087

Flyer families back

There are a lot of good weight management services out there, but we need to know more about what works from the perspective of people who use these services.

Hearing directly from you and your child about your experience, including what motivates them, and about the barriers they face in their daily life to achieve a healthy weight, will be key to designing services that work well for people.

Who is behind this?

The research is run by the Innovation Unit on behalf of Public Health England. The Innovation Unit is a not-for-profit organisation that works with councils and communities across the UK to design better public services.

Who can participate?

We would like to hear from you if you:

- have a child aged 4 to 11
- have been referred by your doctor or another health professional onto a weight management service
- live in Newham, Greater Manchester or Suffolk.

What will it involve?

If you and your child are interested in taking part, you will spend half a day (up to 4 hours) with one or two researcher for a conversation about your current life. **We will thank you with £40 in vouchers.**

What happens to this research?

It will be used to develop ways to better respond to needs of people who are overweight or obese. Everything you and your child tell us is confidential. We will not share your name or contact details. Taking part in the research will not affect any benefits or support you personally receive.

Who will I talk to?

Contact Nil on the number or email below if you are interested. Nil is an experienced research coordinator at the Innovation Unit. When you contact her, she will ring or email you to tell you more about what the research will involve. You and your child will have an opportunity to ask her any questions you have about the research.

If you are interested in talking to us, contact Nil:
nil.guzelgun@innovationunit.org
020 7250 8087

Flyer professionals front (adults recruitment)

V3 - 16 May 2016

Can you put us in contact with people who have experience of weight management services?

We are looking to speak with people who are overweight or obese, and have been getting support to lose weight, or have tried weight management programmes, such as Weight Watchers, Slimming World, or others.

This research is conducted by an independent organisation, on behalf of Public Health England. The aim is to understand what works and what doesn't work from the perspective of people. The research will inform the development of better support for people to achieve a healthy weight and a better lifestyle throughout the country.

To find out more, contact Nil:
nil.guzelgun@innovationunit.org
020 7250 8087

Flyer professionals back (adults recruitment)

Between 1993 and 2013 the proportion of adults that were obese in England increased from 13.2% to 26% among men and from 16% to 24% among women. Over 60% of the adult population were overweight or obese in 2013.

Obesity is a complex problem with no clear cut solution. There are a lot of good programmes out there, but there is still little evidence around what makes an effective weight management service, or about how it should be integrated with other services.

Hearing directly from service users about their experience, including what motivates them, and about the barriers they face in their daily life to achieve a healthy weight, will be key to designing services that are effective in the long-term.

Who is behind this?

The research is run by the Innovation Unit on behalf of Public Health England. The Innovation Unit is a not-for-profit organisation that works with councils and communities across the UK to design better public services.

What will it involve?

Participants have 2 options.

1. They can join a 3-hour group discussion. We will thank each interviewee with £20 in vouchers.
2. They can spend half a day (up to 4 hours) with a researcher for a more in-depth conversation about their current life. We will thank each interviewee with £40 in vouchers.

What happens to this research?

It will be used to develop ways to better respond to needs of people who are overweight or obese. It will inform the development of a new blueprint that will support and guide local commissioners and service providers.

Everything they tell us is confidential. We will not share their name or contact details. Taking part in the research will not affect any benefits or support they personally receive.

How can you help?

We need your help to find people willing to talk to us about their experience. If you are in contact with people who:

- **are overweight or obese**
- **have been on a tier 2 or tier 3 weight management service, or have received medical support to lose weight**

If they are happy for you to do so, we would like you to pass us their name and telephone number, so that we can get in touch directly. They can also call us themselves to find out more.

When we speak to them on the phone we will explain more about the research and we will ask a few questions to establish whether they fit our criteria. If so, we will schedule a date to meet with them.

If you want to help, or have any questions, please contact Nil Guzelgun, Researcher at Innovation Unit:

nil.guzelgun@innovationunit.org
020 7250 8087

Many thanks, your support will be invaluable.

Flyer professionals front (children recruitment)

V3 - 16 May 2016

Can you put us in contact with children who have experience of weight management services?

We are looking to speak with children aged 4 to 11 who are overweight or obese and with their parent or legal guardian. Specifically, we are looking for children who are getting medical support to lose weight, or have been on weight management programmes, such as My Time Active, Beezee Bodies, Henry, or others.

This research is conducted by an independent organisation, on behalf of Public Health England. The aim is to understand what works and what doesn't work from the perspective of children. The research will inform the development of better support for children to achieve a healthy weight and a better lifestyle throughout the country.

To find out more, contact Nil:
nil.guzelgun@innovationunit.org
020 7250 8087

Flyer professionals back (children recruitment)

In 2014/15, nearly 20% of children in Year 6 were obese. A further 14.2% were overweight.

Childhood obesity is a complex problem with no clear cut solution. There are a lot of good programmes out there, but there is still little evidence around what makes an effective weight management service, or about how it should be integrated with other services.

Hearing directly from children about their experience, including what motivates them, and about the barriers they face in their daily life to achieve a healthy weight, will be key to designing services that are effective in the long-term.

Who is behind this?

The research is run by the Innovation Unit on behalf of Public Health England. The Innovation Unit is a not-for-profit organisation that works with councils and communities across the UK to design better public services.

What will it involve?

Participants have 2 options.

1. They can join a 3-hour interactive and fun workshop. We will thank each interviewee with £20 in vouchers.
1. They can spend half a day (up to 4 hours) with a researcher for a more in-depth conversation about their current life. We will thank each interviewee with £40 in vouchers.

What happens to this research?

It will be used to develop ways to better respond to needs of people who are overweight or obese. It will inform the development of a new blueprint that will support and guide local commissioners and service providers.

Everything they tell us is confidential. We will not share their name or contact details. Taking part in the research will not affect any benefits or support they personally receive.

How can you help?

We need your help to find children and willing to talk to us with their parent(s) or legal guardian(s) about their experience. Specifically, we are looking for children who:

- **are overweight or obese**
- **have been on a tier 2 or tier 3 weight management service, or have received medical support to lose weight**

If they are happy for you to do so, we would like you to pass us the contact of their parent(s) or legal guardian(s) name and telephone number, so that we can get in touch directly. They can also call us themselves to find out more.

When we speak to them on the phone we will explain more about the research and we will ask a few questions to establish whether they fit our criteria. If so, we will schedule a date to meet with them.

If you want to help, or have any questions, please contact Nil Guzelgun, Researcher at Innovation Unit:

nil.guzelgun@innovationunit.org
020 7250 8087

Many thanks.

Participant information sheet (adults)

Public Health England

Innovation Unit

Insights into weight management services

Innovation Unit
49-51 East Road
London N16AH

Participant Information Sheet - Ethnography

Version 3 - 13/05/2016

What is this about?

We are looking to speak with people who are overweight or obese, and have been getting professional support to lose weight, or have tried weight management programmes, such as Weight Watchers, Slimming World, My Time Active, Henry...

We are doing research into people's experiences of weight management services. **We want to make sure your story is heard** by service providers and commissioners.

Who is behind this?

This project is funded by **Public Health England,** the government agency that aims to protect and improve the nation's health and wellbeing, and reduce health inequalities. The research is run by **Innovation Unit,** a not-for-profit organisation specialising in improving public services.

Contact

If you have any questions, or would like to know more about exactly what we will be asking you to do on the day, contact Nil Guzelgun, Research Co-ordinator:
nil.guzelgun@innovationunit.org - 020 7250 8087

The name of the main researcher is Fan Sissoko. She can be reached at:
fan.sissoko@innovationunit.org - 020 7250 8087
Innovation Unit, 49-51 East Road, London N16AH

What will happen on the day?

A researcher will come to your house, or meet you in a space of your choice where you feel comfortable in: a public space or a community centre… the decision is yours, as long as it is private enough so you are comfortable to talk. We will aim to spend half a day (up to 4 hours) with you, and, if applicable, your family, about your general health and wellbeing, as well as about your experience of weight management services. **If you would like to see the questions in advance, contact Nil on the email or number above, and we will send them to you.**

If anything we ask makes you feel uncomfortable, you can decline to answer. **You are also free to stop the research at anytime.**

Participant information sheet (adults)

Public Health England

Innovation Unit

Insights into weight management services

Innovation Unit
49-51 East Road
London N16AH

Who will see my story?

We will record the interview with a dictaphone on the day, and write a transcript after the day. This will be used for the purposes of our analysis. However, the transcripts will not contain any identifiable information.

We will share our write-ups with you beforehand, for you to tell us if you would like to change anything before sharing it with a wider audience. An anonymised write-up of your story will be shared with Public Health England, as well as people who commission and deliver weight management services.

Will my information be kept confidential?

Yes. The research is strictly confidential and anonymous as set out by the Market Research Society Code of Conduct, and complies with the Data Protection Act and Freedom of Information Act.

All the data will be made anonymous. The personal details that we need to run this part of the research, such as your name, address and telephone number will be kept confidential and stored securely. Your personal details will be removed before we do the analysis, and will not be published in any reports that we write. All names will be changed and if any photos are used, faces will be blurred to ensure anonymity in this report.

Interview tapes and transcripts will be held in confidence. Tapes, transcripts and notes will be coded. Participant names, codes and collected material will be securely stored by the Innovation Unit. They will not be used other than for the purposes described above and third parties will not be allowed access to them. But if you tell us something that might mean you, or another person are at risk of being harmed, then we may need to tell somebody else to keep you safe.

A few rules about the research...

- We will aim to stay with you for half a day, depending on your plans for the day
- **You have the right to withdraw from the study at any time** with no adverse consequences
- You can take breaks and stop the research at any time
- **If at any point, you feel distressed or upset during the conversation, you can ask us to stop. We will ask you whether you would like any support around the issue that has caused your upset, and if you do, we will signpost you towards the right support.**

- You have the right to decline to offer any particular information requested by the researcher
- You have the right to have any supplied data destroyed on request
- After today, one of our researchers will call you to get your feedback on how it was for you.

- We will cover your travel costs
- At the end of the research, we will give you £40 in vouchers to thank you for your time.

If you have feedback about the researchers' conduct and wish to speak to someone who is not linked to the Innovation Unit, please contact Rachel Manners, from Public Health England:
07711 021130 - rachel.manners@phe.gov.uk

Participant information sheet (children)

Insights into weight management services
Participant information sheet
Children - ethnography

Innovation Unit
49-51 East Road
London N16AH

Hello, my name is Nil!

Me and my team are doing a research study about how we can help children have a healthier weight. Please read this before you decide to take part.

You can call, text or email me if you have any questions:
nil.guzelgun@innovationunit.org

020 7250 8087

What is this about?

We want to find out if the weight management programme you went onto has helped you to feel happier and healthier. We also want to hear your ideas about how to make it even better.

Your opinion is very important and with your help, we can learn how to help other children to feel happier, have a healthy weight and be more active! We will also speak with other children who are between 4 and 11 years old to hear their views.

What will happen?

If you decide to take part in this study, we will spend a morning or an afternoon with you and your parent or guardian. Together, we will do some activities and ask you some questions about your experience of the weight management service, but also about how you feel. We can come to your house, or meet you in a place of your choice where you feel comfortable in.

Will my information be kept secret?

When we are finished with this study we will write a report about what was learned. So we will need to record what you tell us. But don't worry! We will use a made-up name, so that nobody will know that you have taken part in the research. If you are happy for us to take pictures, we will also blur your and your family's faces so that nobody can recognise you.

We will share our notes with you and your family before we share them with anybody else. We also promise not to use these notes for anything else than this research. But if you tell us something that might mean you, or another person are at risk of being harmed, then we may need to tell somebody else to keep you safe.

Participant information sheet (children)

A few rules about the research...

On the day:

- We will stay with you for up to 4 hours
- You do not have to be in this study if you do not want to be.
- If you decide to stop after we begin, that's okay too.
- You can take breaks at any time during the day.
- If you feel upset, you can ask us to stop. We will ask you if you want any support around the issue that has upset you, and will direct you towards the right support.

After:

- We will pay your travel costs, and we will give your parent or guardian a gift voucher worth £40 to thank you for your time.
- One of our researchers will call you or your parent or guardian to ask how it was for you.
- If you change your mind, contact us, and we will delete any information you gave to us.

Who is behind this?

This project is funded by Public Health England, the government agency that aims to protect and improve the nation's health and wellbeing. It is done by Innovation Unit, an organisation that helps to improve public services.

Appendix 9 Ethical approval favourable opinion letter

London - Stanmore Research Ethics Committee

Ground Floor
NRES/HRA
80 London Road
London
SE1 6LH

Telephone: 020 7972 2554

Please note: This is the favourable opinion of the REC only and does not allow you to start your study at NHS sites in England until you receive HRA Approval

25 May 2016

Ms Fan Sissoko
Senior Service Designer
Innovation Unit
CAN Mezzanine
49-51 East Road
London
N1 6AH

Dear Ms Sissoko

Study title:	**Qualitative insights into user experiences of tier 2 and tier 3 weight management services**
REC reference:	**16/LO/0828**
Protocol number:	**N/A**
IRAS project ID:	**200559**

Thank you for your letter of 24th May, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the

date of this opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to make a request to postpone publication, please contact the REC Manager, Ms Julie Kidd, nrescommittee.london-stanmore@nhs.net .

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

You should notify the REC once all conditions have been met (except for site approvals from host organisations) and provide copies of any revised documentation with updated version numbers. Revised documents should be submitted to the REC electronically from IRAS. The REC will acknowledge receipt and provide a final list of the approved documentation for the study, which you can make available to host organisations to facilitate their permission for the study. Failure to provide the final versions to the REC may cause delay in obtaining permissions.

Management permission must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for NHS permission for research is available in the Integrated Research Application System, www.hra.nhs.uk or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of management permissions from host organisations

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database within 6 weeks of recruitment of the first participant (for medical device studies, within the timeline determined by the current registration and publication trees).

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to contest the need for registration they should contact Catherine Blewett (catherineblewett@nhs.net), the HRA does not, however, expect exceptions to be made. Guidance on where to register is provided within IRAS.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Non-NHS sites

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	*Version*	*Date*
Copies of advertisement materials for research participants [Ethnography Flyer Adult]	V3	16 May 2016
Copies of advertisement materials for research participants [Ethnography Flyer Children]	V3	16 May 2016
GP/consultant information sheets or letters [Recruitment overview for professionals - Adults]	V3	16 May 2016
GP/consultant information sheets or letters [Recruitment overview for professionals - Children]	V3	16 May 2016
Other [Schedule of procedures]	V2	13 May 2016
Participant consent form [Consent Form Adult Co-design]	V2	16 May 2016
Participant consent form [Consent Form Adult Ethnography]	V2	16 May 2016
Participant consent form [Consent Form Ethnography Legal Guardian]	V2	16 May 2016
Participant consent form [Consent Form Legal Guardian Codesign]	V3	16 May 2016
Participant consent form [Consent form phone interview (professional stakeholders)]	V2	16 May 2016
Participant consent form [Consent form workshop - professional stakeholders]	V2	16 May 2016
Participant consent form [Children Assent Form - codesign]	v1	16 May 2016
Participant consent form [Children Assent Form ethnography]	v1	16 May 2016
Participant information sheet (PIS) [Participant Information Sheet Ethnography Adults]	V3	13 May 2016

Participant information sheet (PIS) [Participant Information Sheet Ethnography children]	V2	16 May 2016
Participant information sheet (PIS) [Participant Information Sheet Co-design Adults]	V2	13 May 2016
Participant information sheet (PIS) [Participant Information Sheet - co-design children]	V2	16 May 2016
Research protocol or project proposal [Research Protocol]	V3	13 May 2016

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document *"After ethical review – guidance for researchers"* gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The HRA website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website:
http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/

HRA Training

We are pleased to welcome researchers and R&D staff at our training days – see details at
http://www.hra.nhs.uk/hra-training/

16/LO/0828	Please quote this number on all correspondence

With the Committee's best wishes for the success of this project.

Yours sincerely
PP

Mrs Rosemary Hill
Chair

Email:nrescommittee.london-stanmore@nhs.net

Enclosures: "After ethical review – guidance for researchers"

Copy to: *Ms Nil Guzelgun, Innovation Unit*

Public Health
England

Innovation
Unit