

Qualitative opportunities 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?

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"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. Glossary of terms

Table 1 - Glossary of terms

BMI	Body Mass Index
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
GP	General Practitioner
NCMP	National Child Measurement Programme
NICE	National Institute for Clinical Excellence

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2. Executive summary

Background

England is facing an obesity epidemic; by the time children enter primary school, more than 1 in 5 are already overweight or obese, and by the time they leave school, that figure increases to more than 1 in 3.¹ In 2014, 58 per cent of women and 65 per cent of men were overweight or obese.³ 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 to help deliver weight management services for children and adults is available from the National Institute for Health and Care Excellence (NICE). Evidence that is grounded in the real experience of service users is needed. To guide the commissioning, design and delivery of services that are not only effective, but also user-centered.

Objectives

This qualitative study has been conducted by Innovation Unit, and commissioned by Public Health England in line with their strategic priorities for 2015-2016.⁴ The aim was to understand journeys and experiences in tier 2 and tier 3 weight management services for children, families and adults, from the perspective of service users, weight management service providers and commissioners.

1. NHS Digital, National Child Measurement Programme England (2015)

2. Jane Ellison (2015) Public Health England strategic remit & priorities. March 25, 2015. 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)

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

Professional stakeholder engagement

This study began with a stakeholder workshop that brought together 22 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 opportunities, 6 semi-structured interviews with providers and commissioners of tier 2 and tier 3 weight management services were conducted. These interviews generated system-level opportunities as well as local opportunities into the provision, delivery and quality of tier 2 and tier 3 weight management services.

User engagement

The study engaged a total of 29 service users, through co-design workshops and ethnographic research.

Two co-design workshops with a total of 14 adult tier 2 service users were brought together to generate ideas for how weight management services can be improved based on their own experiences of services.

In addition, 11 ethnographic interviews with a total of 15 service users of tier 2 and tier 3 weight management services were conducted. These were half day interviews that 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 weight management services. Participants in the ethnographic interviews included: 8 adult service users, and 7 child service users.

Analysis

The data analysis was conducted using a grounded theory framework. The opportunities 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.

Key findings

This section highlights key findings from service users, commissioners and providers of tier 2 and tier 3 weight management services, for both adults and children. A detailed write-up of the findings for each tier and service user 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 services 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.

Opportunity

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



Empathy and in-depth emotional support

Adults reported that facilitators who were relatable, empathic and non-judgmental had an overwhelmingly positive impact on service users 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. Children found it most important that the facilitators were nice and encouraging, particularly when they felt challenged by the physical activities.

Opportunity

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 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 child service users highlighted a mismatch between their user expectations, which was often specifically to lose weight, and the content of the service, 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. Adult service users were clearer on the weight management focus and the purpose of their engagement.

Opportunity

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 pro-activity in service users.



Learning how to navigate internal and external triggers

Adults, children and families 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 services 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.

Opportunity

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



A flexible and modular approach

The content and the shape of a weight management service needs flexibility to reflect the unique experience of each individual. This applied to both adults and children across the different tiered services.

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

Opportunity

This requires a flexible and modular approach. For example weight management services could be linked to, and able to refer to, related activities available in the community.



Open ending

Tier 2 weight management services for children and adults lasted on average for 12 weeks. Tier 3 weight management services on the other hand could last from 12 weeks up to 2 years for adults, and without an end point for tier 3 child service users. Parents reported that children often felt enthused

by the sessions and thus disappointed by an abrupt ending. They would appreciate the option to be able to return to the service when needed. Providers broadly agreed with this point whilst also expressing some concern with regards to the dependency of service users. Peer-support was suggested as an optional continuation of the weight management service engagement.

Opportunity

Participants can feel a strong sense of abandonment at the end of weight management services. Setting follow-up times to check in after the end of the service, or building a peer-support element where participants continue to work on their health goals was seen as a critical feature that is often missing in current tier 2 weight management services for adults and children.

3. Introduction

3.1 Background

Between 1993 and 2014, there has been little change in the proportion of adults, considered overweight (as defined by NICE as a Body Mass Index (BMI)) between 25 and 29.9kg/m²). In 2014 41% of men and 31 % of women were overweight. In addition to that, between 1993 and 2014 the proportion of adults considered obese in England (as defined by NICE as a BMI greater than 30 kg/m²) increased from 13% to 24% amongst men and from 16% to 27% amongst women.³

Data from the National Child Measurement Programme (NCMP) shows that in 2015/16 over 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).⁴

The Foresight 'Tackling Obesity' report⁵ 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 obesity pathway in England is typically split into four tiers.^{6,7} Weight management services are commissioned across England by local authorities, Clinical Commissioning Groups (CCGs) and NHS England for children and adults who are overweight and obese. This study is concerned with tier 2 and tier 3.

3. NHS Digital, Health Survey for England, 2014: Trend tables, December 16, 2015 <http://content.digital.nhs.uk/catalogue/PUB19297>

4. NHS Digital, National Child Measurement Programme - England 2015-16 school year. November 3, 2016. www.content.digital.nhs.uk (accessed February 3, 2017)

5. UK Government's Foresight Programme (2007) Foresight Report. Tackling Obesity: Future Choices - Project Report. London: Government Office for Science.

6. NICE (2014) Weight management: lifestyle services for overweight or obese adults [PH53]. May, 2014. <https://www.nice.org.uk/guidance/ph53> (accessed: February 3, 2017)

7. NHSE/Public Health England (2014) Report of the working group into joined up clinical pathways for obesity. March 14, 2014. <https://www.england.nhs.uk/wp-content/uploads/2014/03/owg-join-clinc-path.pdf> (accessed: February 3, 2017)

3.2 Existing evidence

Below is a summary of the existing evidence base and gaps for both these groups of services.

3.2.1 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 and non-commercial local providers (applicable to 3.2.3 tier 2 services for children and young people).

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),⁸ (BMI>23kg/m² if from black or minority ethnic groups or with other risk factors such as co-morbidities).⁹ 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 England¹⁰ 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.

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

8. NICE (2014) Weight management: lifestyle services for overweight or obese adults [PH53]

9. NICE (2013) BMI: preventing ill health and premature death in Black, Asian and other minority ethnic groups.[PH 46] July, 2013. <https://www.nice.org.uk/guidance/ph46> (accessed March 22, 2017)

10. Public Health England (2015) National mapping of weight management services: Provision of tier 2 and tier 3 services in England. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484115/Final_Weight_Management_Mapping_Report.pdf (accessed February 3, 2017)

"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



adults through general practitioners (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 al¹¹ 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.¹² 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.

3.2.2 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.¹³ This team should include a lead specialist clinician, a dietician, a specialist nurse, a clinical psychologist

11. 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).

12. Johns D et al (2013) Managing overweight and obese adults: evidence review. University of Oxford. <https://www.nice.org.uk/guidance/ph53/evidence/evidence-review-2-431707936> (accessed February 29, 2016)

13. British Obesity & metabolic surgery society (2014) Commissioning guide: Weight assessment management clinics (tier 3) <http://www.bomss.org.uk/commissioning-guide-weight-assessment-and-management-clinics-tier-3/> (accessed February 3, 2017)

and a physical therapist. For adults, the eligibility criteria recommended by NICE is a BMI of $\geq 40\text{kg}/\text{m}^2$, or $\geq 35\text{kg}/\text{m}^2$ with co-morbidity or $\geq 30\text{kg}/\text{m}^2$ with type 2 diabetes (T2DM).

Little is known about how these services are commissioned and provided locally. A survey by Public Health England¹⁴ of local authorities and CCGs had a poor response rate, therefore it is difficult to determine how widespread these services are and the potential uptake by the population is also unknown. 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.¹⁵

The British Obesity and Metabolic Surgery Society have 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.¹⁶ However, there has been a number of single centre studies, for example exploring the effectiveness of tier 3 services in primary care.¹⁷ One of the aims of this study is to explore in more depth the user experiences of adults who have participated in tier 3 services.

3.2.3 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 is a

14. Public Health England (2015) National mapping of weight management services: Provision of tier 2 and tier 3 services in England

15. GK Research (2013) Practical and process issues in the provision of lifestyle weight management services for children and young people. <http://www.nice.org.uk/guidance/ph47/evidence/commissioned-report-430356205> (accessed February 29, 2016)

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

17. Jennings, A., Hughes, C. A., Kumaravel, B., Bachmann, M. O., Steel, N., Capehorn, M., & Cheema, K. (2014). Evaluation of a multidisciplinary Tier 3 weight management service for adults with morbid obesity, or obesity and comorbidities, based in primary care. *Clinical Obesity*, 4(5), 254–266.

healthy weight.¹⁸ For children aged 4 years or older the UK growth chart is used.¹⁹ 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, they found that most common referral routes into these services were self-referral, referral by a health professional or through the NCMP. 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.²⁰ Providers often 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.²¹ Almost all require the presence of a parent/guardian, and many aim to take a whole family approach.²²

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 people. This review found that overall the services had a significant effect on BMI centile immediately after the intervention, though this effect was not sustained 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

18. NICE (2013) *Weight Management: lifestyle services for overweight or obese children and young people. [PH47]* <https://www.nice.org.uk/guidance/PH47/chapter/1-Recommendations>; (accessed February 29, 2016)

19. Royal College of Paediatrics and Child Health. Royal College of Paediatrics and Child Health UK-WHO growth charts. 2013 <http://www.rcpch.ac.uk/growthcharts/>

20. NICE (2013) *Weight Management: lifestyle services for overweight or obese children and young people. [PH47]*

21. GK Research (2013) Practical and process issues in the provision of lifestyle weight management services for children and young people. <https://www.nice.org.uk/guidance/ph47/evidence/commissioned-report-430356205> (accessed February 29, 2016)

22. GK Research, Practical and process issues in the provision of lifestyle weight management services for children and young people (2013)

data and evidence on the barriers and facilitators to participation and how this might vary by socio-economic position or ethnicity.²³

3.2.4 Tier 3 services for children and young people

For children who are overweight or obese and have significant co-morbidities or complex needs, it is recommended that they are referred to a paediatrician with a special interest in obesity for investigations and given access to tier 3 services.²⁴ Tier 3 services for children and young people are clinician-led and often include a paediatrician. As with adult services a Public Health England²⁵ survey of local authorities and CCGs 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 for children. However, evaluations of individual tier 3 interventions suggest that they can be effective, for example the evaluation of More Life's residential camps.²⁶

23. NICE (2013) *Weight Management: lifestyle services for overweight or obese children and young people [PH47]*

24. NICE (2016) *Obesity: clinical assessment and management Quality standard [QS127]* August 2016 <https://www.nice.org.uk/guidance/qs127> (accessed March 22, 2017)

25. Public Health England (2015) National mapping of weight management services: Provision of tier 2 and tier 3 services in England

26. 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.

3.2.5 A brief summary of existing 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.²⁷ The review included 24 studies and one systematic review. Similarly to the findings for adult services, the 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 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 under-represented. In addition, the majority of the studies did not explore or probe the reasoning or rationale behind users' views and experiences.

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.²⁸ The review identified a

27. Johns D et al (2013) Managing overweight and obese adults: evidence review. University of Oxford. <https://www.nice.org.uk/guidance/ph53/evidence/evidence-review-2-431707936> (accessed February 29, 2016)

28. NICE (2013) Weight Management: lifestyle services for overweight or obese children and young people. [PH47]

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 service 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.

3.3 Rationale

This qualitative study has been commissioned by Public Health England in line with their strategic priorities for 2015-2016²⁹ and conducted by the Innovation Unit. The study 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.

The findings of the study will inform a wider piece of work around developing an obesity commissioning toolkit for commissioners and providers of weight management services.

The research is grounded in the real experience of service users, commissioners and service providers in England and offers a snapshot of weight management service practice in England at this time.

As the 'existing evidence' section demonstrates, there is strong evidence that weight management services, and in particular tier 2 services for adults are an effective intervention to help people manage their weight. There is also qualitative

29. Public Health England(2016) Strategic plan for the next four years: Better outcomes by 2020. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/516985/Public_Health_England_Strategic_plan_2016.pdf (accessed February 29, 2016)

research into the experiences of adults and children using particular services - and the barriers and enablers that they experience, for example, Webb et al, 2014.³⁰ 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 opportunities that are useful and applicable to providers and commissioners.
- Understanding what motivates users of both tier 2 and tier 3 services. This is essential for designing services that are effective and achieve better outcomes at scale.³¹

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

31. Teixeira et al. (2012) Motivation, self-determination, and long-term weight control. International Journal of Behavioural Nutrition and Physical Activity, 9:22. <http://www.ijbnpa.org/content/9/1/22> (accessed February 29, 2016)

4. Aims & Objectives

This qualitative study has been commissioned by Public Health England in line with their strategic priorities for 2015-2016³² and conducted by the Innovation Unit. The study aims to explore user journeys and experiences in tier 2 and tier 3 weight management services for children, families and adults, and the views of service providers and commissioners.

The objectives of this study were to:

- Build upon the specified evidence reviews to gain deeper opportunities 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 providers, local authorities, CCGs) that influence the development and commissioning of weight management services.
- Synthesise and report the evidence in a clear, precise and usable manner to influence policy and directly inform the development of an obesity commissioning toolkit for commissioners and providers of weight management services.

32. Public Health England (2016) Strategic plan for the next four years: Better outcomes by 2020

5. Methodology

5.1 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; service providers and commissioners who support them. It included research with commissioners, providers and service users of commercial providers, as well as non-commercial local providers (for example local NHS trusts, councils, or local charities).

The study combined the following elements:

- **Professional stakeholder workshops:** Two workshops with 64 commissioners from local authorities and CCGs, service managers and practitioners, to understand the system barriers and opportunities for commissioners and service providers to commissioning and delivering effective weight management services.
- **Professional stakeholder interviews:** Six phone interviews with commissioners from local authorities and CCGs, Community and Voluntary Services (CVS), representatives, service managers, and practitioners to explore in-depth system barriers and opportunities to providing and commissioning weight management services in the respective local context. (See table 2).
- **Co-design workshops with adult service users:** Two co-design workshops with a total of 14 adult service users, hosted in collaboration with existing service providers to understand their experience of weight management services as well as co-design their ideal service. (See table 3.)
- **Ethnographic interviews with service users:** 11 ethnographic interviews with 15 child and adult service users of tier 2 and tier 3 weight management services to uncover opportunities into the more complex issues that go on in

their lives and impact on the effectiveness of weight management interventions. (See table 5.)

All of these elements are described below in more detail alongside the approach to data analysis. In addition, further detail about each of the research activities can be found in the Appendices 1, 3, and 5.

5.2 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 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).



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

5.3 Professional stakeholder workshops

The professional stakeholder 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.

5.3.1 Recruitment

One hundred nineteen commissioners and providers of weight management services were identified to participate, and of those 64 were selected, ensuring a relatively equal split between tier 2 and tier 3 children and adult weight management services, and providers and commissioners. The professional stakeholders who attended the workshops operated across England. There were more representatives of tier 2 adult and children weight management services than of tier 3 adult and children weight management services. Six professionals from this larger group were invited to participate in semi-structured interviews ensuring an equal split across tier 2 and tier 3 children and adult weight management services, between providers and commissioners. They formed a representative sample for the views of service providers and commissioners across tier 2 and tier 3 services for children and adults.

5.3.2 Professional stakeholder workshops

The first workshop, held in February, focused on gathering information about the opportunities and challenges for delivering tier 2 and tier 3 weight management services for children and adults. During this first workshop the activities included:

- **Mapping 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 opportunities from the storytelling, creating an ideal user journey through services.

More detail about these workshops is available in Appendix 1 and 2.



5.4 Professional stakeholder interviews

Following on from the first workshop, 6 semi-structured interviews with providers and commissioners of tier 2 and tier 3 weight management services were conducted. These conversations generated both national and local opportunities into the provision, delivery and quality of tier 2 and tier 3 weight management services. See Appendix 2 for the stakeholder engagement synthesis.

5.4.1 Recruitment

Commissioners of tier 2 and tier 3 weight management services were identified in each of the three localities, and invited to participate (see table 2). Three local authority commissioners, one CCG commissioner, one 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 child service users.

5.4.2 Interviews

The interviews were conducted over the phone and lasted up to two hours. The interview schedules drew on a rapid review of the literature and the opportunities from the first workshop and 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 service users' aspirations? What are the 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 professional stakeholder interview participants

Role	Age	Tiers	Location	Reference
Public health manager - has recently commissioned a new tier 2 service from a large commercial provider.		T2	North West England	A
CCG commissioner - commissions an innovative tier 3 service for children, integrated with children social care.		T3	Greater London	B
CCG commissioner - commissions a well established tier 3 service in hospital, which lasts for 18 to 24 months,		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.		T2	Greater London	D
Head of service development - local private provider delivering integrated tier 2 and tier 3 weight management services for adults and children.		T2 T3	Greater Manchester	E
Researcher - previously a service manager on tier 2 and 3 weight management services for children.		T2 T3	North England	F

Key: Adults Children Tier 2 Tier 3 Stakeholder Interview

5.5 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.³³ 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 4.

5.5.1 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.


For more information about the recruitment criteria, please see table 4 on page 22.

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



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

Table 3 - Overview of co-design service users

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

Key:  Co-Design Workshop

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

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.

5.5.2 Workshop design

Using service design methods³⁴, such as experience mapping, idea 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. More detail can be found in Appendix 3.

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?

The 2-3 hour co-design workshops 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 opportunities using 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 opportunities were again mapped on a service journey map.

34. 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.

5.6 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 opportunities 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.

11 ethnographic interviews were conducted with a total of 15 individuals (see table 5 for the recruitment criteria). 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.

5.6.1 Recruitment

The same recruitment criteria were used for the ethnographic interviews as for the co-design workshops (see section 5.5.1 and table 4). All service providers and commissioners in the three localities were contacted to identify child and adult service users across tier 2 and tier 3 weight management services. It was particularly challenging to identify tier 3 child service users because there are fewer weight management services that target this particular category of service users in the three localities.

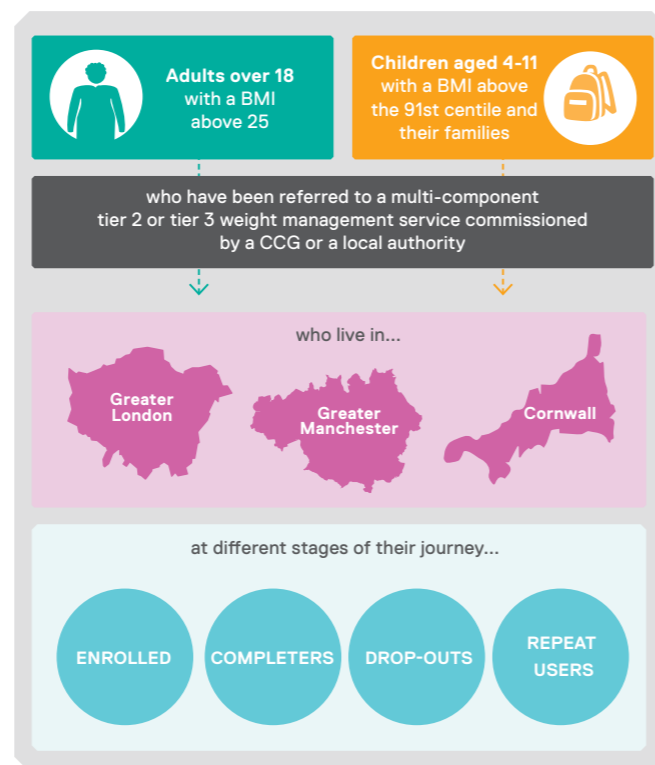
Despite these challenges, the split across the different types of weight management service users was relatively even:

- 4 tier 2 adult service users

- 4 tier 3 adult service users
- 4 tier 2 child service users
- 3 tier 3 child service users

For more information about the recruitment criteria, please see table 4.

Table 4 - Recruitment criteria



To see an overview of ethnography service users please see table 5 on page 23.

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

Table 5 - Overview of ethnography service users

Pseudonym*	Age	Tier	Gender	Ethnicity	Engagement	Location	Reference
Adults							
Steve	61	T2	M	Jewish	Completed	Greater London	A
Lucy	63	T2	F	Jewish	Completed	Greater London	A
Diana	41	T2	F	Caribbean	Completed. Wanting to start again due to missed sessions	Greater 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	T3	M	White British	Currently enrolled, About to complete.	Greater Manchester	F
Kerri	60	T3	F	White British	Recently completed tier 3, now waiting for surgery	Greater Manchester	G
Children							
Alicia	11	T2	F	Caribbean	Completed	Greater London	H
Tina*	18	T2	F	Caribbean	Completed	Greater London	H
Wayne	9	T2	M	Black African	Completed	Greater London	I
Adam	9	T2	M	Black African	Completed	Greater London	I
Nathan	11	T3	M	White British	Engaged	Greater Manchester	J
Fahmi	8	T3	M	Black African	Completed, repeat users	Greater London	K
Nadifa	9	T3	F	Black African	Completed, repeat users	Greater London	K

*Please note that these are not the service users' real names. Pseudonyms were used to protect research participants' anonymity.

*One of the families who had participated in a tier 2 children's weight management service included a child that was 11 (Alicia) and an older sibling (Tina) who was 18. Tina has been included in the sample under children's tier 2 weight management service as this was the service they participated in together.

Key: Adults Children Tier 2 Tier 3 Ethnographic Interview

5.6.2 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. The questions were tailored for children to ensure they were both suitable and engaging.

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 can be found in Appendix 5.

5.7 Data analysis

The interviews and co-design workshops were audio recorded. All transcriptions and final outputs are fully anonymous - 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.

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

- ♦ **Coding** - the qualitative data was categorised based on the research questions, which can be found in Appendices 1, 3 and 5. Initial themes and hypotheses that emerged from professional stakeholders were further developed and tested with opportunities from service users. When coding the data opportunities 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.
- ♦ **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 in Appendices 2, 4 and 7. This integrative work was done in group sessions. The research was completed with a final analysis conducted together with professional stakeholders.

5.8 Summary of methods of engagement

The results section includes a detailed write-up of the opportunities from the research. The opportunities are referenced using the symbols below to identify the data source.

Table 6 - Overview of professional stakeholder participants

Professional stakeholder workshops					
REFERENCE	CHILDREN	ADULTS	TIER 2	TIER 3	WORKSHOP TITLE
G	Icon	Icon	T2	T3	Workshop 1 with 22 commissioners and providers
H	Icon	Icon	T2	T3	Workshop 2 with 42 commissioners and providers

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

Appendix 1 - Stakeholder engagement research questions and activities
Appendix 2 - Stakeholder engagement synthesis

Key: Adults Children Tier 2 Tier 3 Stakeholder Interview Co-Design Workshop Ethnographic Interview Stakeholder Workshop

Table 7 - Overview of service users - Co-design workshops

Service users - Co-design workshops

REFERENCE	CHILDREN	ADULTS	TIER 2	TIER 3	WORKSHOP TITLE
A				T3	Co-design with 7 tier 2 adults (Greater London)
B			T2	T3	Co-design with 7 tier 2 and tier 3 adult men (Greater Manchester)

Appendix 3 - Co-design - research questions and activities
Appendix 4 - Co-design synthesis

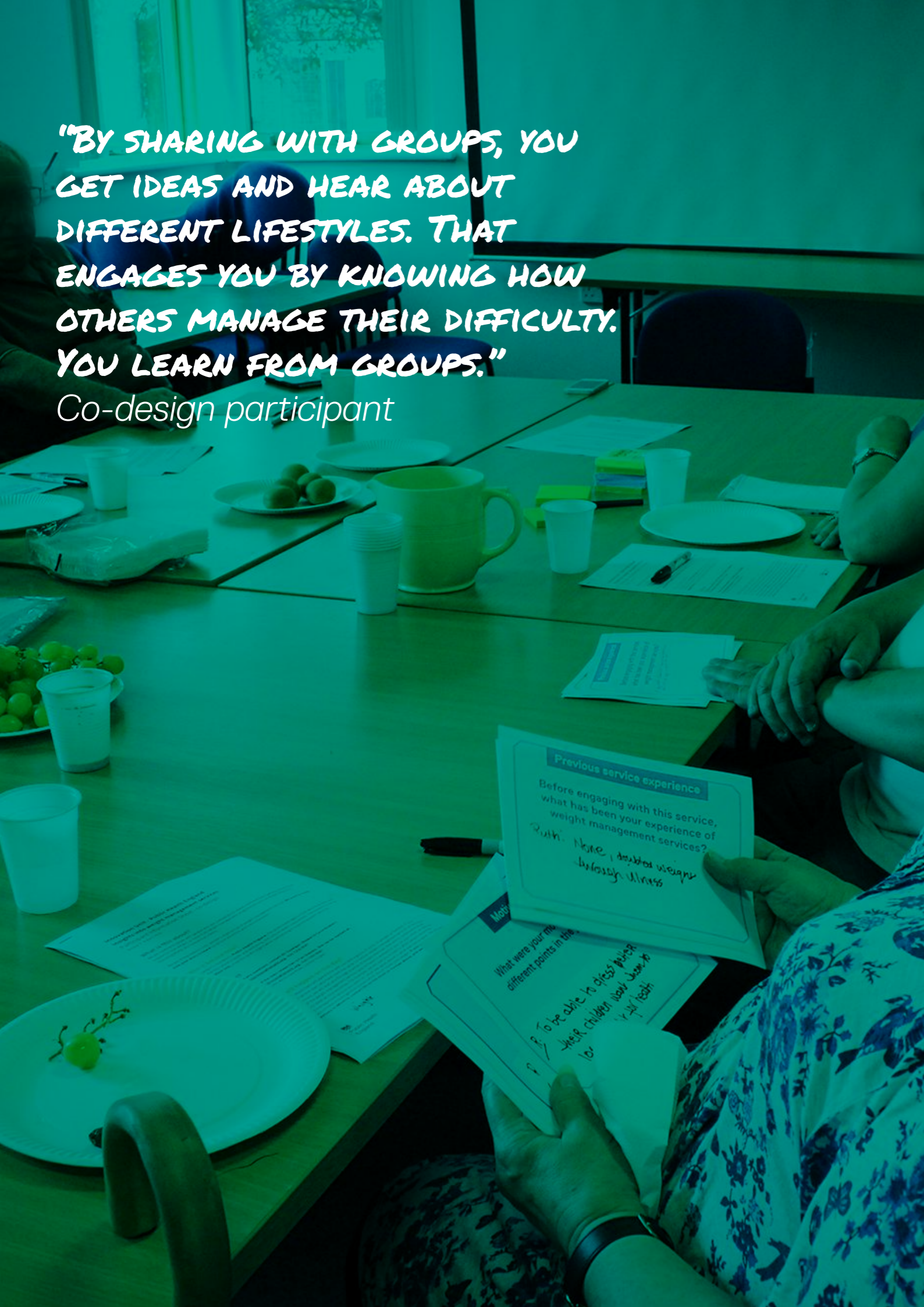
Table 8 - Overview of ethnographic interviews

Ethnographic interviews

REFERENCE	CHILDREN	ADULTS	TIER 2	TIER 3	NAME
A			T2		Steve, 61, Greater London
A			T2		Lucy, 63, Greater London
B			T2		Diana, 41, Greater 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, 11, Greater London
H			T2		Tina, 18, Greater London
I			T2		Wayne, 9, Greater London
I			T2		Adam, 9, Greater London
J			T2		Nathan, 11, Greater Manchester
K				T3	Fahmi, 8, Greater London
K				T3	Nadifa, 9, Greater London

Appendix 5 - Ethnography - research questions and activities
Appendix 7 - Ethnography stories

"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



6. Results

6.1 Tier 2 adults

The opportunities presented in this section are grouped in five themes, social network and norms, wellbeing and self-image, aspiration and motivation, control and choice, and experience of support. These themes emerged as strong common themes from across the service users and professional stakeholder research participants. The findings were generated by the following research activities:

Stakeholder 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 week tier 2 NHS service.
- 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 services for men.
- 7 White British.

Ethnography A

Steve, 61 & Lucy, 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 under-active thyroid.
- Both completed a NHS 12 week service. They have not lost any weight.



Ethnography B

Diana, 41, v



- Single mother of 5 children, currently unemployed.
- Her weight has always been up and down.
- She found out about a 8 week weight management service 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.

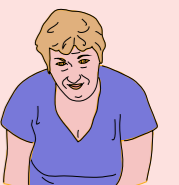


Ethnography C

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 week weight management service 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 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. Services 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 service. 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 service. *“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 services. 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.”*

This was echoed by commissioners and service providers who emphasised that weight management services need to offer a range of options to service users, both in terms of content, but also in terms of format. One service provider emphasised the importance of flexibility and variety of different options for participants.

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 two 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.



Wellbeing and self-image

Body image or health?

Participants’ 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 service. 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 to 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.”*

However, the majority of adult services do not actively involve family members. The exception amongst participants in this study being Steve and Lucy, and Janice and her partner Robert. Steve attended as Lucy’s carer. Robert was pro-actively encouraged by Janice to enrol on the weight management service.

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.”* 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 service, 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”.*

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 service by a trusted healthcare professional seemed to have a positive impact on participant's 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 services, our conversations with tier 2 service users, commissioners and service providers 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. cognitive behavioural therapy (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 services, participants were weighed, but the numbers were not shared with them. For example, Diana was weighed at the beginning and end of the service 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 five 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."

Some commissioners and service providers felt that it was important to de-emphasise the 'weight aspect' of weight management services because they felt that this focus was unhelpful for engaging service users. Their services focus on 'health', 'activities', and meeting people.

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 a commercial weight management service 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 helped participants to maintain health behaviours. 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 items finding their way into her trolley.

However, the weight management service 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, because she is on benefits, finance is a significant issue. Working within limited funds did not appear to be covered in the service 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 service 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 about being able to determine what kind of support would suit their needs best.

For 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 weight is strongly linked to his emotional issues, 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 service Janice attended, which included physical activities, the tier 2 weight management services described by other participants seemed to mostly consist of 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.

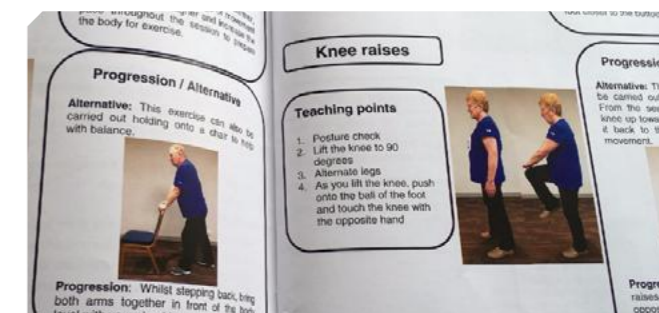
This means that service users can struggle with implementing suggested changes. Lucy, for example, found the food labelling and portion control information very helpful, although when she shops now she feels she does not have time to read the complex information on the back of food containers. *"I quickly 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 a 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

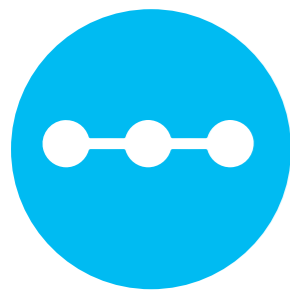
much information without a concrete action plan anchored in the service user's real life could actually have a reverse outcome. *"I gained more weight while I'm in the service. Sometimes it's more helpful to forget about diet and just be happy."*

By contrast, Janice's service 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!"*

One service provider highlighted that *"the traditional view has been on diet and exercise"*, while they observed that *"most of our clients have relatively good levels of knowledge around nutrition and exercise, but it is practically putting that into everyday life that they struggle with."* Thus, they emphasise the need for the behaviour change component in their services.



Janice and her husband were involved in the production of a physical activity booklet that is now given to all participants.



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 service 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 services was good, but felt that she was just at the start of her journey.

Keeping the door open once the service has ended

Relating to the previous point, we found that people found it difficult to end a service. 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 services 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 for up to a year and ask people to come back after 6, 12 and 24 months.”*

After Janice completed the service, 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 service. 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 service as a participant if she felt she needed to without a formal referral.

Rapid referral

Steve and Lucy had to wait 10 months to use the service. They had little information and no expectations of the weight management service. Having not heard anything after a few months, Steve and Lucy originally thought the service 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 was a barrier to her weight loss, as she lost her motivation.

Both commissioners and service providers agreed that referrals to weight management services need improvement. Some offer training to GPs to raise the weight issue with their patients and refer them to a local weight management services.

“HOW DO YOU PROMOTE WEIGHT MANAGEMENT? I OBVIOUSLY HAD A CRISIS IN ME LIFE, BUT I’M HERE NOW, AND I THINK I CAN HELP 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

6.2 Tier 3 adults

Many of the opportunities discussed above with regard to tier 2 services have been reflected by tier 3 service users. Although the division between tier 2 and tier 3 marks the shift to a more intensive weight management service for people who are obese provided by a multidisciplinary team of specialists, typically including a specialist physician, nurse, psychologist, dietician and physiotherapist, the social and emotional concerns raised by both tier 2 and 3 service users were comparable.

The opportunities presented in this section are grouped in five themes, namely social network and norms, wellbeing and self-image, aspiration and motivation, control and choice, and experience of support. The findings were generated by the following research activities:

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 services for men.
- 7 White British.



Ethnography 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 service and lost 5% of his body weight so far.



Ethnography E

Jack, 68, Greater Manchester

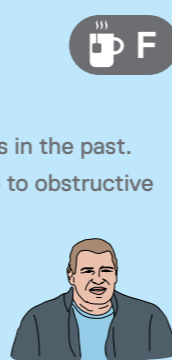
- Retired navy officer.
- Has tried to lose weight twice in the past.
- Was referred by his GP after a stroke.
- Has attended 4 weeks of a twelve months service and lost 5% of his body weight so far.



Ethnography F

Dave, 41, Greater Manchester

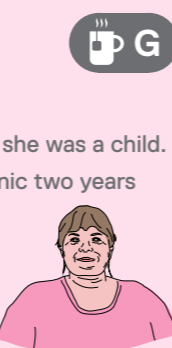
- Works in a warehouse.
- Has tried commercial services 3 times in the past.
- Was referred after an emergency due to obstructive sleep apnoea.
- Is a month away from completing a two year tier 3 service, and has enrolled in a tier 2 service.
- Started with a BMI of 50, and is now at 30.



Ethnography 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 service 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



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

As with tier 2 services, the social aspect of tier 3 weight management services was deemed 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

service 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 services did not work for him because, most of the time, he was the only man. "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 commercial weight management service 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 service, 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 service,

her group bonded strongly. She thinks it was probably because they are similar in age.

Dean did not make any friends during the service and regrets this missed opportunity. He acknowledges that this is partly due to his lack of confidence, but he also thinks that the service 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.”*

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 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 service. 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 service to share his opportunities 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 referred to the service 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 services 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

Service providers and commissioner highlighted that mental health issues are prevalent in users of weight management services, especially tier 3 users, who struggled with depression and anxiety. There was a common theme from across tier 3 service users who struggled to manage their emotions and feelings.

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 service, 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."*

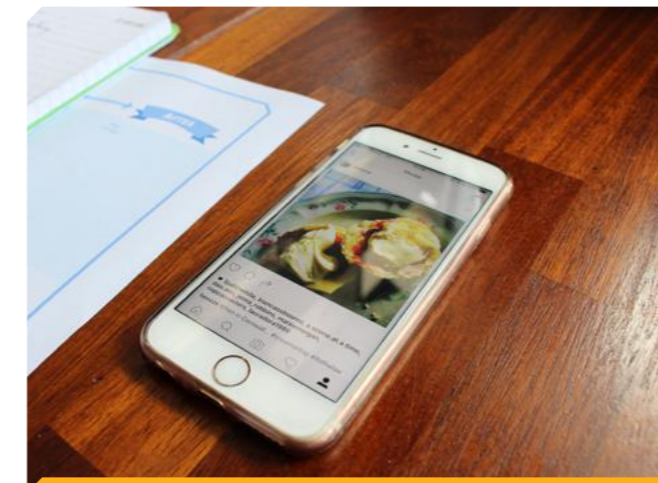
In his late thirties Dean was referred to a weight management service for the third time. This time, he saw a dietician and a psychologist at the hospital who tried to understand his eating patterns and motivations. *"They tried to get into me."* Dean found the support from the psychologist, who saw 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 empathetically

Participants spoke about how important it was that the professionals who delivered the service were personable and listened empathetically.

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



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

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.

One service provider agreed that particularly with tier 3 service users one-to-one psychological support was critical. 30% of their service users first attend a comfort eating and binge eating component of the service before starting the lifestyle component.

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. *"It's 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

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”*.



Aspiration and motivation

Clear tangible goals

Service providers emphasised the importance of clear and realistic goals to maintain the motivation of service users. 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 is 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 apnoea 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 a token 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 sees 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 apnoea. Within two weeks, he was referred to an integrated weight management service, and was given a choice between surgery and a two year long tier 3 service. 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 service contributed to maintaining his successful engagement throughout the service.

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 using the service 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 service providing him a framework of support and the required momentum to keep on going. *“The service came along at the right time. I didn’t learn anything new on the weight management service, 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 service 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 service 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 a commercial weight management service three times in the past, but had put weight back on each time as soon as it stopped, the fact that the word *“dieting”* was not mentioned at all during the tier 3 service 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 service 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 stone 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 service 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 service 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 service is the intervention of a service user who had successfully completed the service, 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 service 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 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 service providers use different tools like food and physical activity diaries which raise people’s awareness on their daily lifestyle choices and which enable them to be proactive about these choices in the first place. 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

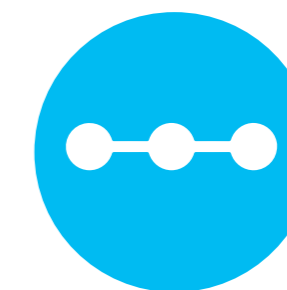
feels it is “weird” to walk without him. For Kerri, maintaining her weight through healthy eating feels easier than through exercising, though she is conscious that she needs to start moving more.

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 services, 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 service 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, 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 services 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 service is that no one offered me a cheap discount to Slimmers World... Three times I’ve tried a commercial weight management service. 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 service has assisted him greatly by enabling him to build up his routine slowly.

For Dave meeting people at a bariatric surgery clinic 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 service are people who are 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 they 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 service.

Dave and Kerri have different approaches to their journey. Dave is hungry for new knowledge about

a healthy lifestyle. He watches weight loss TV. *“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 service was for him. *“The way they tweaked it for me, I have nothing but praise!”* One of the key features of the service is that, while there is a core service of weekly sessions which can last as long as the individual needs them, it also provides links to other services 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 service 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

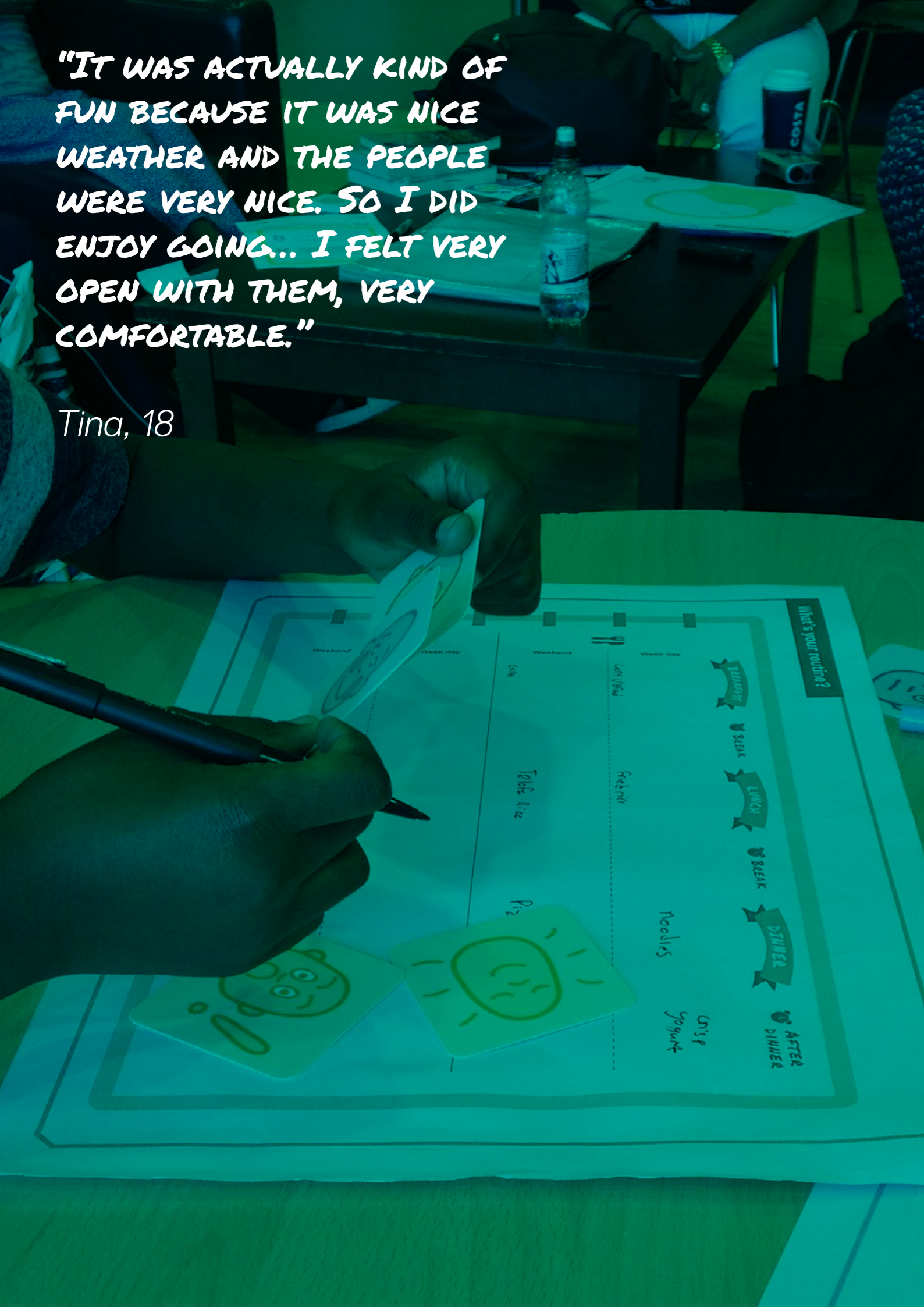
For Kerri the ending was a bit early. People thought she was ready to manage herself but she didn’t agree. *“I knew it was coming but I didn’t know it was the day.”* She felt distressed and upset and the instructor’s manner wasn’t empathetic. Kerri has now been waiting for the date of her surgery for 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 service 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



6.3 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 service: 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.

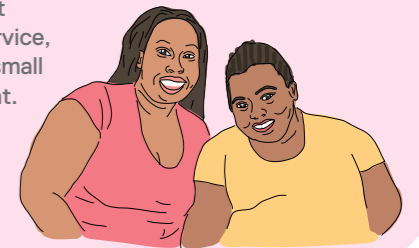
The opportunities presented in this section are grouped in five themes, namely social network and norms, wellbeing and self-image, aspiration and motivation, control and choice, and experience of support. The findings were generated by the following research activities:

Ethnography H

Alicia, 11 & Tina, 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 week weight management service, and have lost a small amount of weight.



Stakeholder 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 service manager on tier 2 and 3 weight management services for children.

Ethnography 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 week weight management service, 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 of 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 a sign of health. They also want to avoid creating a complex or inspiring eating disorder 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 thinks 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 approaches, 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 service.

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 NCMP 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 weight.

Understanding family dynamics

The tier 2 service both families attended was designed for whole families. Lucia explains that she enquired about the service 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 crèche. "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 service 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 taken 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 service 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. 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's, 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 service, 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 service. *"After the service, 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 turns one. *"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 be influenced, considering that their mother is absent a lot and that Tina does most of the cooking and household work.

The weight management service 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.

Service providers acknowledged the importance of emotional issues for children. However, they also recognised that for families with more complex needs their offer was limited.

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 service 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 service.

Tina heard about the service 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 service. 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 service 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 service 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.”*

Service providers and commissioners reflected on this confusion. Some defended the position that weight management services should de-emphasise ‘weight’ as a concept and emphasise instead ‘health’ and ‘fun activities’ because the former approach may create a complex for children. Others felt that weight management services needed to address weight and name the issue. They thought that this could be done by creating a different relationship with weight, by acknowledging the role of weight with regards to health.

Baby steps

The children using the service 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 dessert 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 service has ended, Alicia no longer sets herself goals, though she describes how she questions her food choices more.



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.

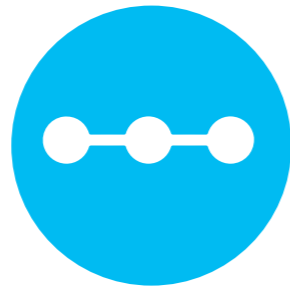
They were also given a handbook and some homework to take home, which gave them a sense of accountability. Lucia says: *“They got a book about food, food hygiene, answering questions for the kids. Yeah, they used it, because while we were on the programme, there were some pages we needed to go home, 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 thought 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.”*

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.



Real life learning

The service 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 as like obviously you know Cornys because that’s full of sugar. But it actually tasted quite nice!”*

Both Tina and Alicia enjoyed the service, 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 service, and feels that some families didn’t quite take the content of the service 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

Families can grow a sense of dependency using 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 service 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 service as an antidote to the boredom that school holidays can sometimes yield.

As a result, they found it hard to end the service. 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 service, 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 service 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 service, 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 AS 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

6.4 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 services 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 service of weekly drop-in sessions. The opportunities presented in this section are grouped in five themes, namely social network and norms, wellbeing and self-image, aspiration and motivation, control and choice, and experience of support. The findings were generated by the following research activities:

Stakeholder workshops

Both workshops 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 service manager on tier 2 and 3 weight management services for children.



Ethnography J

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 service. The service 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.



Ethnography K

Fahmi, 8 & Nadifa 9, London



- Live with their mum, dad, and 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 service by the school, through NCMP letters.
- The service consists of 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 services, 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 service 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 service 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 service 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 service to accompany Fahmi, but this has not stopped her from gaining weight to the point that she has received a personal referral.

Service providers acknowledged the importance of working with the whole family, but felt constrained in their capability to engage everybody.

Involving the extended family

Linked to the previous observation, who was involved in the service 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 service.

On the contrary, while Charlotte seems to be dedicating a lot of time and energy on Nathan's weight management journey, the service 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 service.

Making friends

Another aspect in which the two services 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 using the service. 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 service could create a social network on social media very easily, which would enable parents and children to connect and stay engaged in the service and do activities together outside of the sessions.

In addition, Nathan is the youngest child in his service. 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 according to service providers. Tier 3 services can feel challenging and push children out of their comfort zone. Through these experiences, providers argue, children build confidence.

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 service 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 service 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 service and he is happy that he didn't give up.

According to some providers, children who are referred to tier 3 services 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 service 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 scheme where Charlotte points out Nathan's behaviours - like drinking too



Aspiration and motivation

A commitment to myself?

While the trigger for Nathan to be referred to the weight management service 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 paediatrician 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.

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 service ensured that families were supported to address psychological issues throughout the service. The services 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 services 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.

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 service 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 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 parenting.

Charlotte highlighted the importance of staying motivated as a parent because the weight management service will challenge and frustrate the children. This is the second time Nathan has attended the weight management service. 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 service, or whether it simply comes from her own personality and the empathy she has for Nathan. What it does demonstrate 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 service. 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 service. 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.

Echoing findings from tier 2 service providers, some commissioners and providers had different views whether ‘weight’ should be emphasised in weight management services.



Control and choice

Picking up new habits

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

Amina explains that since the weight management service 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 now prepares more balanced meals following the weight management service’s guidance. She has also banned sugary foods and drinks. She explains that it was not difficult to introduce these changes at home because Fahmi and Nadifa themselves have accepted that they need to change their diet. Amina thinks that she would not have been able to make these changes without the support from the weight management service, 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. Nathan seems to embrace this

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.

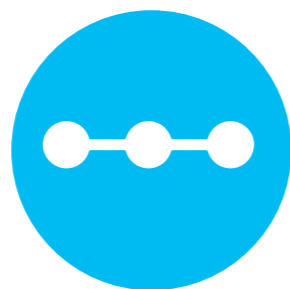
Providers raised questions about whether classes can achieve behaviour change. They argued instead that changing a child’s environment has more impact, as often issues can be triggered or amplified by family relationships. Indeed, the aspect of the service that has had the biggest impact on Nathan so far is the summer camp, because of its intensity, and 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 services described offer 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, received 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.

Service providers and commissioners acknowledged the importance of environmental factors influencing eating and physical activity choices and the need to act on these factors to make it easier for people to live healthier lives. One service provider has taken a proactive approach with regards to this by helping families to navigate their environment: *“The family therapist will meet the child and parent at school and do a physical activity together while walking home.”* The idea is thus to raise awareness of the different choices families have in their everyday routine and environment.

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 was 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 paediatrician on a six-monthly basis. It was only last summer when Nathan had his health checks that his paediatrician 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 service very quickly

providing information about the service. She registered Nathan for the Go Wild Camp and the subsequent weight management service. Nathan is clear on why he's signed up to the weight management service.

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 service. 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 services described by the families do not seem to have a clear ending point. As mentioned above, Fahmi and his family have attended the service 3 times already - the service 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 do not seem to find it repetitive, 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 service 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 using the service, or whether attending the service 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 the swimming pool because the service provider gave her a free gym membership. However, once the service ended she stopped because she was not able to pay for them herself.

Similarly, Nathan's service 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 service.

7. Discussion



7. Discussion

The above opportunities 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 service. Reflecting this the overarching theme that emerges is ‘the unique needs of each individual service user.’ Embedded within this theme are sub-themes, each reflecting the experience and/or views of service users and/or professional stakeholders. The discussion describes opportunities to improve services related to these sub-themes, and how these relate to existing evidence.

7.1 Tier 2 Adults



Social network and norms

Not being alone

Many participants spoke of the importance of the social aspect of weight management services, highlighting the support that a group provides. 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. A recent review of tier 2 services for adults also highlighted the tension between the positive social elements of weight loss groups, and the need for individualised person-centred approaches.³⁵

35. Sutcliffe, Katy et al. (2015) What are the critical features of successful Tier 2 weight management services? EPPI Centre, UCL.

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 service 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.



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*”,³⁶ the research raises the importance of engaging family in weight management services.

OPPORTUNITY

Involving family

Where relevant, family and partners should be involved in the service. There are good examples of family involvement in services 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.³⁷

OPPORTUNITY

Focus on key relationships

Involving partners and key relationships 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 make changes together.



36. 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.

37. 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."³⁸

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] ..." ³⁹ 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.

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

39. 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."⁴⁰ The following opportunities highlight where stakeholder perceptions converge with user desire. However provision of certain services are at present limited to tier 3.

40. Public Health England Obesity (2011) Obesity and mental health. Available at [http://www.noo.org.uk/uploads/doc/vid_10266_Obesity%20and%20mental%20health_FINAL_070311_MG.pdf]



Aspiration and motivation

A commitment to myself?

For some participants, enrolling onto a weight management service 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 prioritisation. Desouza et al's study on the role of apathy in weight management services found that: "High levels of motivation and patient activation are an essential ingredient to a successful weight loss service... 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."⁴¹

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

OPPORTUNITIES

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.



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 service.

**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 UK a study published in 2012 found that only 6 per cent of the population reported that they had none of the four unhealthy behaviours: smoking, low physical activity, low consumption of fruit and vegetables and excess alcohol consumption.⁴²

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



42. Buck D, Frosini F (2012) Clustering of unhealthy behaviours over time. London: The King's Fund.

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."⁴³

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 services described by participants appeared to be based on a 'classroom' 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

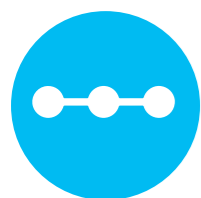
Providers suggested that tier 2 weight management services should be activity-based, rather than information-based, to enable service users to learn through doing. Co-design participants also mentioned they would prefer to have been supported to implement changes within their own reality (e.g. shadowing, 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 make changes on their own terms.



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



Experience of support

Short-term vs long-term view

The standard 12-week structure of tier 2 weight management services 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%"*⁴⁴

OPPORTUNITY

Long-term planning

Participants felt that providers should support service users at the start to plan for what happens after the service ends.



Keeping the door open once the service has ended

In relation to a long-term approach, participants spoke about the sense of loss they experience when a service 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."*⁴⁵ When they do offer a gradual ending, with appropriate signposting, weight management services 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 service 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 service and to manage a smoother exit.



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 services. 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 service has been raised.

OPPORTUNITIES

Changing the experience of waiting

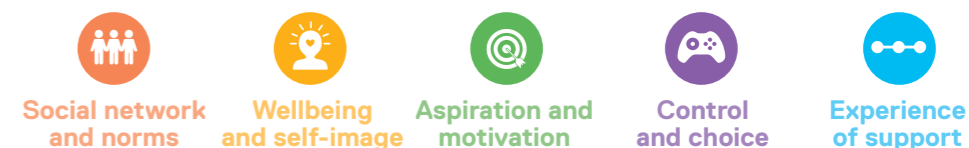
Providers and commissioners felt that service users should be given clear and transparent information about waiting lists, and about what to expect and when. In addition, where waiting time cannot be avoided, there is an opportunity to give service users tools or guidance to prepare for the service.



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

45. Sutcliffe, Katy et al. (2015) What are the critical features of successful Tier 2 weight management services? EPPI Centre, UCL.

Tier 2 Adults user journey A summary of opportunities



7.2 Tier 3 Adults



Social network and norms

Not being alone

As with tier 2 adults, the social aspect of weight management services 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.”*⁴⁶ 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.



Being able to relate

Factors such as gender, age and the ability to relate to other members of the service 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 *“suggests that men-only weight loss services may effectively engage and assist men with weight loss.”*⁴⁷

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.



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 service. There are good examples of family involvement in services 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.”*⁴⁸

OPPORTUNITY

Engage completers

Bringing in people who have successfully completed the service 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 service more relatable, if it is partly delivered by someone who has been *“in the same boat.”*



47. Young MD1, Morgan PJ, Plotnikoff RC, Callister R, Collins CE (2011) 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.

46. G. Garlip 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.

48. G. Garlip 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 co-morbidities, 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.”*⁴⁹

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.



49. A. Jennings, C. A. Hughes, B. Kumaravel, M. O. Bachmann, N. Steel, M. Capehorn and K. Cheema (2014) 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

A recent review suggested that there is a two-way relationship between depression and obesity. Accordingly people who are overweight or obese are more likely to be depressed, and people who are depressed more likely to become overweight or obese.⁵⁰

OPPORTUNITIES

Psychological support

Most stakeholders mentioned that, for tier 3 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 service. This enables them to have a basic understanding of how their emotions might drive their behaviours before starting the service.



50. Luppino FS, de Wit LM, Bouvy PF, et al. (2010). Overweight, obesity, and depression: a systematic review and meta-analysis of longitudinal studies. Archives of General Psychiatry 67(3):220-9.

Being listened to empathetically

According to Sutcliffe 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.”*⁵¹

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.



51. Sutcliffe, Katy et al. (2015) What are the critical features of successful Tier 2 weight management services? EPPI Centre, UCL.

Technology for self reflection

Technology increasingly offers avenues for self-reflection and motivation,⁵² 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 behaviours. Tailored text messages appear to enhance weight loss in a weight management service at a community setting.”*⁵³

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 services.



52. Monica Jane, Jonathan Foster, Martin Hagger and Sebely Pal. (2015) 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

53. Claudia M. Bouhaidar, Jonathan P. Deshazo, Puneet Puri, Patricia Gray, Jo Lynne W. Robins, and Jeanne Salyer (2013) 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."*⁵⁴

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 service. This perspective links with Byrne's work on the psychological aspects of weight maintenance where a review of studies in this area suggest that *"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."*⁵⁵

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.



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 service. 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 service, 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 service offers new information, shares contemporary weight loss 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 services 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.



54. Holley TJ, Collins CE, Morgan PJ, Callister R, Hutchesson MJ. (2016) 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.

55. Susan M Byrne (2002) Psychological aspects of weight maintenance and relapse in obesity. *Obesity* November 2002 Volume 53, Issue 5, Pages 1029-1036



Control and choice

Responsibility and attribution

Research on attribution⁵⁶ suggests that whether service users blame their weight gain on internal or external 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 to make to their routine, and ultimately, on their success in a weight management service.

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 services 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."*⁵⁷

OPPORTUNITIES

Enabling choices and ownership

Some providers mentioned enabling people to choose which services 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 service and build their own journey around that core service. This implies that weight management services are delivered and commissioned in an integrated way.



57. Huisman S1, Maes S, De Gucht VJ, Chatrou M, Haak HR (2010) 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.⁵⁸

OPPORTUNITY

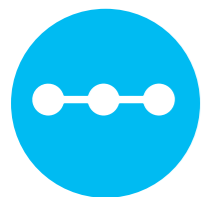
Embedding change

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.



56. 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.*

58. Ford ES, Ford MA, Will JC, Galuska DA, Ballew C (2001) 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,⁵⁹ 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 service and/or towards themselves. People with realistic expectations develop effective strategies to deal with potential relapses.”*⁶⁰

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.



59. Public Health England (2015) National mapping of weight management services: Provision of tier 2 and tier 3 services in England.

60. 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.

Ending

Some providers mentioned that people who are particularly vulnerable find it difficult to end a weight management service. The most vulnerable service users can grow a sense of dependency using 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.”*⁶¹

OPPORTUNITIES

Follow-up offer

There is often a lack of social support post-service. 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.



61. Sutcliffe, Katy et al. (2015) What are the critical features of successful Tier 2 weight management services? 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 service.



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 service. Weight management services need to support people to own their story, and to clearly see what is in it for them.⁶²

OPPORTUNITY

Being in the driving seat

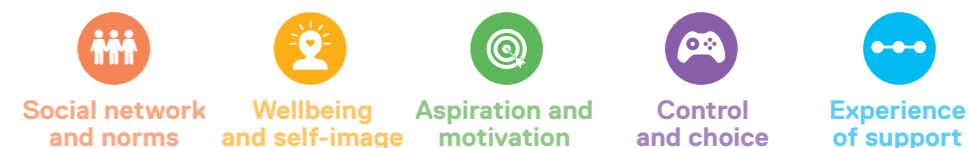
Providing services that are tailored to individuals does not just mean offering choice. It also means enabling people to build their own pathway, to feel able to challenge the service when it does not work for them, and to feel a sense of agency.



62. Huisman S1, Maes S, De Gucht VJ, Chatrou M, Haak HR (2010) 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



7.3 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 simply telling parents that their child needs to lose weight is not an effective way to convince them to engage. 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 service attended by both families in the study was designed for whole families. The impact of actively involving family members in the service seems to have positive impacts for both families. This supports the notion that family based treatment services have positive affects on child weight loss.⁶³

OPPORTUNITIES

Diversity

Providers thought that weight management service 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 service. This requires flexible time for family members to come to the service, 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.



Being part of a team

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 facilitate 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 services 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.



63. Kitzman-Ulrich H1, Wilson DK, St George SM, Lawman H, Segal M, Fairchild A. (2010) 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.



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."⁶⁴ 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 services 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 help learning. Providers suggested that pub quiz style group discussion could be a fun way to recap information.



64. Woolford SJ, Sallinen BJ, Schaffer S, Clark SJ. (2012) 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.

Making place for emotional issues

While the service 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 behaviour 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 behaviour changes."⁶⁵

OPPORTUNITIES

Wellbeing outcomes matter

Becoming more confident, making friends, school attendance, and better family relationships all impact 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 in their life. If psychological issues arise that are likely to have an impact on their engagement or their success using the service, families should be referred to relevant services.



65. Schalwijk AA, Bot SD, de Vries L, Westerman MJ, Nijpels G, Elders PJ. (2015) 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 faced with the ideal of a 'curvaceous' body as exalted in urban music.⁶⁶

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 of reinforcing 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.



66. BBC- Radio 4 – Curvalicious – Sept 2016



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 service. 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 services 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 service is for. A short induction during or after the assessment could help to manage expectations.



Small steps

As for adults, having to set clear and tangible goals is key. The children using the service 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 service users' 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 service has ended.



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 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 service 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."⁶⁷ 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 innovative, including more active sessions that cover realistic scenarios that families might encounter on a daily basis.

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.

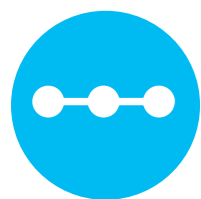


Embedding change

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



67. Roblin L. (2007) 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 whilst using 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 behavioural assessment feedback to enhance comprehension and engagement, which may lead to greater behaviour change.”*⁶⁸

68. Maria Leonora G Comello, Xiaokun Qian, Allison M Deal, Kurt M Ribis, Laura A Linnan, Deborah F Tate (2016) 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

OPPORTUNITIES

Long-term planning

Participants felt that providers should support service users at the start to plan for what happens after the service 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 service.



School support

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



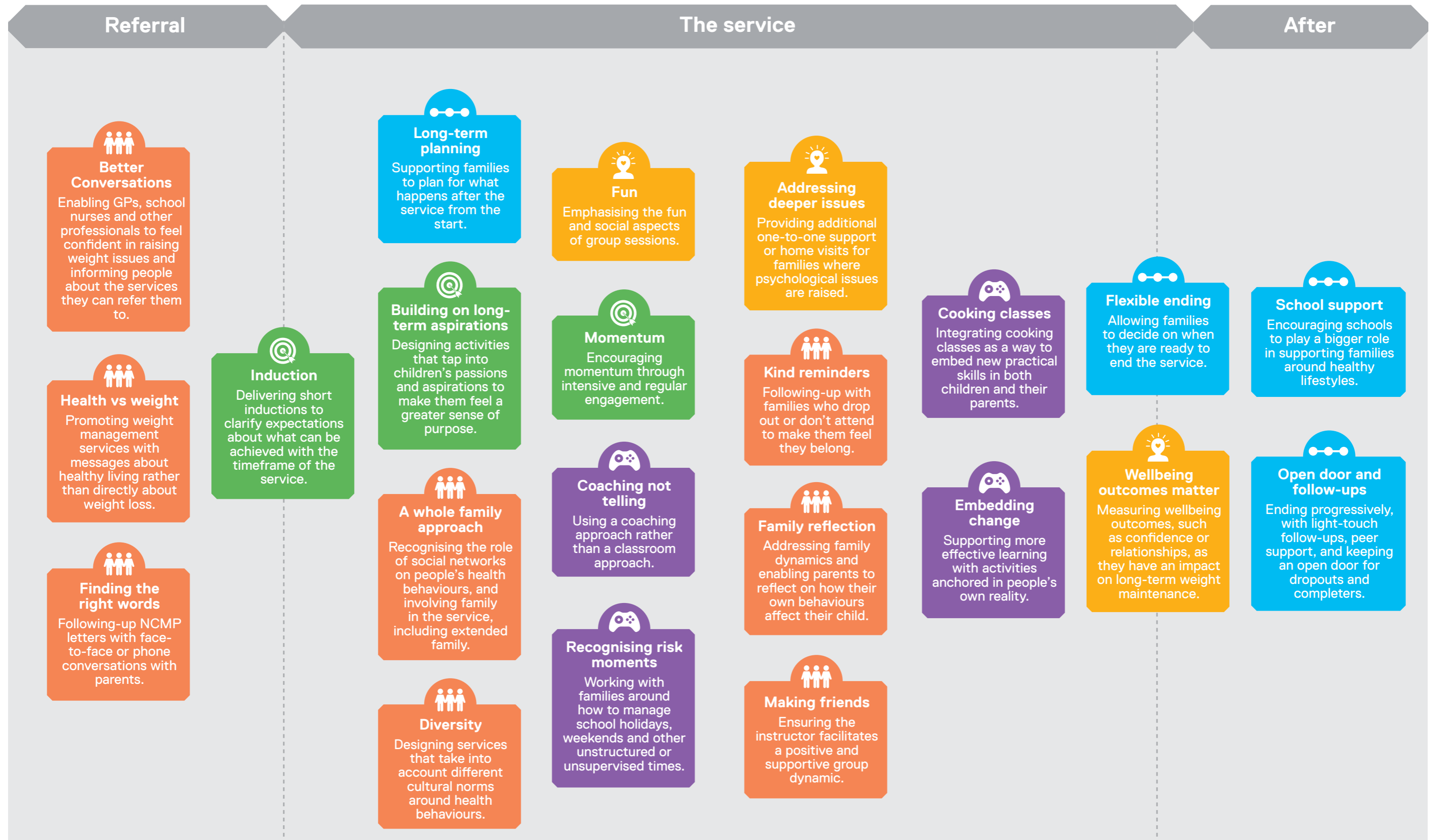
Open door and follow-ups

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.



Tier 2 Children user journey

A summary of opportunities



7.4 Tier 3 Children



Social network and norms

Focusing on the whole family or focusing on the individual

The results indicate a dilemma between an individual child referral or whole family focus when engaging obese children in tier 3 weight management services. While research indicates the family approach is beneficial to aid the embedding of healthy lifestyle routines within the family, it 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,⁶⁹ 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.⁷⁰ Therefore an argument can be made on multiple levels for embedding manifold avenues for addressing early childhood obesity within tier 3 child services.

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

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

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, messages coming from participants indicate that without the engagement of influential members of a child's family, successful weight loss will be severely challenged.⁷¹ Therefore positive, effective interventions in a family setting can be beneficial to a child's eating and exercise habits.⁷² Young children especially have little control over the choice of available food or serving size, nor often the opportunity for physical activity.

Hence the engagement of extended family in weight management services 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,⁷³ and investigate with the child who within their social network has the most significant influence on their choices. Focusing on the individual child and the family or significant others produces an argument for a flexible approach to weight management services.

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

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

73. 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

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, or extended family like grandparents or even child-minders.



Making friends

The SHINE programme⁷⁴ 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. However the study found services with atmospheres that did 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.

74. Health Talk (2017) Health and weight. <http://www.healthtalk.org/young-peoples-experiences/health-and-weight/community-weight-management-services/#ixzz4P9BhSSjb> (accessed February 3, 2017)

OPPORTUNITIES

Positive group dynamics

Facilitate positive group dynamics, for both parent and child. Encourage the making of friends and building of peer groups to reinforce positive habits.



Age appropriateness

Construct services 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 service.





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 Kids⁷⁵ 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.

OPPORTUNITY

Building confidence

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



75. Tool kits for kids <http://toolkitsforkids.com/index.php/child-confidence-and-the-initiative-against-child-obesity/> (accessed November, 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."⁷⁶ 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.⁷⁷ 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 parent's weight, as research indicates that the strongest risk factor for childhood overweight is parent overweight, mediated by child temperament.⁷⁸

OPPORTUNITY

Helping parents to help children

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



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

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

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



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 services⁸⁰ pressure is on parents to act. With this may come the desire to 'own' a child's weight management journey, and 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."⁸¹ 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."⁸²

OPPORTUNITY

Goals owned by the child

Supporting children to own their weight management journey, defining their own goals.



80. Jones DJ1, Gonzalez M, Ward DS, Vaughn A, Emunah J, Miller L, Anton M. (2014) 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

81. Early childhood education and care (2017) <https://www.teachers.org.uk/files/9-early-childhood-education-and-care.pdf> (accessed February 3, 2016)

82. Toolkits for Kids

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 services (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 with food, yet this is his third service (3rd year) without psychological input. However, there is research in evidence that theorises 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.⁷⁹

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



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

Parent as a coach

The issue of parent as coach is closely related to the above issue of parental responsibility and child autonomy. Our research 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 service (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."⁸³ In a 2008 study Van Wormer 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

83. Van Wormer, J.J., French, S.A., Pereira, M.A. and Welsh, E.M. (2008) The Impact of Regular Self-weighing on Weight Management: A Systematic Literature Review. International Journal of Behavioral Nutrition and Physical Activity 2008:54

negative psychological consequences.⁸⁴

Public Health England (formerly 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"⁸⁵ and the author themselves suggest "a happy obese child might have greater resources to cope with the problem than previously thought."⁸⁶

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 this 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.



84. Burke, L.E., Wang, J. and Sevick, M.A. (2011) 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

85. Public Health England Obesity (2011) Obesity and mental health. Available at [http://www.noo.org.uk/uploads/doc/vid_10266_Obesity%20and%20mental%20health_FINAL_070311_MG.pdf]

86. Flodmark, C.E., (2005) 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 shows parents are being blamed for their children's eating disorders⁸⁷. This highlights the challenge faced by parents of obese children, and providers of weight management services to keep learning in context. Learning is relevant to all varying contexts the family might experience. It must maintain a balance between a level of information that leads to reduction in weight, while nurturing a healthy relationship with food.

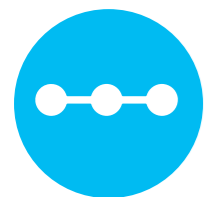
OPPORTUNITY

Learning in context

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



87. Sheel, Judy (2012) Shame, Blame and Eating Disorders. <https://www.psychologytoday.com/blog/when-food-is-family/201203/shame-blame-and-eating-disorders> (accessed February 3, 2017)



Experience of support

Referral

According to professional stakeholders, referral processes could be improved. Although this study does not have the breadth to cover a multitude of routes, several discussion points emerged. 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 shown 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 receive feedback on the progress of families, and is there room for improvement in the systems of ‘follow-up’?

OPPORTUNITIES

Better referrals

Participants felt that professionals from 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 should feedback to referrers on the progress a child has made while using the service, 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 services for adults and tier 2 children, the services 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 service, was positive. However, providers also warned against services with no fixed ending. 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 service as ended.

OPPORTUNITIES

Long-term planning

Participants felt that providers should support service users at the start to plan for what happens after the service 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 service.



Open door and follow-ups

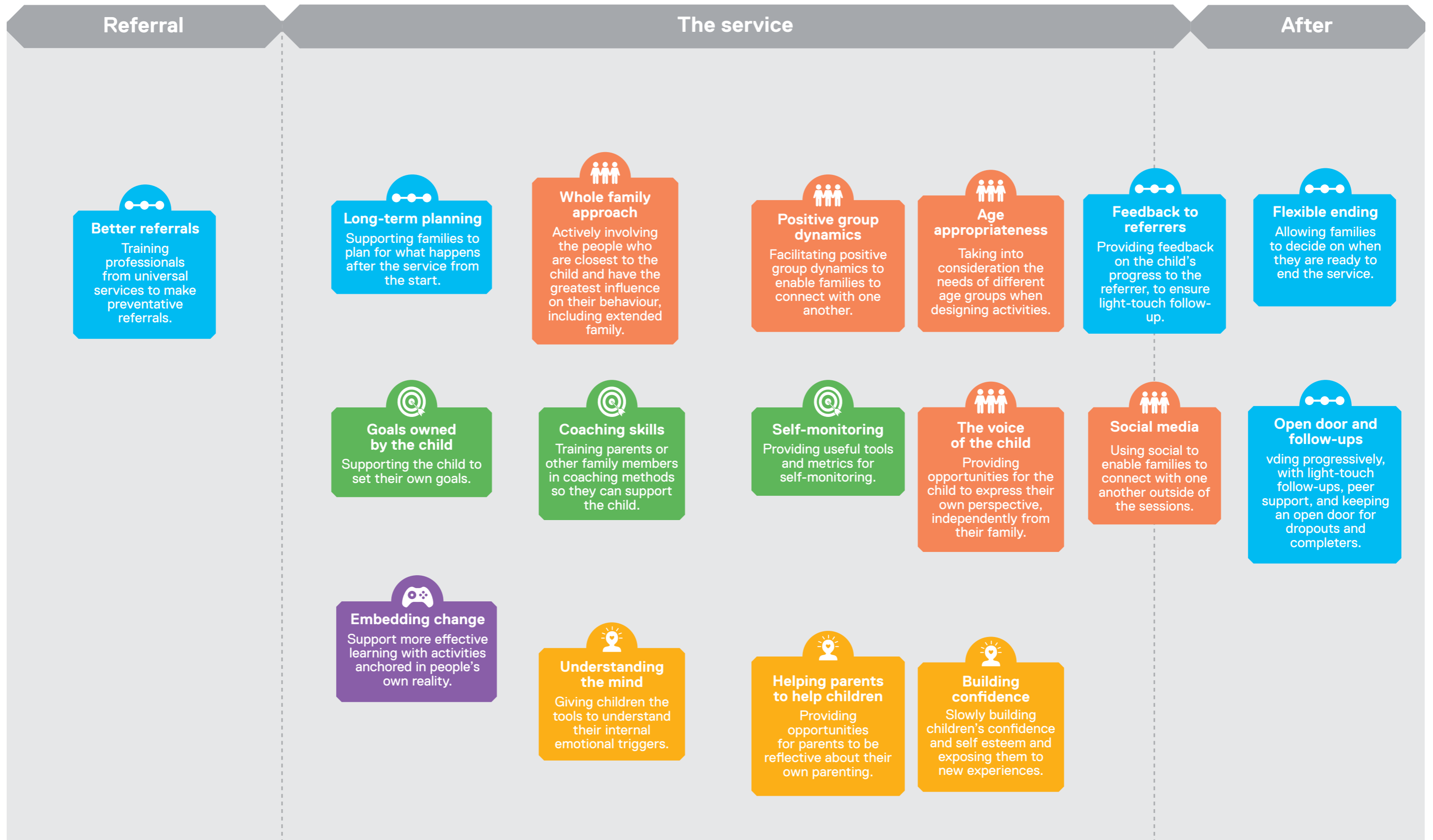
Participants thought it was important to establish follow-up times with parents to check if the weight and lifestyle had been sustained, or if there had been any progress.



Tier 3 Children user journey

A summary of opportunities

- Social network and norms
- Wellbeing and self-image
- Aspiration and motivation
- Control and choice
- Experience of support



8. Conclusion

Both adult and child weight management service users were influenced by their partners, family members and friends in their norms and lifestyle choices. Weight management services need to acknowledge the significance of social relationships and enable service users to navigate these in favour of their effort to achieve a healthy weight.

Weight, body image, and eating are often emotionally-charged issues for service users. Supporting them to understand and navigate their own emotions is key to designing successful weight management services. Service users reported feeling overwhelmed with the information they were given at weight management sessions. They would have preferred the conversations to focus more on real-life challenges, allowing them to uncover internal and external barriers as well as how to navigate these better.

With regards to child services, the purpose of weight management services was not always communicated clearly to children and their families. This resulted in some confusion for families. Commissioners and service providers need to align their expectations from referral to the end of a service and through continuing support.

Adults specifically preferred a more flexible and modular weight management service. One that is built on core lifestyle components, but that offers additional components focussing on behaviour change and psychological support. This view was not expressed by child service users. They seemed to be happy with the format of the weight management services, acknowledging, that it would be helpful if the psychological support was more easily accessible.

The following section presents a summary of the opportunities that were relevant across tier 2 and tier 3 child and adult services.



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 services involve parents by upskilling them to become lifestyle coaches for their children. 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.

Adult 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 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 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 their effort to achieve a healthy weight is key.



Empathy and in-depth emotional support

Facilitators that were relatable, empathic and non-judgemental had an overwhelmingly positive impact on people's experiences. Where these qualities were missing, service users sometimes felt sceptical, patronised, or 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 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 is key to designing successful weight management services.



Clarity of purpose

Most of our conversations with service users of children weight management services highlighted a level of confusion surrounding the purpose of weight management services. Some service users were surprised to learn, after enrolling onto a service, 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. Out of all respondents, few had actually seen a significant

weight loss as a result of being on the weight management service. This does not mean that the experience was not valued - most participants felt positively about the service 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 take part in a regular activity.

This gap in expectation and purpose was reflected by our interviews with providers and commissioners. 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 service 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 services).

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 service 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 services that service users found had the greatest impact. Internal triggers refer to the psychological and emotional states that drive behaviours. The services 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 service gave "too much general information", and would have preferred if 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 recognised that their environment influenced their choices and had contributed to their weight gain. While all services provided 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 service.

Many services did not focus on settings where participants have to make healthy choices where there are no food labels, such as fast food outlets or family dinners. Eating and exercise behaviours appeared to be so deeply embedded in people's lives that fully adopting a healthy lifestyle was inordinately challenging 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, but instead 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, the content and the shape of a weight management service requires inherent flexibility to reflect the unique experience of each individual.

This does not mean that every service needs to become a one-to-one service, as people really value the social dimension of group sessions. However, it implies that weight management services, including tier 2, need to be tailored to the specific needs of the individual. This message also emerged in 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. One that would start with an in-depth, holistic assessment using motivational interviewing to uncover the root causes of a person's weight gain, their level of motivation, and their level of support outside of the weight management service. Based on this assessment, providers would then work

with service users to design a customised journey around a core service, which has a soft ending, enabling people to go back to the service when they need support.

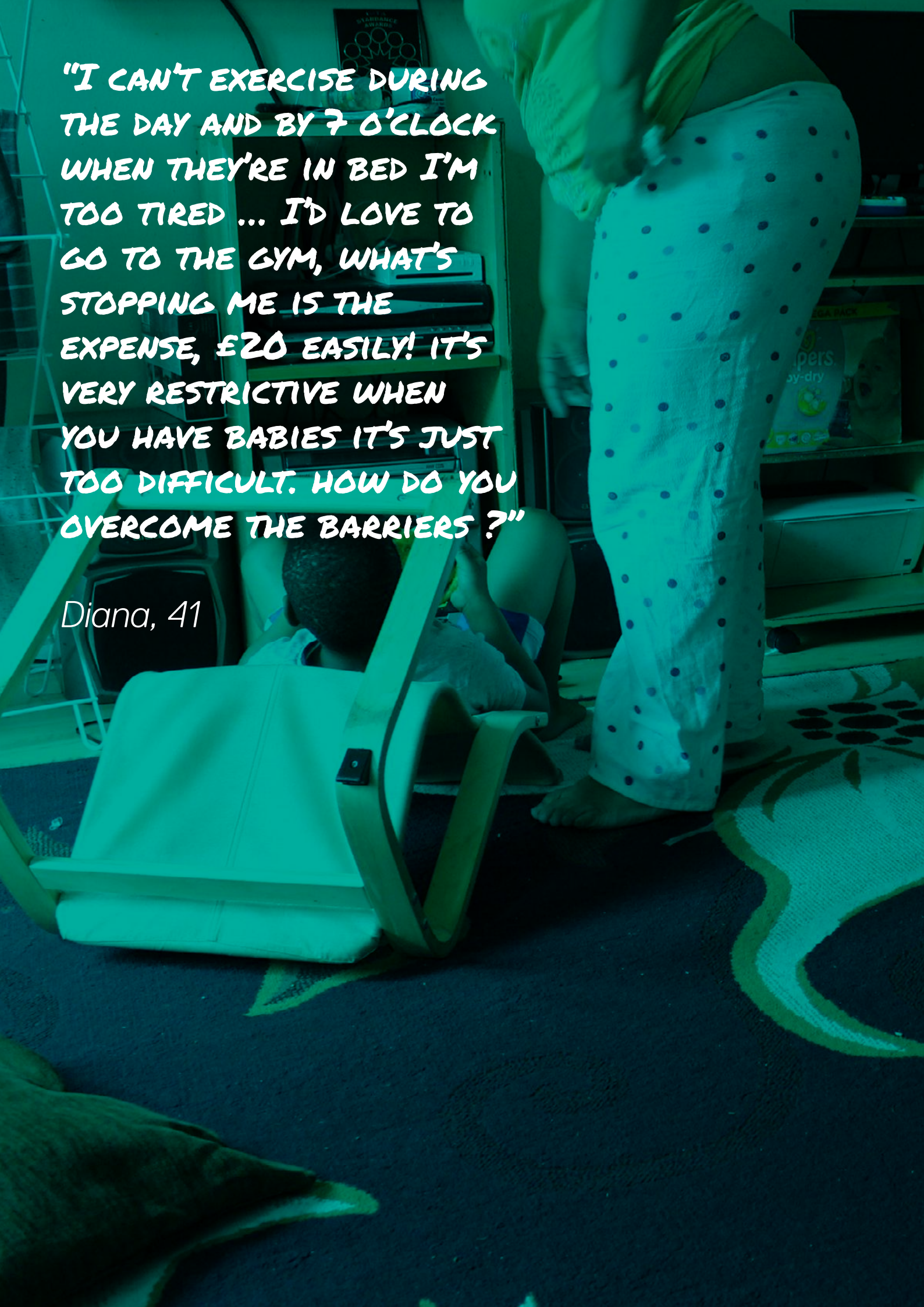
This approach requires an integrated approach, where weight management services are linked to, and able to refer to related activities available in the community. It may also raise questions about the relevance of the current tiered approach.



Open ending

Tier 2 weight management services for children and adults lasted on average 12 weeks. Tier 3 weight management services on the other hand could last from 12 weeks up to 2 years for adults, and without an end point for tier 3 child service users. Parents reported that children often felt enthused by the sessions and thus disappointed by an abrupt ending. They would appreciate the option of a return to the service when needed. Providers broadly agreed with this point whilst also expressing some concern with regards to the dependency of service users. Peer-support was suggested as an optional continuation of the weight management service engagement.

Participants can feel a strong sense of abandonment at the end of weight management services. Setting follow-up times to check in after the end of the service, or building a peer-support element where participants continue to work on their health goals was seen as a critical feature that is often missing in current tier 2 weight management services for adults and children.



"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

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Appendix 1 Professional stakeholder engagement research questions and activities

Professional stakeholder workshop 1 FEBRUARY 2016

Description

Half day session with 22 commissioners from local authorities and CCGs, Community and Voluntary Services representatives, service managers and practitioners.

The aim was to understand how the current weight management 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

4 providers
3 commissioners (2 local authorities, 1 CCG)

Tier 3 adults

2 providers
2 commissioners (local authorities)

Tier 2 children

3 providers
5 commissioners (local authorities)

Tier 3 children

2 providers
1 commissioner (local authorities)

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.

Professional stakeholder interviews

MARCH - JUNE 2016

Description

Six interviews with commissioners from local authorities and CCGs, Community and Voluntary Services 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 patients' 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 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, that are linked to partnership working? How might these be solved?

Professional stakeholder workshop 2

AUGUST 2016

Description

Full day session with 42 commissioners from local authorities and CCGs, Community and Voluntary Services 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

2 providers
10 commissioners (local authorities)

Tier 3 adults

1 provider
8 commissioners (3 CCG, 5 local authorities)

Attendance - afternoon

Tier 2 children

3 providers
8 commissioners

Tier 3 children

6 providers
4 commissioners (local authorities)

Activities

1. Storytelling

Each group was told two 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 family?"

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 service for both stories
- As a group, they reflected on whether the services 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 Professional stakeholder 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.

VISUAL JOURNEY 1 TIER 2 ADULTS

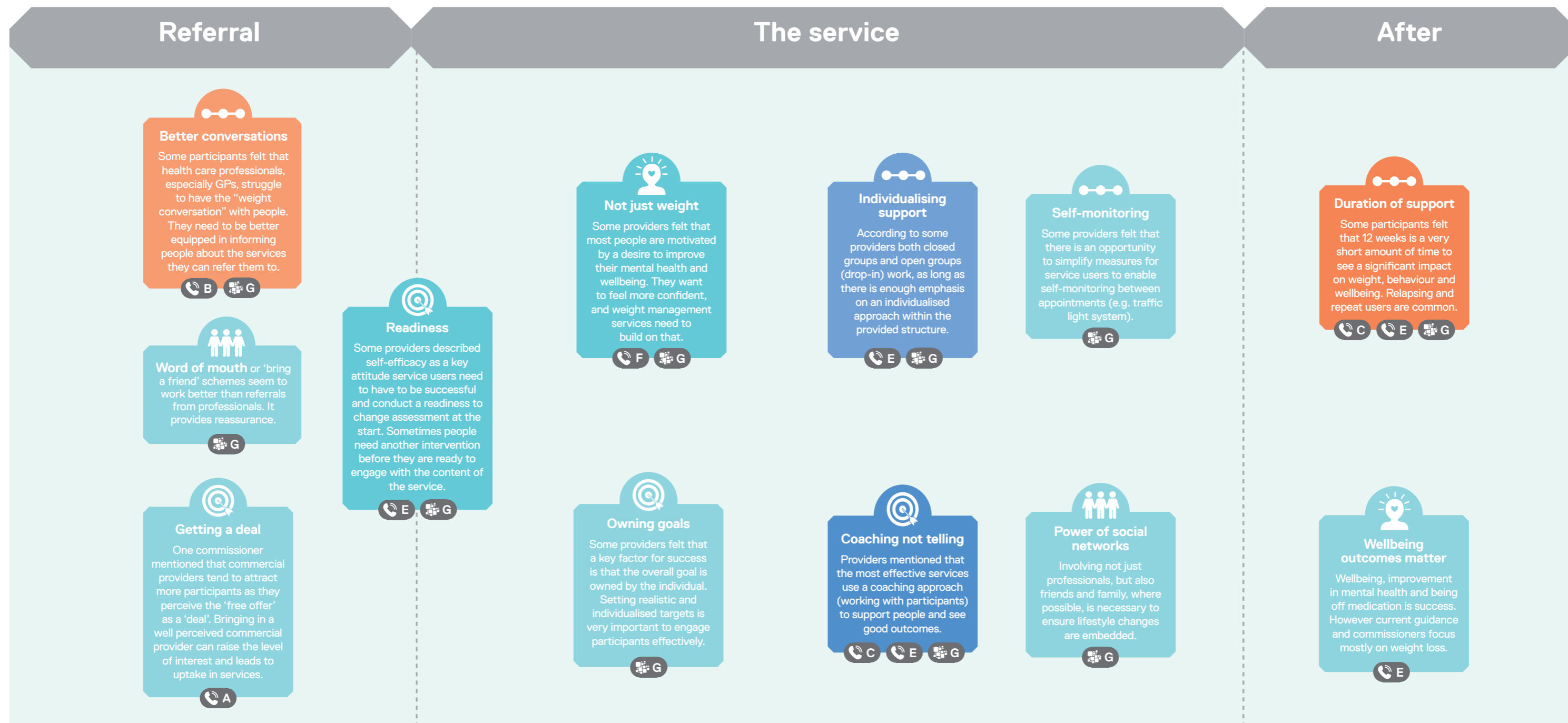
REFERENCE	CHILDREN	ADULTS	TIER 2	TIER 3	ROLE
A					Public Health Manager (North West England)
B					Local authority commissioner (Greater London)
C					CCG commissioner (South West England)
D					Local authority commissioner (Greater London)
E					Head of service development, private (Greater Manchester)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

KEY THEMES

- Local examples of what works** (Blue circle)
- Opportunity or idea** (Teal circle)
- Challenge or barrier** (Orange circle)

THEMES

- Social network and norms (Icon: 3 people)
- Wellbeing and self-image (Icon: Person with lightbulb)
- Aspiration and motivation (Icon: Target)
- Control and choice (Icon: Game controller)
- Experience of support (Icon: Support line)



VISUAL JOURNEY 2
TIER 3 ADULTS





VISUAL JOURNEY 3 TIER 2 CHILDREN

Referral

The service

After

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.

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.

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.

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

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.

Finding the right words

Participants felt that standardised letters from National Children's Measurement Programme are disempowering for parents. An individualised conversation with children and parents is usually more effective at turning

Holistic assessment

Some providers felt that it does not make sense to define people's level of support based purely on their BMI (Body Mass Index). 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

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.

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; i.e. instructor picking up a child from school with a 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 attendance 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.

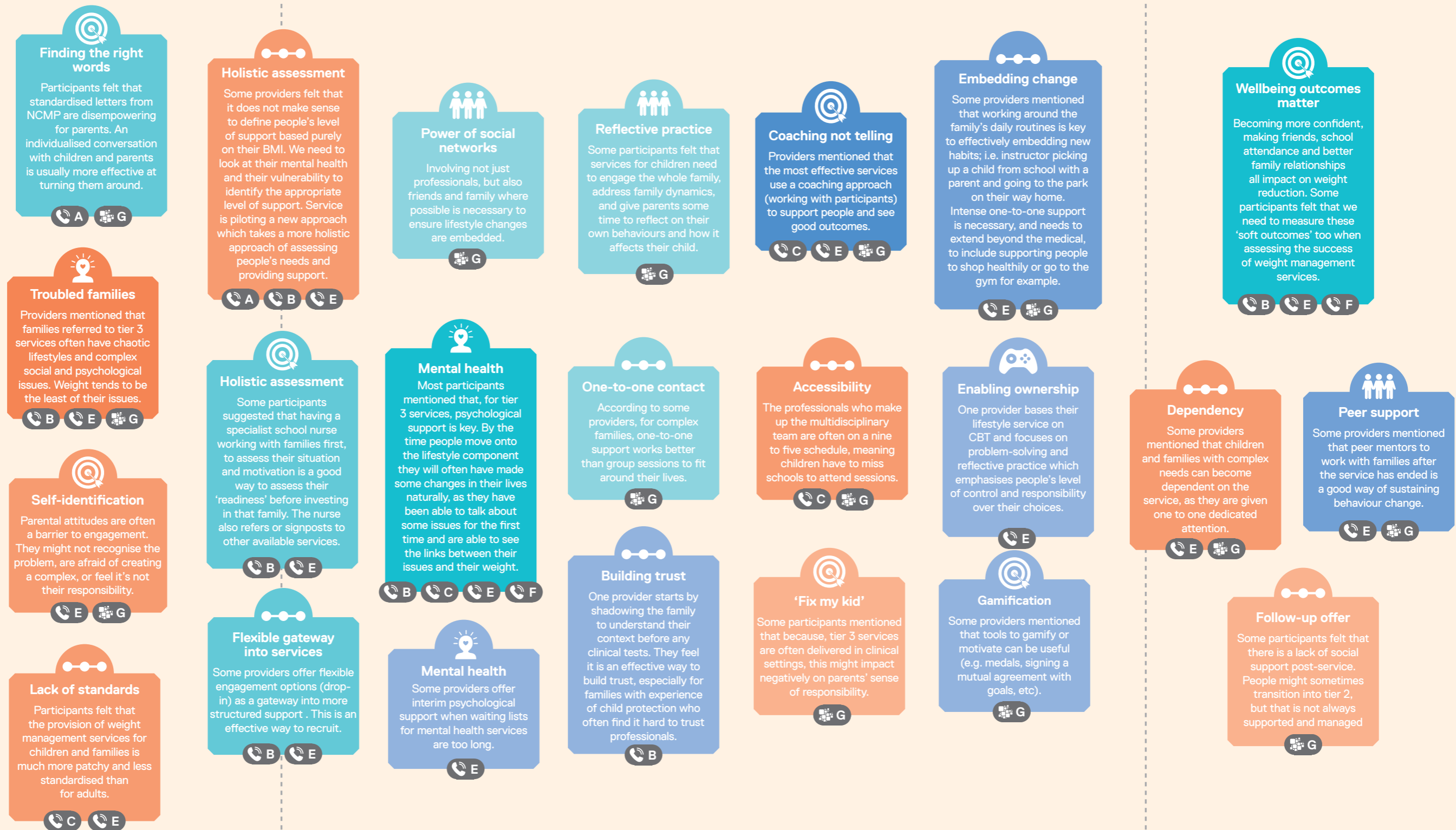


VISUAL JOURNEY 4 TIER 3 CHILDREN

Referral

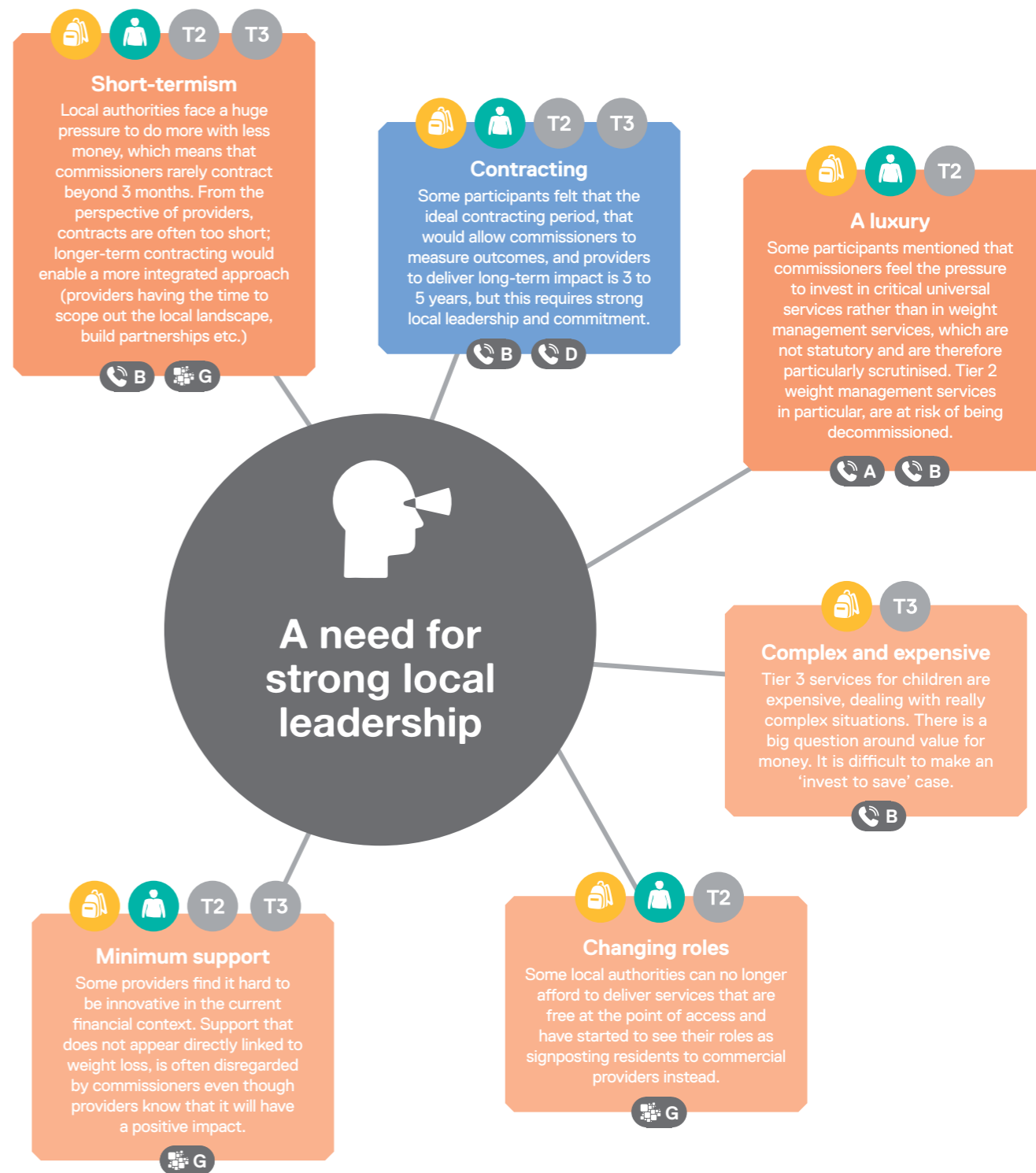
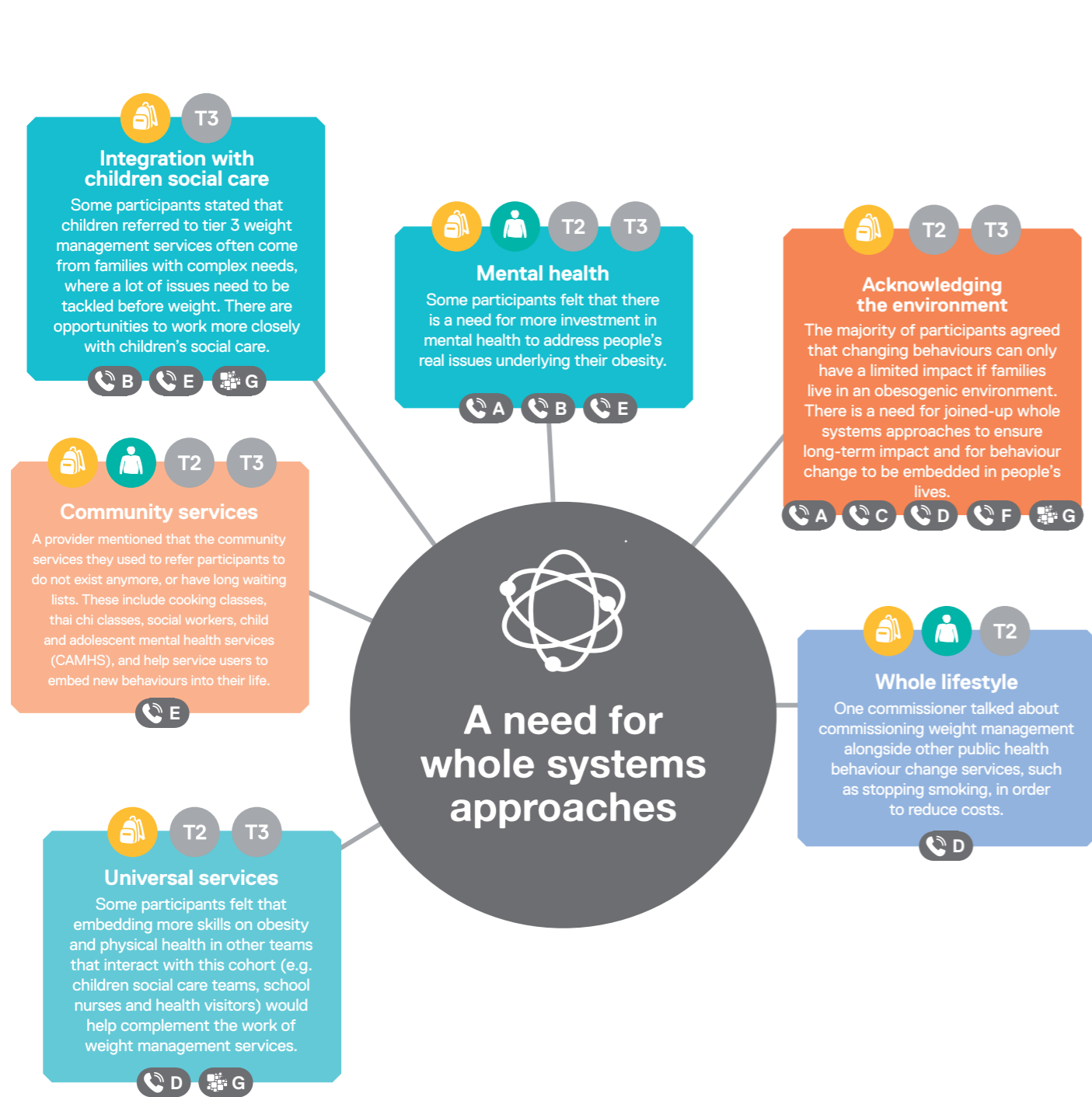
The service

After

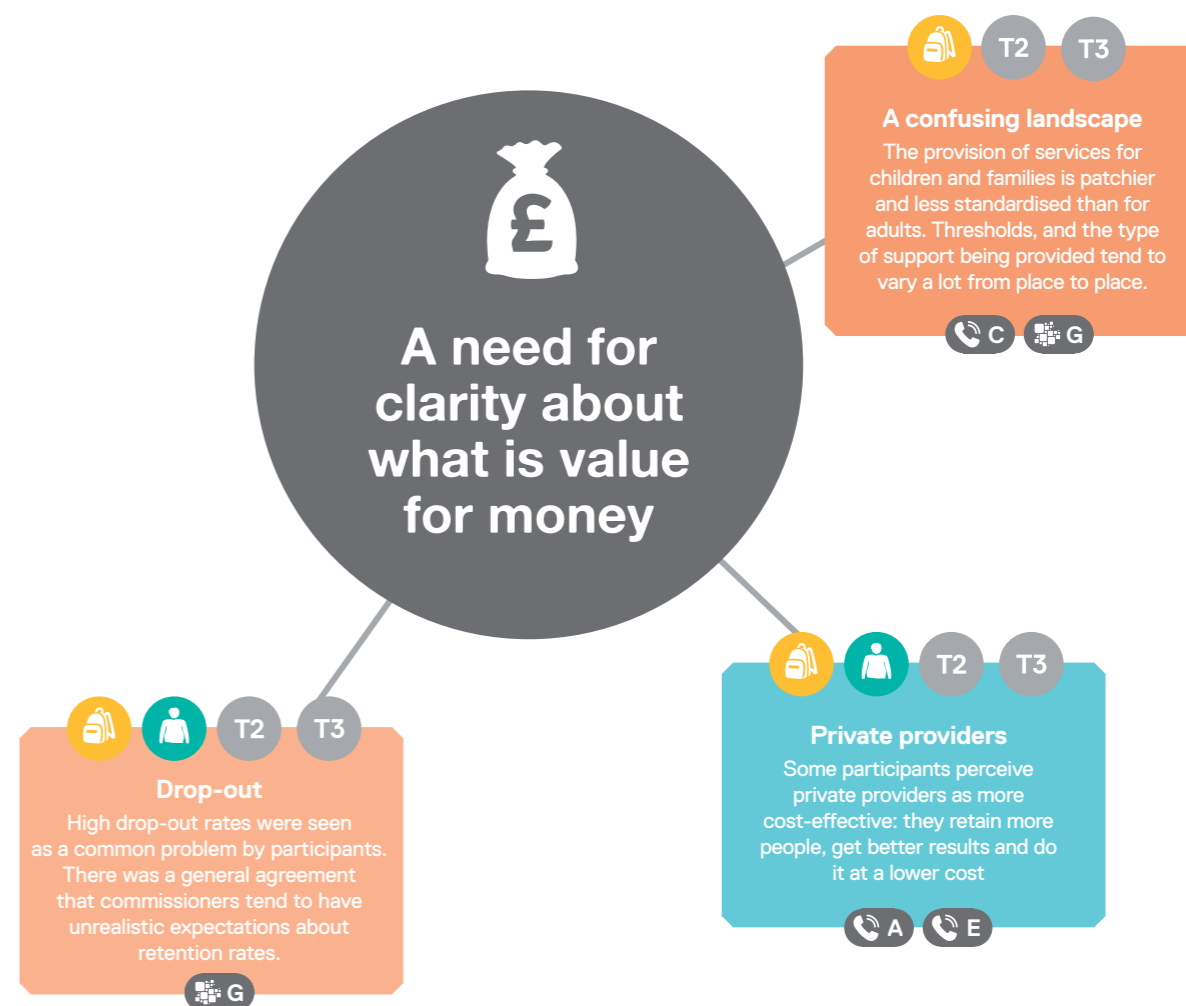


SYSTEM INSIGHTS

The visuals below present a synthesis of what professional stakeholders said about systemic issues during the professional stakeholders workshop 1 and the interviews.







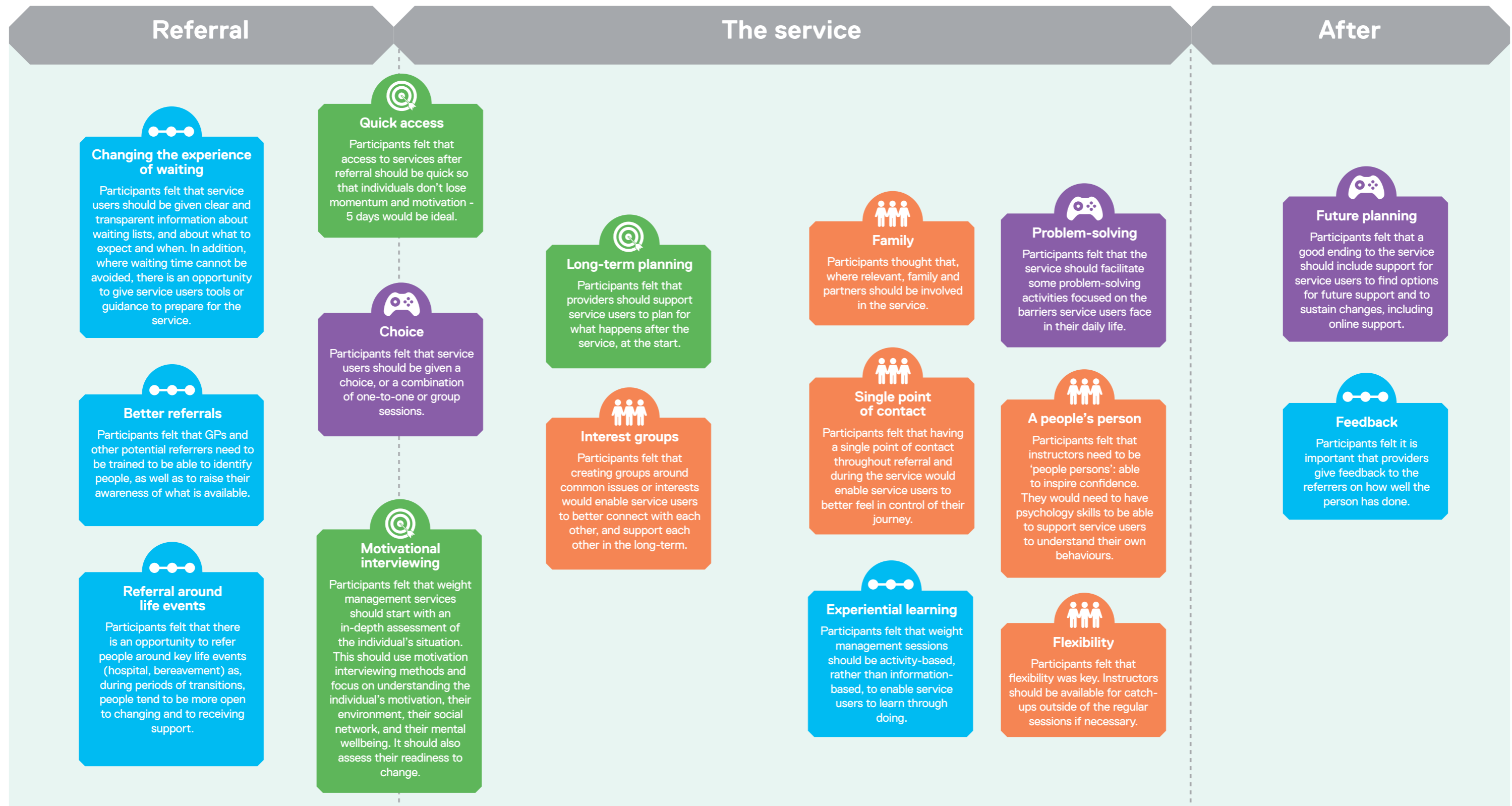
OPPORTUNITIES TIER 2 ADULTS

Each of the visual journeys below presents a synthesis of the ideas and opportunities professional stakeholders generated during the professional stakeholders workshop 2, after hearing the ethnography stories.

OPPORTUNITIES TIER 2 ADULTS

THEMES

-  Social network and norms
-  Wellbeing and self-image
-  Aspiration and motivation
-  Control and choice
-  Experience of support



**OPPORTUNITIES
TIER 3 ADULTS**

THEMES



Social network and norms



Wellbeing and self-image



Aspiration and motivation



Control and choice



Experience of support

Referral

The service

After

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 motivational 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 for change

Some participants talked about offering psychology courses to service users before starting the service. 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 expectations and have honest conversations about surgery. If the service user wants surgery, they 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.

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 service and build their own journey around that core service. 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. 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.

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 service.

**OPPORTUNITIES
TIER 2 CHILDREN**

THEMES

- Social network and norms
- Wellbeing and self-image
- Aspiration and motivation
- Control and choice
- Experience of support

Referral

The service

After

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.'

Diversity
Participants thought that weight management service needs to consider families with different languages/cultures and the service should be more universal in its approach.

Long-term planning
Participants felt that the weight management service needs a sustainable exit strategy embedded into service early on, not just the last session.

Fun
Participants thought that having a pub quiz style group discussion could be a fun way to recap information, so that children don't forget what they learnt.

Addressing deeper issues
Some participants felt that the weight management service 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 weight management service team can refer to relevant services to support the family.

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 service or drop out if they want.

Signposting
Participants thought that the weight management service needs to provide information about affordable services and activities after the service finishes.

Training
Participants felt that training GPs and other professionals on how to raise weight issues is needed.

Environment
Participants felt that weight management service needs to create a pleasant environment, which makes children want to come.

Holistic support
Participants suggested that physical, psychological and nutritional aspects all need to come together during the service.

Making friends
Participants thought that making friends at the weight management service would help children engage with the service. Children and parents can also meet other people through social media such as Facebook groups.

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 crucial throughout the service.

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.'

School support
Participants thought that schools need to continue supporting children and families by engaging them around healthy lifestyles e.g. summer holiday camps.

Readiness
Participants felt that one-to-one assessment with the family is needed to understand their readiness to change before they go onto the service.

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.

Whole family support
Participants thought that parental/family responsibility (and 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 service. This requires flexible time for family members to come to the service, e.g. Saturday mornings.

Relationship
Participants strongly felt that it is important to plan the weight management service where parents and children can play together to change the relationship between parents and children.

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 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 and if there has been any progress.

**OPPORTUNITIES
TIER 3 CHILDREN**

THEMES



Social network and norms



Wellbeing and self-image



Aspiration and motivation



Control and choice



Experience of support

Referral

The service

After

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.

Set smart goals

Participants thought that setting reasonable, but smart, goals together with children and the family is a key factor for success.

Determined professionals

Participants felt that people need motivational professionals who are determined and committed.

Whole family support

Participants thought that parental/family responsibility (and 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 service. This requires flexible time for family members to come to use the service, e.g. Saturday mornings.

Local information

Participants thought that the service should provide information about what's available in the local area to link into activities outside of the service.

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.

Holistic support

Participants suggested that physical, psychological and nutritional aspects all need to come together during the service.

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 key. Also acting upon the needs of the children is needed throughout the service.

Feel supported

Participants felt that both children and parents should feel supported throughout using the service and not feel 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.'

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 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	43 to 70	T2	5 female 2 male	4 White British 2 South-East Asian 1 White European	6 first-time users and completers 1 repeat user	Greater London	 A
7 participants	35 to 50	T2 T3	All male	7 White British	7 completers and repeat users	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 using this service?
- 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 service? Why?
- What do/did you hope to be the outcome of using the service? 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 services 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 use of the service has ended.

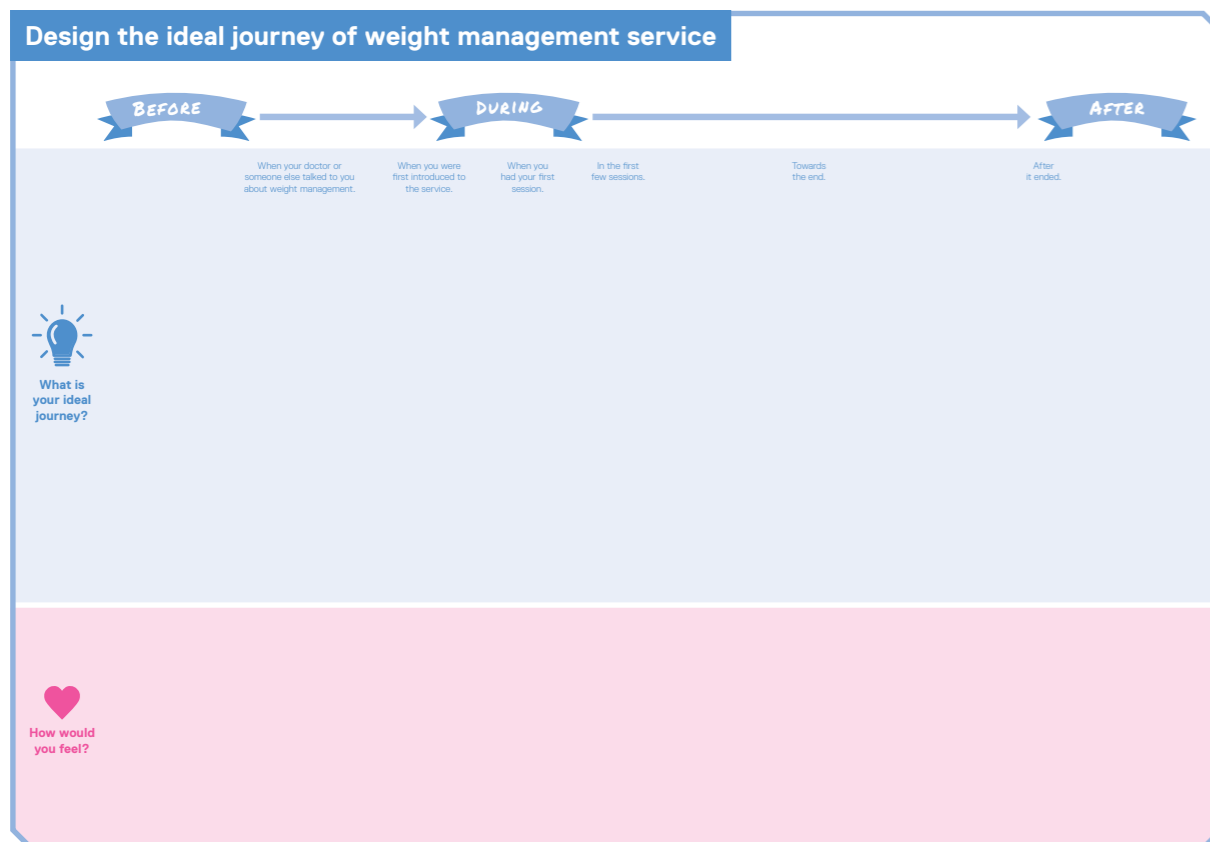
- Who would need to be involved at which stage? Who would make which decisions?
- How would you know you are achieving your goals? What would prevent you from achieving your goals?
- How would your progress be monitored? How would your successes be rewarded?
- What would be the ideal format (one-to-one, 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 - TIER 2 ADULTS 15 JULY, GREATER 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 using the service.



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 service was illustrated through real life stories and examples they could relate to.



CO-DESIGN B - TIER 2 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 services - The participants in the group appreciated that this weight management services was gender-based and delivered in a way which did not focus on "dresses and shoes". In mainstream weight management services 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.

Creating a team-spirit in weight management services 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 empathetically 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 service they were keen to continue the weekly physical activity sessions.

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.



Aspirations 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.

KEY

- What worked well for them
- Opportunity or idea
- Challenge or barrier



CO-DESIGN A - TIER 2 ADULTS
15 JULY, GREATER LONDON, 7 PARTICIPANTS

THE IDEAL JOURNEY

Referral

The service

After

Quick referral
 "You go to the doctor and s/he refers you directly to the weight management service. 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."

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.

A balance of group and one-to-one
 Participants felt that it would be helpful to have a few individual sessions on top of the group sessions, either in the beginning or at the end to talk about their specific issues and needs. All participants had different health conditions which require a specific diet.

Feeling safe to talk about feelings
 Participants acknowledged that there were some issues around talking openly about their moods and emotions which they would prefer to talk about in private.

Wanting to be 'brainwashed'
 People made comparisons with drug addiction, emphasising how hard it was to change lifestyle behaviours and how you need to be 'manipulated' or 'brainwashed' into changing.

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.

Monitoring
 People felt having access to staff when they 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."

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."

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.

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 two years of quarterly meetings.

Success is individual
 There were very different views on what 'success' looks like. Some thought that losing five stones and achieving the ideal weight was success. Others said that 'looking alright' was success.

Follow-up
 "It would be ideal to have a three month follow-up after the course is completed."

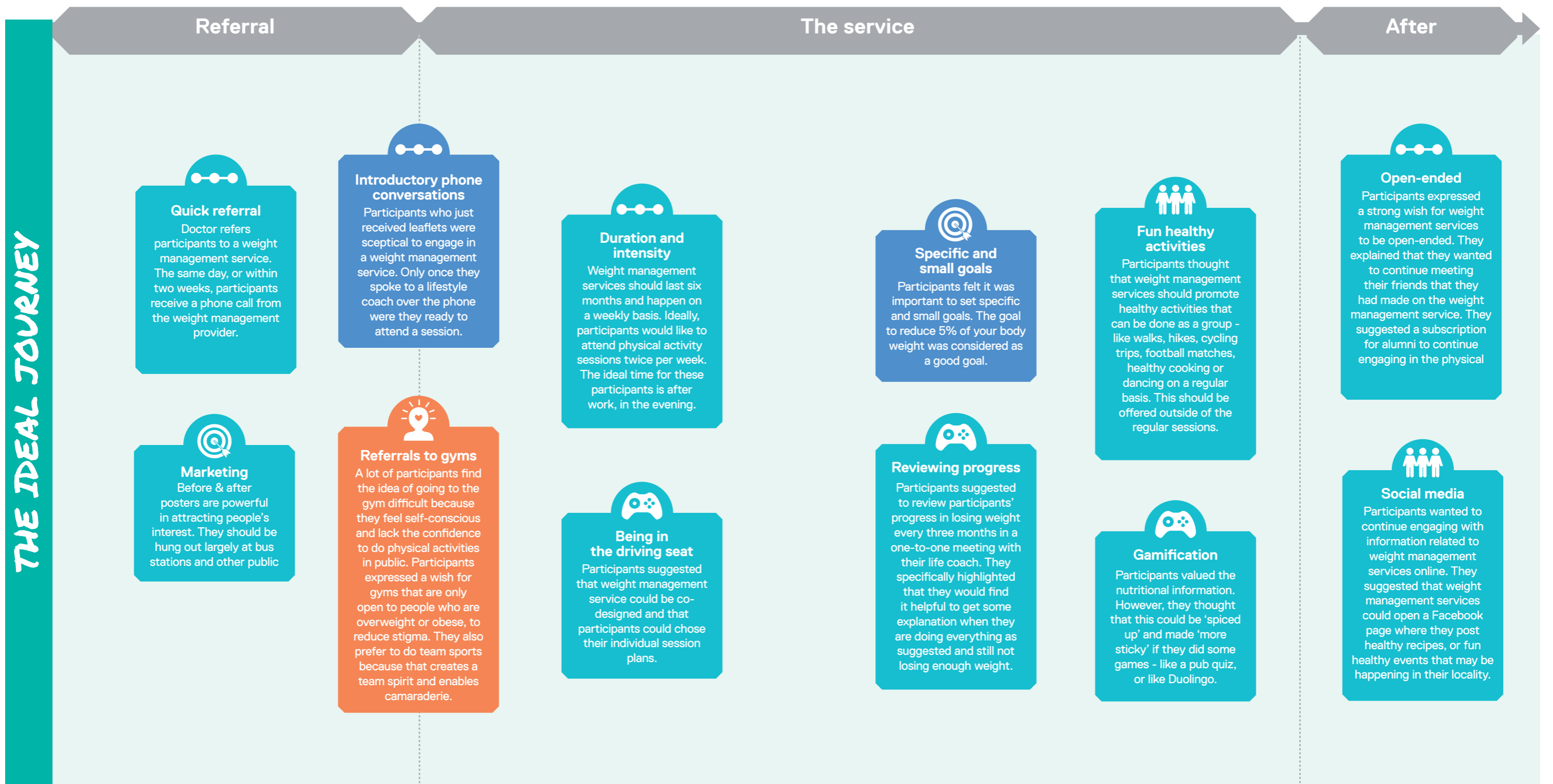
Further signposting
 Professionals should suggest to participants what the available services are for them, so they can continue to lose weight.



CO-DESIGN B - TIER 2 ADULTS
11 AUGUST, GREATER MANCHESTER
7 PARTICIPANTS

KEY

- What worked well for them
- Opportunity or idea
- Challenge or barrier



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 led 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 users' 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 finishing using 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 using the service

Social networks and norms	<ul style="list-style-type: none"> • 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 and physical appearance?
Wellbeing and self-image	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 or achieving in life? • How tangible are the health issues linked to their weight? How does that impact on their motivation?
Choice and control	<ul style="list-style-type: none"> • 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 (i.e: lifestyle), or not (i.e: 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? (i.e: 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	<ul style="list-style-type: none"> • 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

Social networks and norms	<ul style="list-style-type: none"> How did their friends and family feel about them enrolling into a weight management service? How did these perceptions impact on their decision or motivation?
Wellbeing and self-image	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Who was in charge of the referral? How much choice did they have over the type of service they had access to? What options were presented by service deliverers?
Experience of support	<ul style="list-style-type: none"> 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 etc.)

Whilst using the service

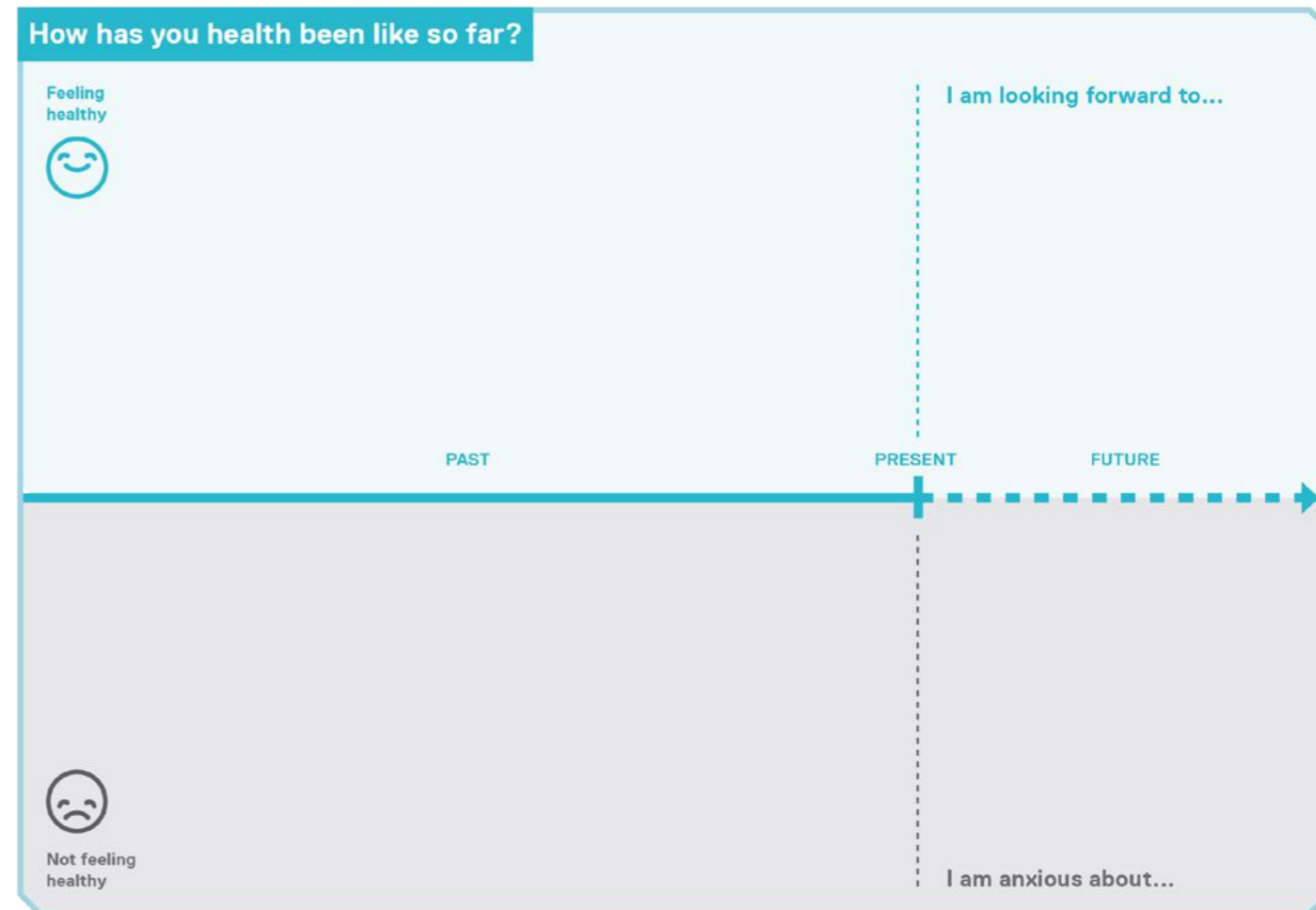
Social networks and norms	<ul style="list-style-type: none"> What role do friends and family members play? (practical support, emotional support, or scepticism?) What is the role of technology? How did they interact with others using the service?
Wellbeing and self-image	<ul style="list-style-type: none"> What place does the weight management service occupy in the context of their lives (big step or 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 or less good?
Aspiration and motivation	<ul style="list-style-type: none"> What helps to sustain motivation through the 12 weeks/1 year? What does the service unlock for them? How did they know they were or were not progressing?
Choice and control	<ul style="list-style-type: none"> 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 using the service? (lifestyle changes, financial changes, mindset changes, practical changes) How much structure is too much? How much structure is helpful? How individualised is the service?
Experience of support	<ul style="list-style-type: none"> What were their first impressions? What stage are they at now? How does it compare to their life before, and to when they first started using the service? 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 their 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 service enable them to embed what they learn into their home environment? How does their home environment change whilst they were using the service?

Life after finishing using the service

Social networks and norms	<ul style="list-style-type: none"> • 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 service? • What is the role of technology?
Wellbeing and self-image	<ul style="list-style-type: none"> • How does their self-image change upon finishing using the service? • How does that impact on their overall wellbeing? (Virtuous cycle) • What are their biggest fears (and hopes) at the point of finishing using the service?
Aspiration and motivation	<ul style="list-style-type: none"> • What incentives are there for them to sustain those lifestyle changes once they are no longer using the service? • 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	<ul style="list-style-type: none"> • To what extent do they understand what they need to change and how much power do they feel they have to do so? • To what extent has the service enabled them to embed what they have learned into their home environment? How has their home environment changed throughout the use of the service?
Experience of support	<ul style="list-style-type: none"> • What stage are they at now? What feels different to their life before/to when they started? • For completers: what does life after the service 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 etc.)
- 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 provides 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 service?
- 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 service?
- 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 using the service? Why?
- What would have been different if you hadn't attended the service?

Support network



Using this simple template, we visually mapped the key relationships in their life, including friends and family members, professionals and services, key places in their local area including workplace, or community activities which they feel have an impact on their wellbeing.

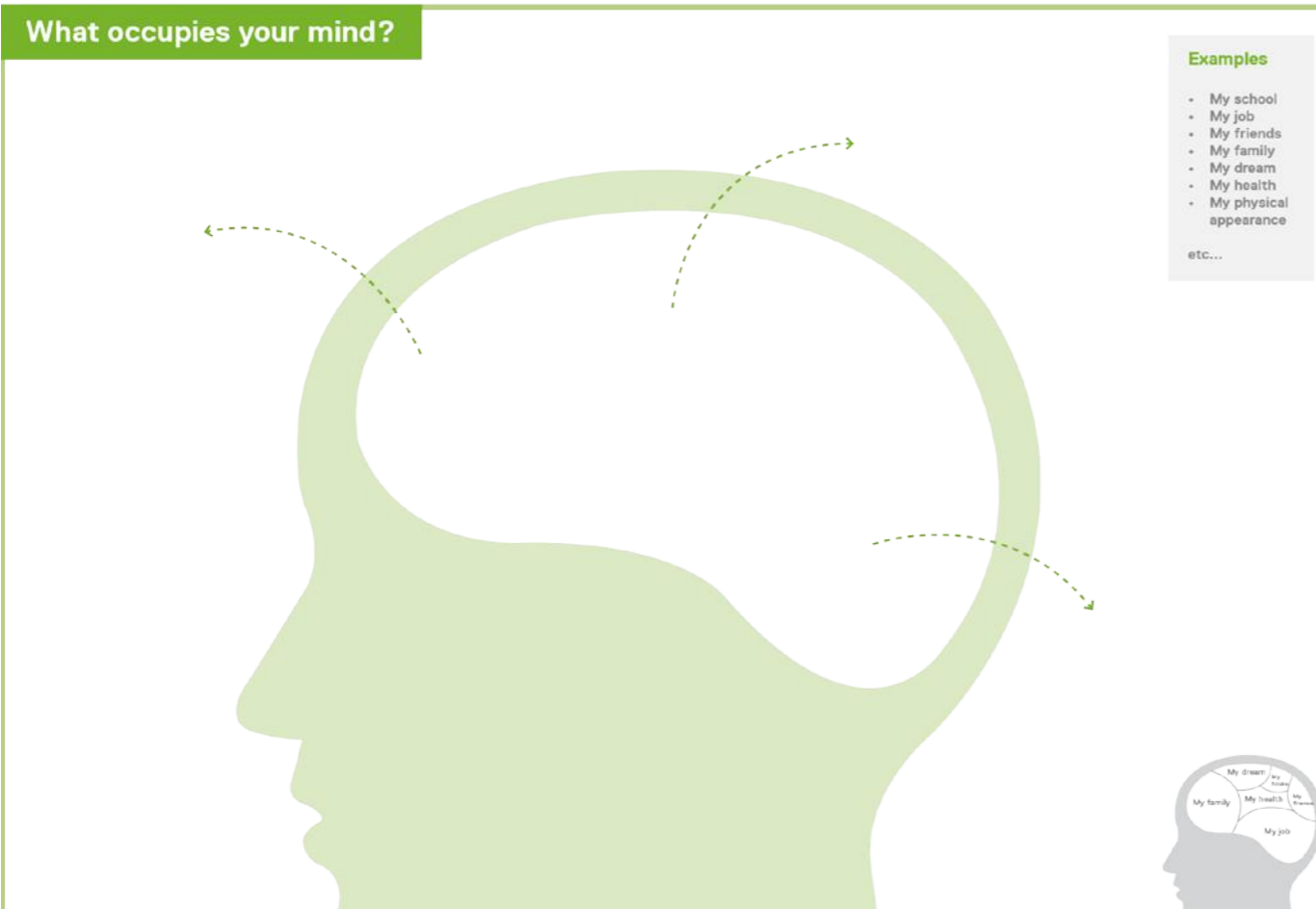
We then explored who or what supports them or gets in the way of achieving their health goals.

We started with a broad conversation about their health, and, if appropriate, moved 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

What occupies your mind?



Examples

- My school
- My job
- My friends
- My family
- My dream
- My health
- My physical appearance

etc...

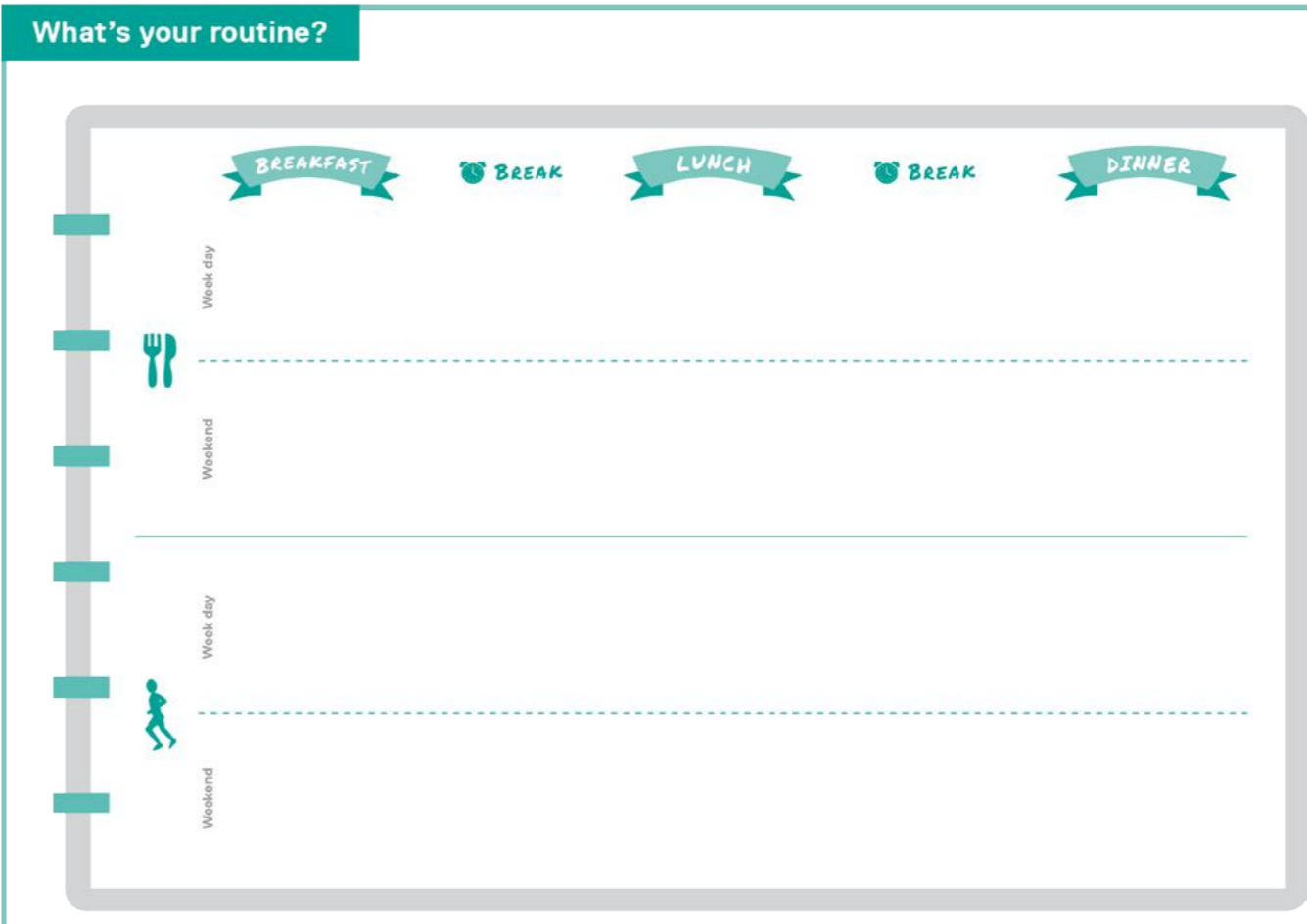
We asked people to draw circles of different sizes representing different aspects of their life in order of importance (my kids, school, my job, my friends, my health, faith setting, my physical appearance, etc.).

We used this activity to explore questions around what they currently see as priorities in their life, what 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

What's your routine?



This tool 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.

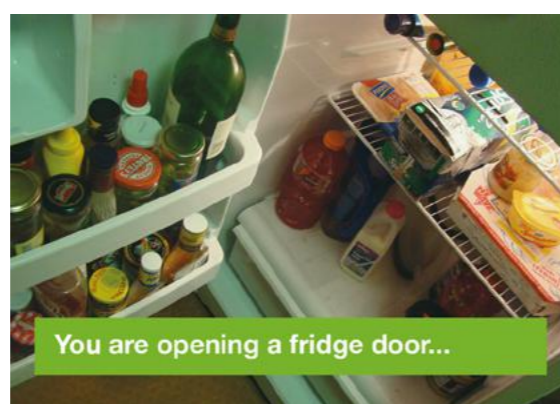
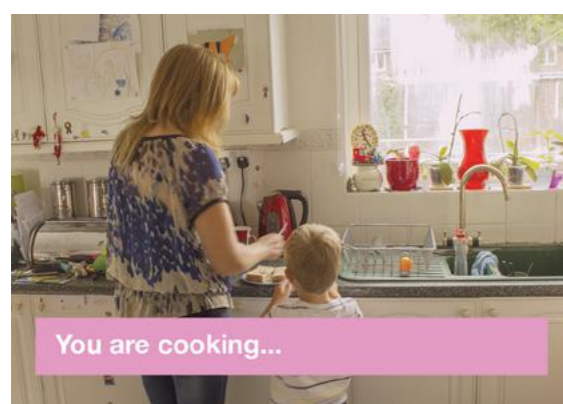
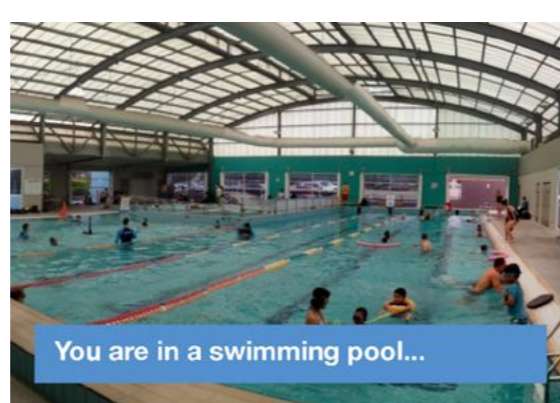
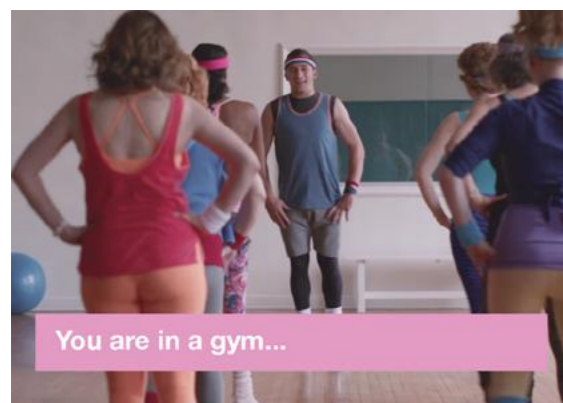
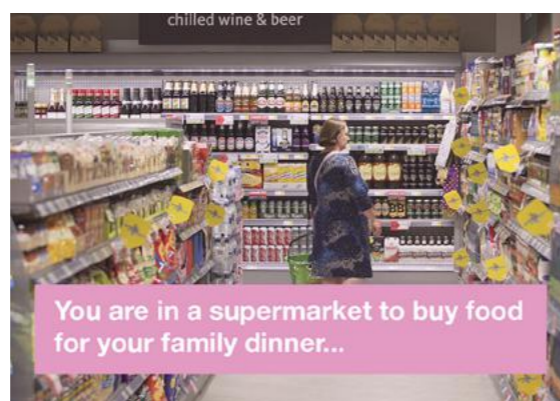
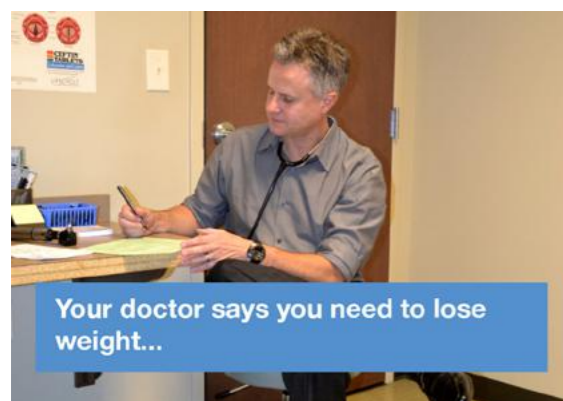
Questions included:

- 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 using the service

Social networks and norms	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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? • To 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	<ul style="list-style-type: none"> • 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 or achieving in life? • What and who are their role models? How do these impact on their motivation?
Choice and control	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> How did their friends and family feel about them enrolling into a weight management service? How did these perceptions impact on their decision or motivation?
Wellbeing and self-image	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Who was in charge of the referral? How much choice did they have over the type of service they accessed? What options were presented to them?
Experience of support	<ul style="list-style-type: none"> 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? What about waiting times? What or who were the touchpoints, pre-referral and post-referral? (Leaflets, phone conversation, online information, interview etc.)

Whilst using the service

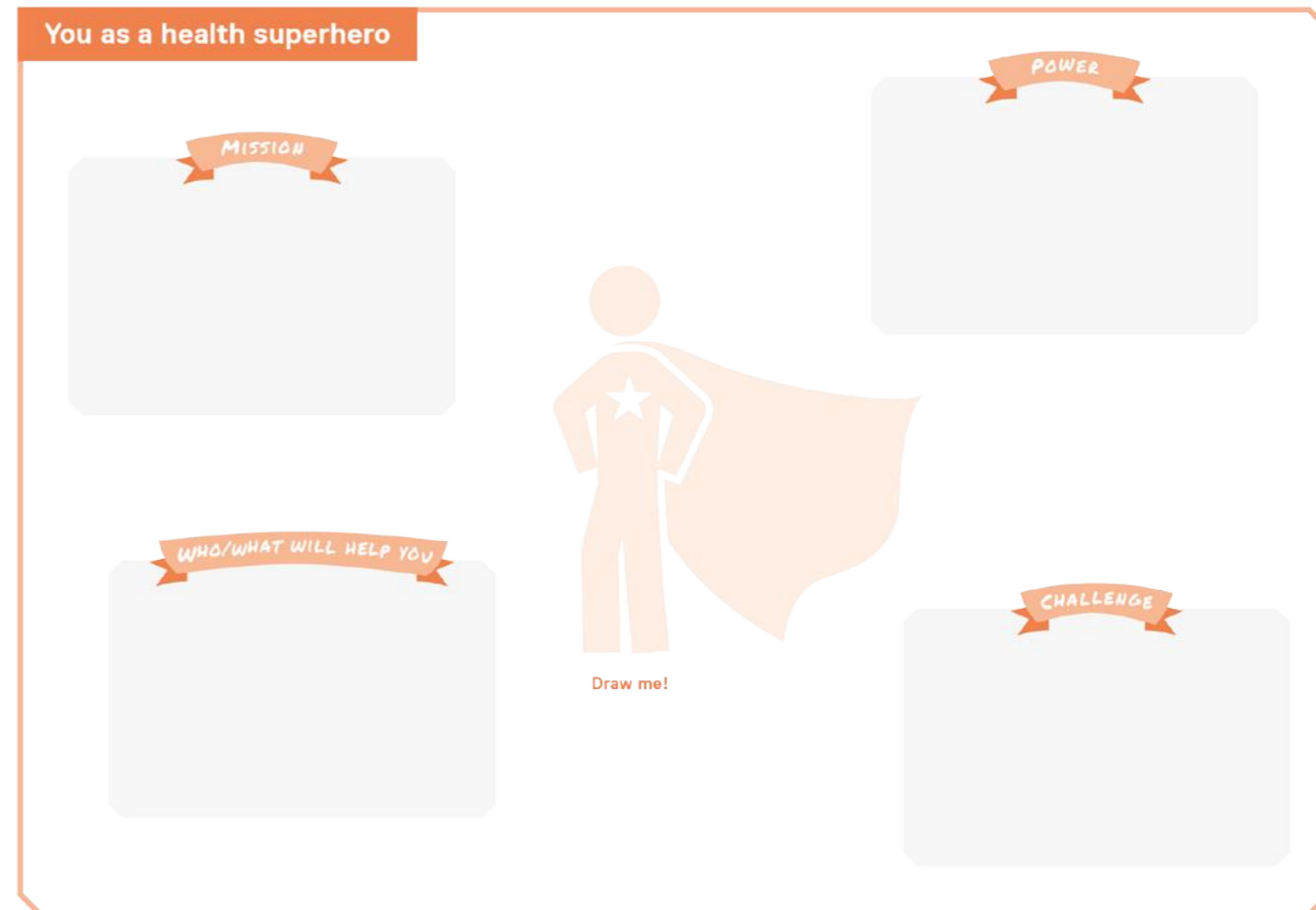
Social networks and norms	<ul style="list-style-type: none"> What role do family members take? (Practical support? Emotional support? Scepticism?) What is the role of technology? How did they interact with others who were also using the service?
Wellbeing and self-image	<ul style="list-style-type: none"> What place does the weight management service occupy in the context of their lives (Big step or 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 and what was less good?
Aspiration and motivation	<ul style="list-style-type: none"> What helps to sustain motivation through the 12 weeks/1 year? What does the service unlock for them? How did they know they were or were not progressing?
Choice and control	<ul style="list-style-type: none"> 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 using the service? (Lifestyle changes, financial changes, mindset changes, practical changes etc.)? How much structure is too much? How much structure is helpful? How individualised is the service? To what extent does the service enable them to embed what they learn into their home environment? How does their home environment change throughout the length of time using service?
Experience of support	<ul style="list-style-type: none"> What were their first impressions? Looking back, what were the highs and lows? How did they feel throughout the process? What worked or didn't work for them? Which moments did they most enjoy? How does the service instil a sense of fun? Did they start noticing changes to their 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 finishing using the service

Social networks and norms	<ul style="list-style-type: none"> • 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 service? • What is the role of technology?
Wellbeing and self-image	<ul style="list-style-type: none"> • How does their self-image change upon finishing using the service? • How does that impact on their overall wellbeing? (Virtuous cycle) • What are their biggest fears (and hopes) at the point of finishing using the service?
Aspiration and motivation	<ul style="list-style-type: none"> • What incentives are there for them to sustain those lifestyle changes beyond the service? • 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	<ul style="list-style-type: none"> • To what extent do they understand what they need to change and how much power do they feel they have to do so? • To what extent has the service enabled them to embed what they have learned into their home environment? How has their home environment changed throughout the time using the service? • 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	<ul style="list-style-type: none"> • What stage are they at now? What feels different to their life before/to when they started? • For completers: what does life after the service 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” mean 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 the 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

Best memory



Not so great memory



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 their journey through the service? Why?

Experience mapping

My experience of weight management services



What happened?

When your doctor or someone else talked to you about weight management. When you were first introduced to the service. When you had your first session. In the first few sessions. Towards the end. After it ended.

 **How did you feel?**

 **What would you change?**

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. 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 in at the moment, one they have dropped out of, one they feel positive about, or one they feel negative about.

The tool was used to 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 service?
- 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 service? Why?
- What would have been different if you hadn't used the service?

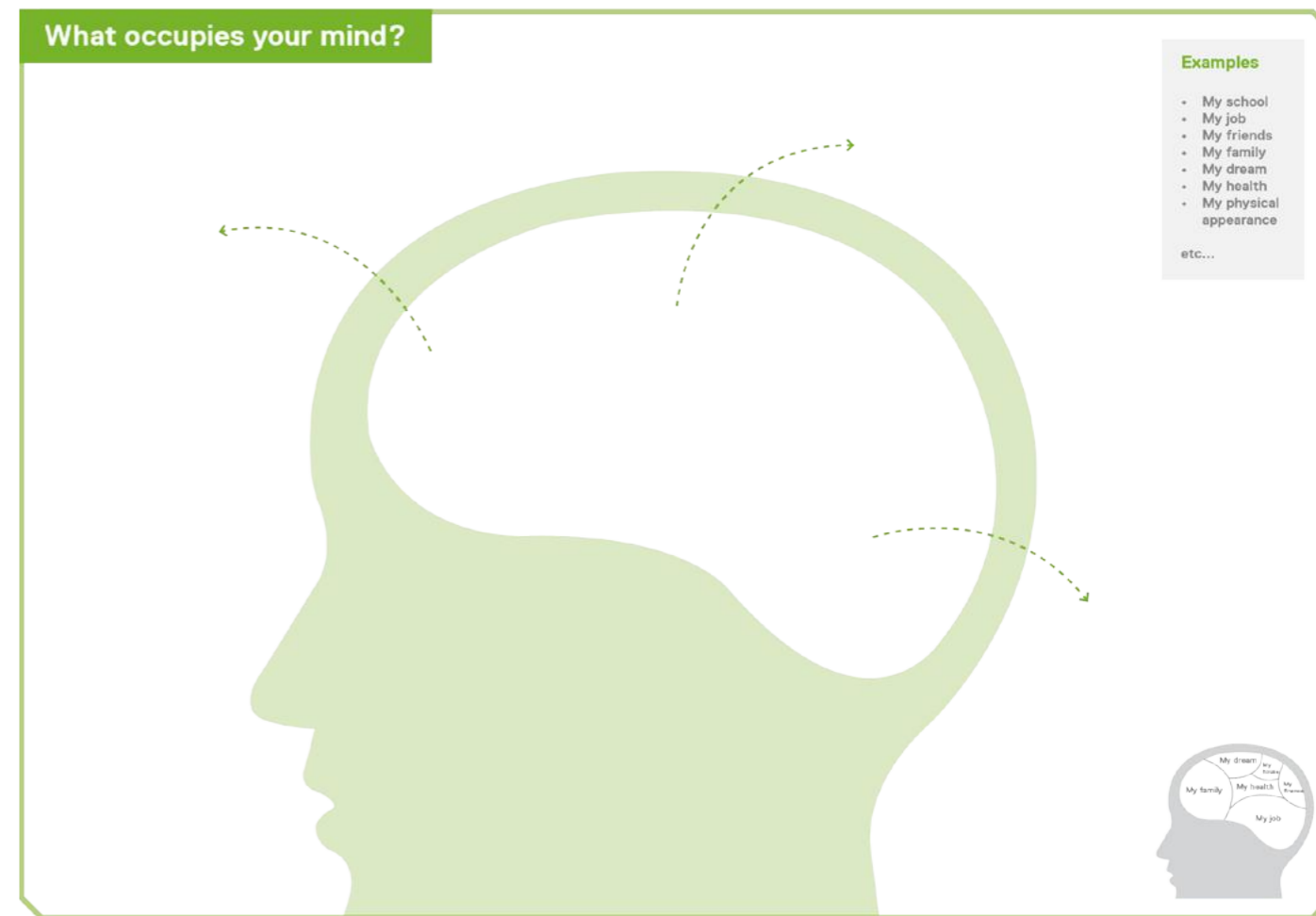
Emotion cards



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.).

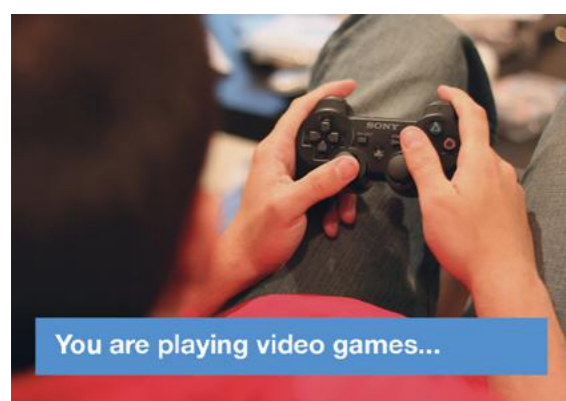
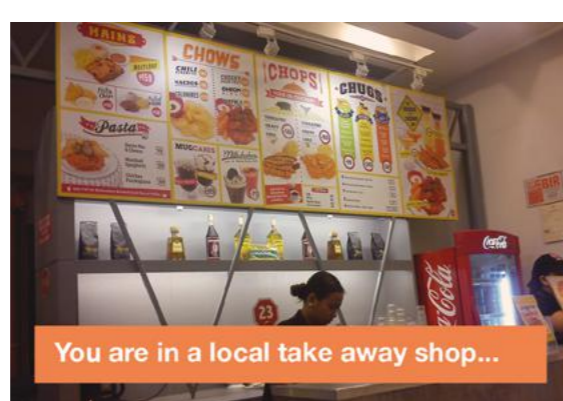
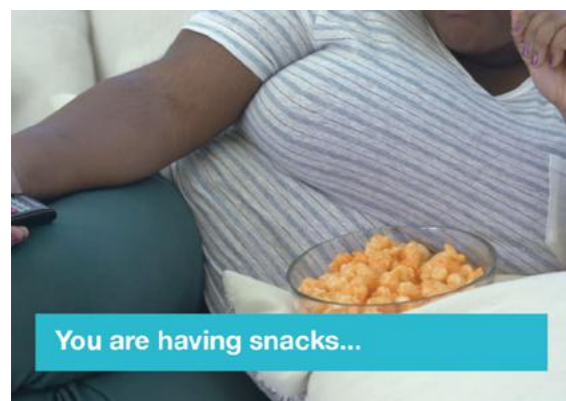
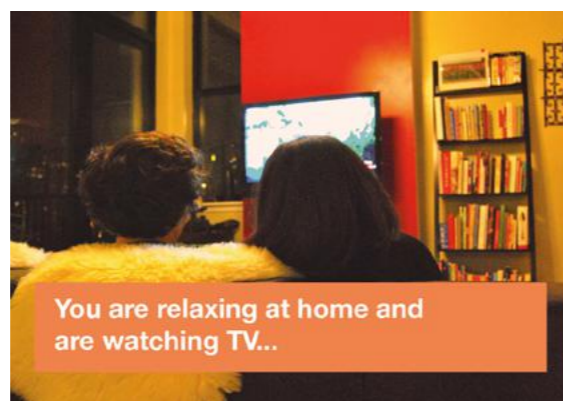
We used this activity to explore questions around what they currently see as priorities in their life, asking what they most worry about, and why.

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.

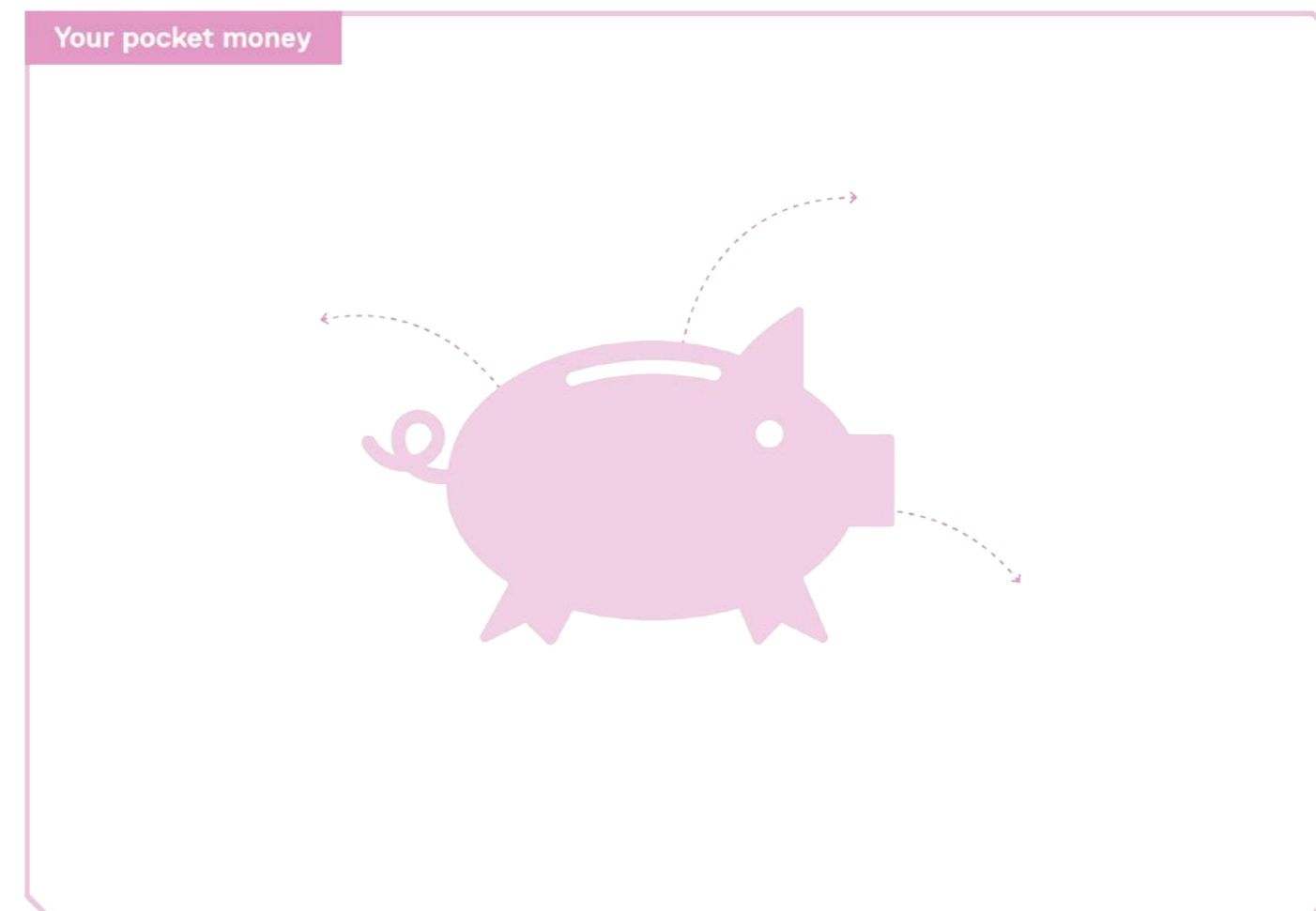
Everyday scenarios

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 Recruitment material for research

Flyer adults front

V3 - 16 May 2016

Join us!

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.

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

£40
 voucher to thank you for your time

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 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.

Public Health England

Innovation Unit

Flyer families front

V3 - 16 May 2016

JOIN US!

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

Public Health England

Innovation Unit

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

Public Health England

Innovation Unit

Flyer professionals front (adults recruitment)

V3 - 16 May 2016

Help us!

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

Public Health England

Innovation Unit

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.

Public Health England

Innovation Unit

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

Public Health England

Innovation Unit

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.

Public Health England


Innovation Unit

Participant information sheet (adults)



Public Health
England

Insights into weight
management services



Innovation
Unit

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

Insights into weight
management services



Innovation
Unit

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)



Public Health
England

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.



Public Health
England



Innovation
Unit

Flyer professional stakeholder workshop 2 Adults - front



Sharing insights into weight management services for adults (Tier 2 and Tier 3)

25 August 2016 10am - 1pm

This workshop is for Directors of Public Health, commissioners and service providers of tier 2 and tier 3 weight management services for adults.

During this workshop we would like to invite you:

- to hear what works from the perspective of adults who have been on weight management services;
- discuss what commissioners and providers can do to design and deliver effective and user centred weight management services; and
- contribute to the development of Public Health England's blueprints for tier 2 and tier 3 weight management services for adults.

"I used to be slim when I was younger. After having a difficult relationship with the father of my kids, I got into the habit of binge eating whenever I felt depressed and lonely."

Thursday 25th August
from 10am to 1pm

Vauxhall City Farm
165 Tyers St, London SE11 5HS

To register interest, contact Nil:
nil.guzlegun@innovationunit.org
020 7250 8268

Flyer professional stakeholder workshop 2 Adults - back



An estimated 62% of the adult population are overweight or obese⁽¹⁾. Obesity is a complex problem with no simple solution, requiring system wide action including the provision of weight management services. More evidence is needed to support services that work for individuals.

Since April 2016, we have conducted in-depth research with around 15 adults across England who have been referred to locally commissioned weight management services.

We would like to invite you to hear the stories service users have shared with us about their experience, including what motivates them, and the barriers they face in their daily life to achieve and maintain a healthier weight.

Understanding their perspective is key to designing services that have a long-term impact.

What will the workshop involve?

The workshop will be a 3 hour long working session, during which we will:

- share real stories of service users;
- facilitate a discussion about what commissioners and providers can do together to explore and implement the opportunities uncovered by the research;
- contribute to the development of PHE blueprints for tier 2 and tier 3 weight management services for adults.

Who is behind this?

The research is run by the Innovation Unit and commissioned by Public Health England. The Innovation Unit is a not-for-profit organisation that aims to design better public services.

Contact Nil Guzlegun,
Researcher at Innovation Unit:
nil.guzlegun@innovationunit.org
020 7250 8268

Reference

⁽¹⁾ Health Survey for England 1993-2013. www.hscic.gov.uk Health and Social Care Information Centre, Joint Health Surveys Unit 2014.

Flyer professional stakeholder workshop 2 Children - front



Sharing insights into weight management services for children and families (Tier 2 and Tier 3)

25 August 2016 1:30pm - 4:30pm

This workshop is for Directors of Public Health, commissioners and service providers of tier 2 and tier 3 weight management services for children and families.

During this workshop we would like to invite you:

- to hear what works from the perspective of children who have been on weight management services and their families;
- discuss what commissioners and providers can do to design and deliver effective and user centred weight management services; and
- contribute to the development of Public Health England's blueprints for tier 2 and tier 3 weight management services for children and families.

"I'm the biggest boy in my class, and my friends have started to tease me about it. It brings me down."



Thursday 25th August from 1.30pm to 4.30pm

Vauxhall City Farm
165 Tyers St, London SE11 5HS

To register interest, contact Nil:
nil.guzlegun@innovationunit.org
020 7250 8268




Flyer professional stakeholder workshop 2 Children - back

By the time children enter primary school, 1 in 5 is already overweight or obese and, by the time they leave primary school, that figure increases to 1 in 3 ⁽¹⁾. Obesity is a complex problem with no simple solution, requiring system wide action including the provision of weight management services. More evidence is needed to support services that work for children and families.

Since April 2016, we have conducted in-depth research with around 10 families across England who have been referred to locally commissioned weight management services.

We would like to invite you to hear the stories service users have shared with us about their experience, including what motivates them, and the barriers they face in their daily life to achieve and maintain a healthier weight.

Understanding their perspective is key to designing services that have a long-term impact.

What will the workshop involve?

The workshop will be a 3 hour long working session, during which we will:

- share real stories of service users;
- facilitate a discussion about what commissioners and providers can do together to explore and implement the opportunities uncovered by the research;
- contribute to the development of PHE blueprints for tier 2 and tier 3 weight management services for children and families.

Who is behind this?

The research is run by the Innovation Unit and commissioned by Public Health England. The Innovation Unit is a not-for-profit organisation that aims to design better public services.

Contact Nil Guzlegun, Researcher at Innovation Unit:
nil.guzlegun@innovationunit.org
020 7250 8268

Reference
⁽¹⁾ National Child Measurement Programme – England 2014-15 school year. www.hscic.gov.uk Health and Social Care Information Centre, 2015.

Flyer professional stakeholder workshop 1 - front



Over 60% of adults were overweight or obese in 2013. A third of children in Year 6 were overweight or obese in 2015. Are you working to change that?

If you commission or deliver tier 2 or tier 3 weight management services that support people to achieve a healthier weight, we would like to invite you to share your insight and expertise during an interactive workshop on:

Wednesday 24th February from 2 to 5pm
Skipton House Room 232D
80 London Road, London SE1 6LH

This workshop will bring together commissioners and providers of weight management services, as well people who drive policy at a national level, to share insights into weight management services.

These insights will be used to inform the development of blueprints that will support commissioners and providers of tier 2 and tier 3 weight management services for children and adults in England.

This workshop is hosted by Innovation Unit, an independent research organisation commissioned by Public Health England.

This is a great opportunity for you to help shape specifications for commissioners and providers of weight management services.

To register interest, contact Nil:
nil.guzlegun@innovationunit.org
020 7250 8268




Flyer professional stakeholder workshop 1 - back




Obesity is a complex problem with no simple solution, requiring system wide action including the provision of weight management services. However there is still little evidence of what works for individuals.

We want to hear directly from people who commission and deliver these services, as well as those who drive national policy, to ensure their perspective on what works is represented.

What will the workshop involve?

The workshop will be a 3 hours long working session, during which we will:

- explore existing evidence about what works;
- hear your insights about what makes effective approaches, in your local area, or at a national policy level;
- hear from your perspective what are the challenges to commissioning and delivering effective weight management interventions.

Who is behind this?

The research is run by the Innovation Unit and commissioned by Public Health England. The Innovation Unit is a not-for-profit organisation that aims to design better public services.

What will happen next?

In March and April, we will conduct **interviews** with a number of attendees from this workshop to explore their insight in more detail.

In May, we will host another **workshop** to synthesise our findings.

What else will happen?

We will conduct **in-depth research** with around 40 individuals and their families from around the country, who have used weight management services, and engage them in designing their ideal pathway.

Hearing directly from service users about their experience, including what motivates them, and the barriers they face in their daily life to achieve a healthy weight, will be key to designing services that have a long-term impact.

If your work means that you are directly in touch with individuals or families who are being supported to lose weight, we would welcome your help in **finding research participants**.

I can't attend but I am interested

If you can't attend this workshop, there are two ways you could still contribute by taking part in our in-depth interviews, or supporting us to find service users to take part in the research.


















Contact Nil Guzlegun, Researcher at Innovation Unit:

nil.guzlegun@innovationunit.org
020 7250 8268

Appendix 7 Ethnography stories

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 and the sample is more reflective of urban areas. More detailed information about the ethnography participants is shown below.

Table 5: Overview of ethnography service users

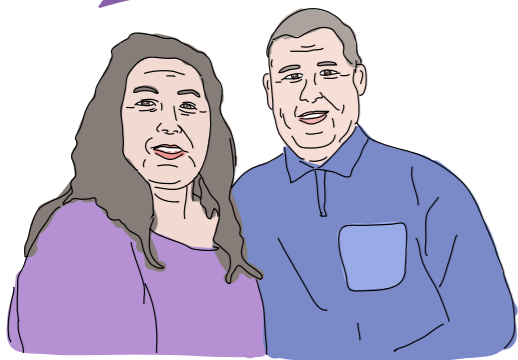
Pseudonym*	Age	Tier	Gender	Ethnicity	Engagement	Location	Reference
Adults 							
Steve	61	T2	M	Jewish	Completed	Greater London	 A
Lucy	63	T2	F	Jewish	Completed	Greater London	 A
Diana	41	T2	F	Caribbean	Completed. Wanting to start again due to missed sessions	Greater London	 B
Janice	64	T2	F	White British	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	T3	M	White British	Currently enrolled, About to complete.	Greater Manchester	 F
Kerri	60	T3	F	White British	Recently completed tier 3, now waiting for surgery	Greater Manchester	 G
Children 							
Alicia	11	T2	F	Caribbean	Completed	Greater London	 H
Tina*	18	T2	F	Caribbean	Completed	Greater London	 H
Wayne	9	T2	M	Black African	Completed	Greater London	 I
Adam	9	T2	M	Black African	Completed	Greater London	 I
Nathan	11	T3	M	White British	Engaged	Greater Manchester	 J
Fahmi	8	T3	M	Black African	Completed, repeat users	Greater London	 K
Nadifa	9	T3	F	Black African	Completed, repeat users	Greater London	 K

*Please note that these are not the service users' real names. Pseudonyms were used to protect research participants' anonymity.

*One of the families who had participated in a tier 2 children's weight management service included a child that was 11 (Alicia) and an older sibling (Tina) who was 18. Tina has been included in the sample under children's tier 2 weight management service as this was the service they used together.

Ethnography A - Steve and Lucy - Summary

STEVE AND LUCY'S STORY



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.

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 under-active thyroid.
- Both completed a NHS 12 weeks service. They have not lost any weight.

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 six 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 five years, then back in a 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."



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 service, 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 weight management service - 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 weight management service 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 weight management service. 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.



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. Concerning the weight management service, 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.



Experience of support

For Lucy, not a lot feels different between life before the service and life now, apart from being in receipt of more information. Lucy felt that the weight management service was 'very good' but feels that after being on the course she is just starting the journey. In fact, Steve felt that there was too much information to give out in the six week course.

Lucy speaks about the course covering fat, exercise, portion control, targets, pitfalls, 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.



"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."

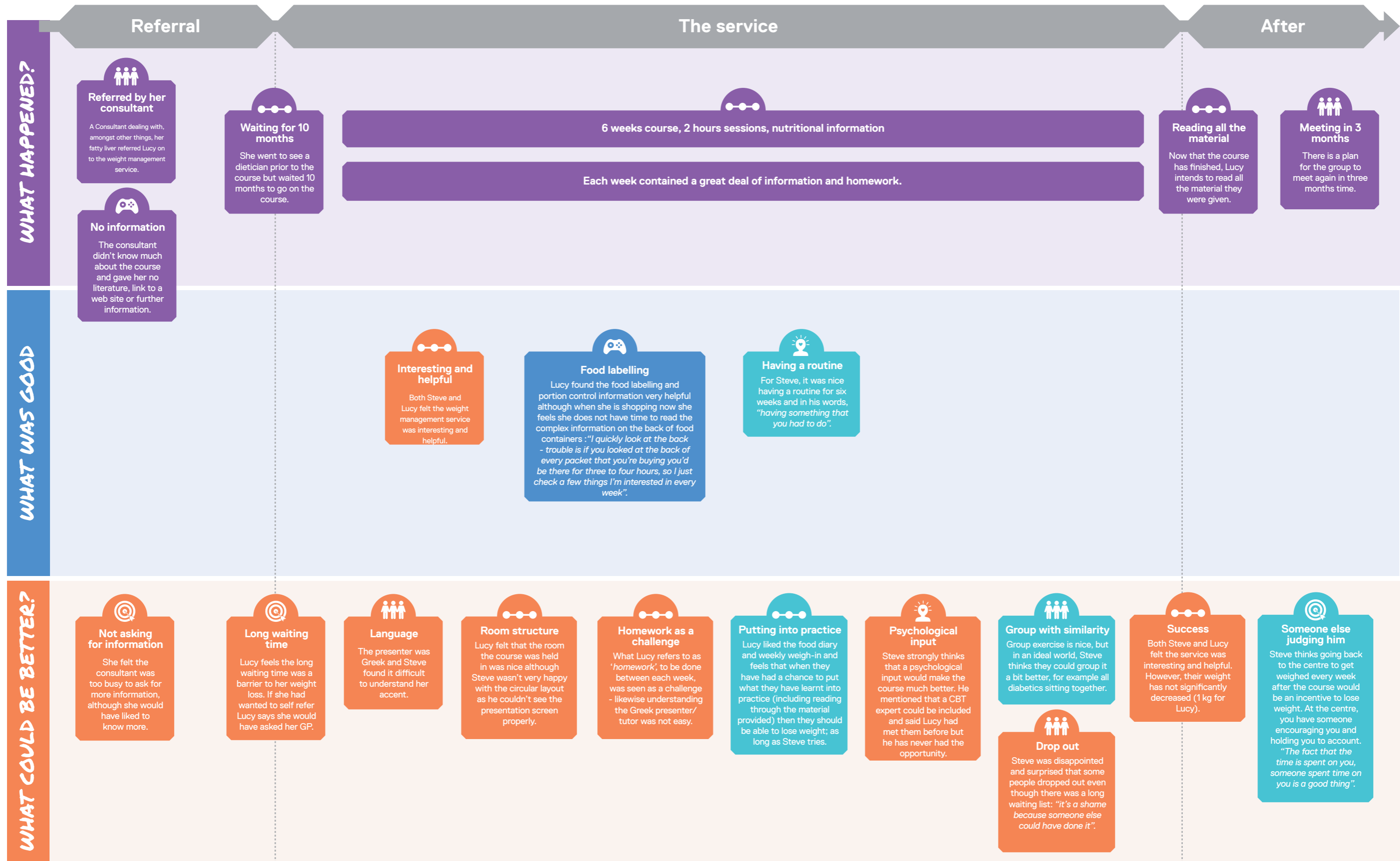
Ethnography A - Steve and Lucy - Ideal journey

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



Ethnography B - Diana - Summary

DIANA'S STORY



TIER 2
AGED 41

**Quick facts**

- Single mother of five children, currently unemployed.
- Her weight has always been up and down.
- She found out about an eight week weight management service through the Children's Centre.
- She had to drop out after four 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 five 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 it 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.

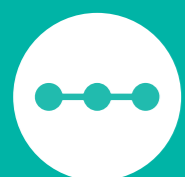
**Wellbeing and self-image**

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 weight management service. In turn this translates into a compromise where diet is concerned. The compromise is accepted, not challenged, so when presenters on the weight management service suggest expensive fruit it is not questioned. Indeed Diana did not feel empowered enough to ask for her weight, seeing the weight management service's presenters as having "their purposes" for knowing her weight and measurements.



Experience of support

Diana found the weight management service helpful for nutritional advice including advice on labelling 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.

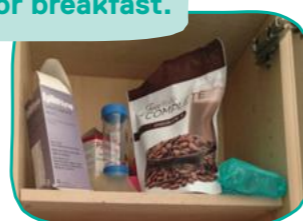


Aspiration and motivations

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 weight management service 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.



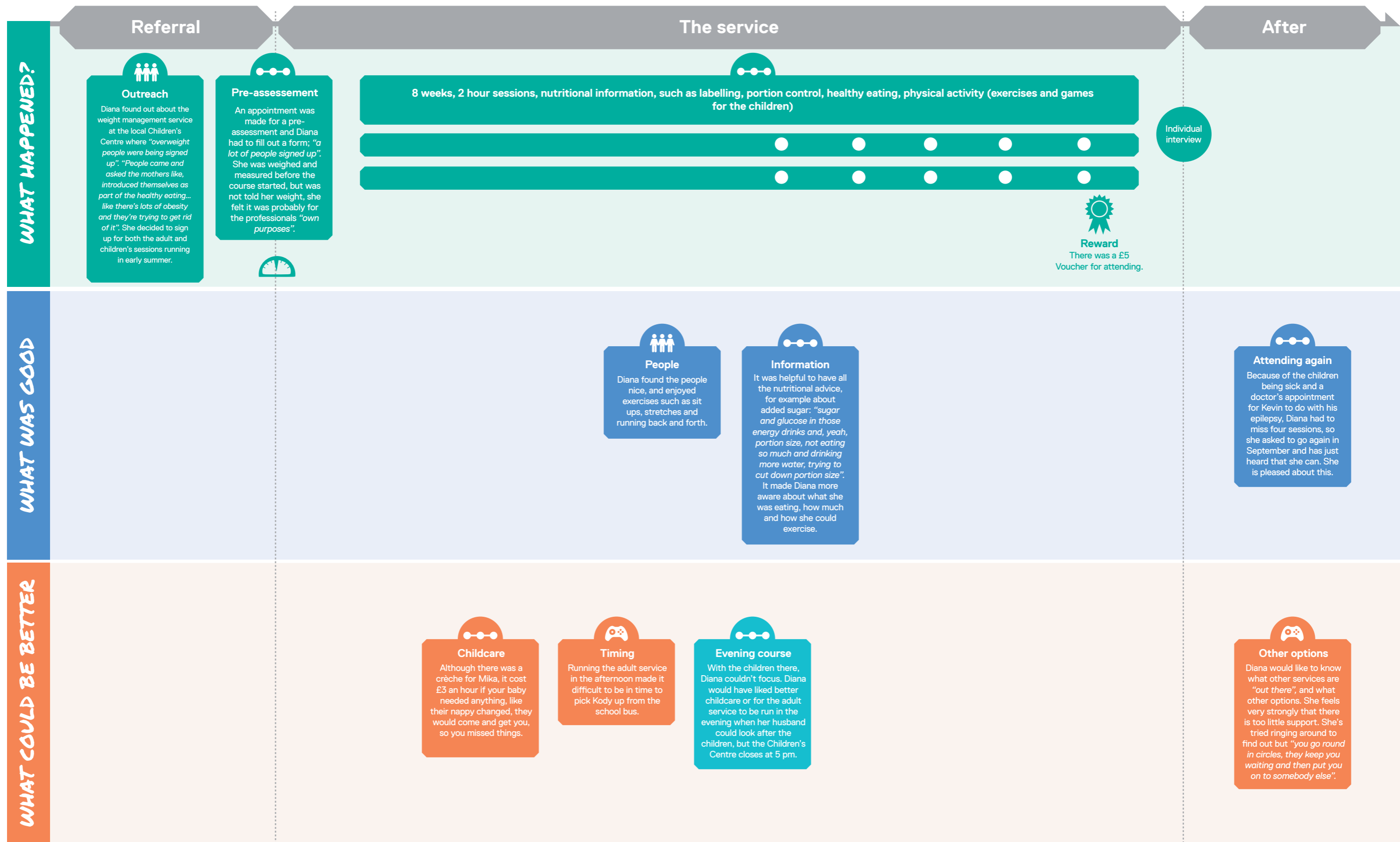
Ethnography B - Diana - Ideal journey

KEY

- What worked well for them
- Challenge or barrier
- Opportunity or idea

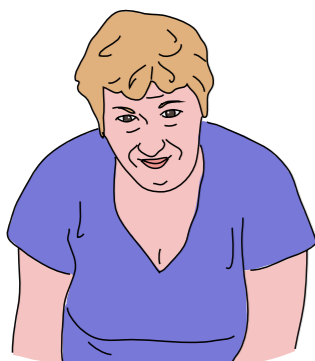
THEMES

- Social network and norms
- Wellbeing and self-image
- Aspiration and motivation
- Control and choice
- Experience of support



Ethnography C - Janice - Summary

JANICE'S STORY



**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 week weight management service 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 two 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 now they are no longer using the service, Janice and Robert have been attending private sessions run by one of the Service'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 weight management service, albeit every three months.

Janice was 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."

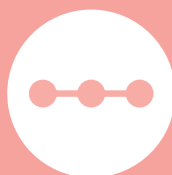
Exercise is now important for Janice and everyday she will take Ruby for around a mile walk.





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

Weight management services 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 DOES 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!"

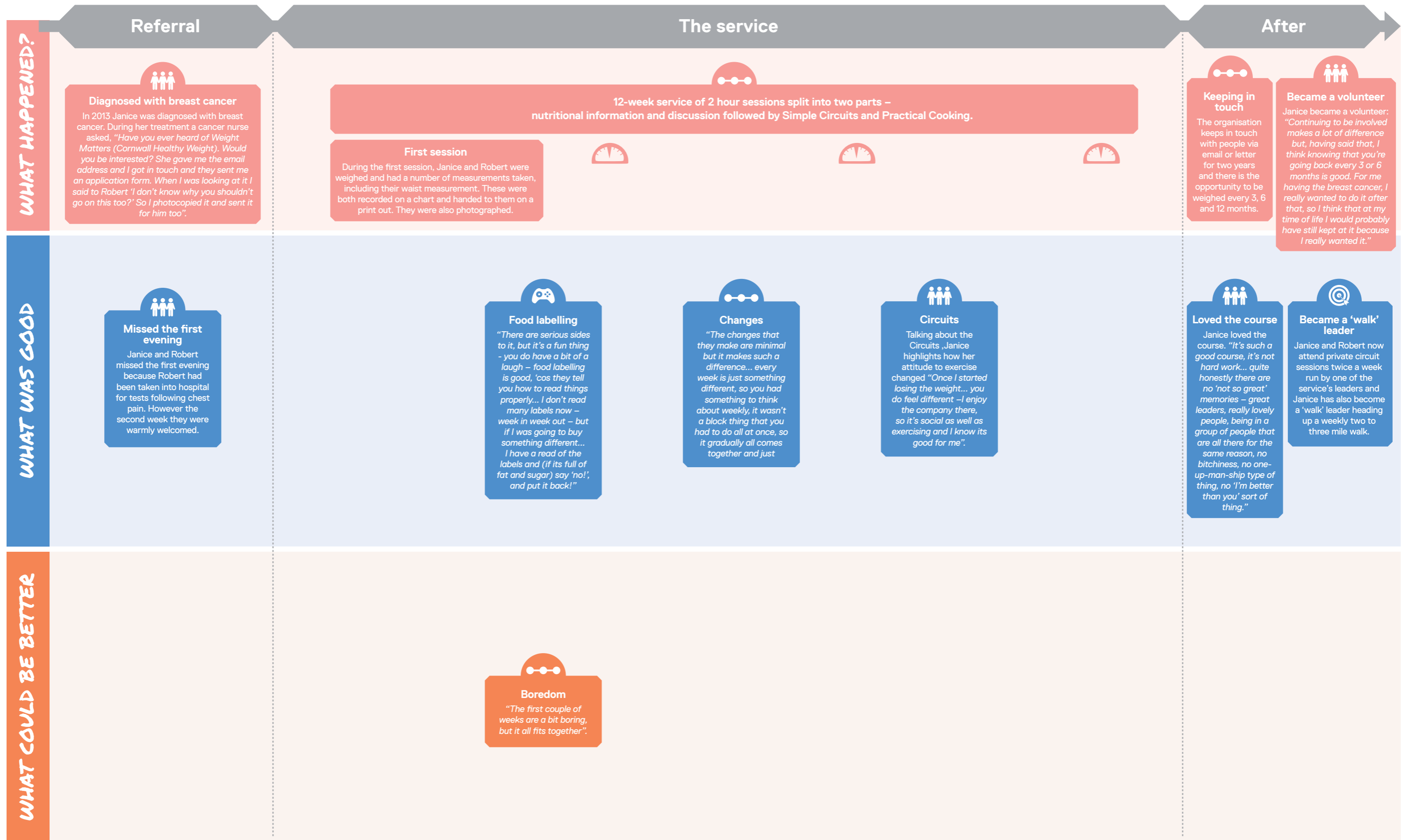
Ethnography C - Janice - Ideal journey

KEY

- What worked well for them
- Challenge or barrier
- Opportunity or idea

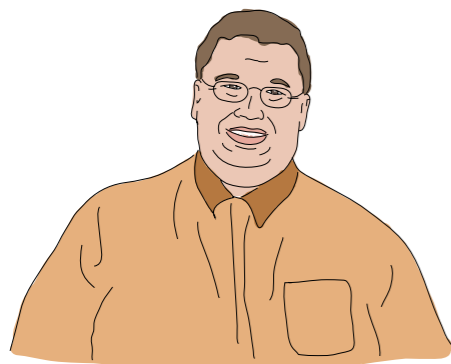
THEMES

- Social network and norms
- Wellbeing and self-image
- Aspiration and motivation
- Control and choice
- Experience of support



Ethnography D - Dean - Summary

DEAN'S STORY



**TIER 3
AGED 48**



Quick Facts

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

Dean is 48 and lives with his Dad in his three 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 Lake District (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 eight stone over a period of two 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 doing "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. Every time it was suggested by a health professional. Equally, Dean dislikes the lack of social connection in the weight management service, but doesn't think he could suggest the idea to the group.



Experience of support

It is critical for the success of the weight management service to be delivered in a group setting because weight, being 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."



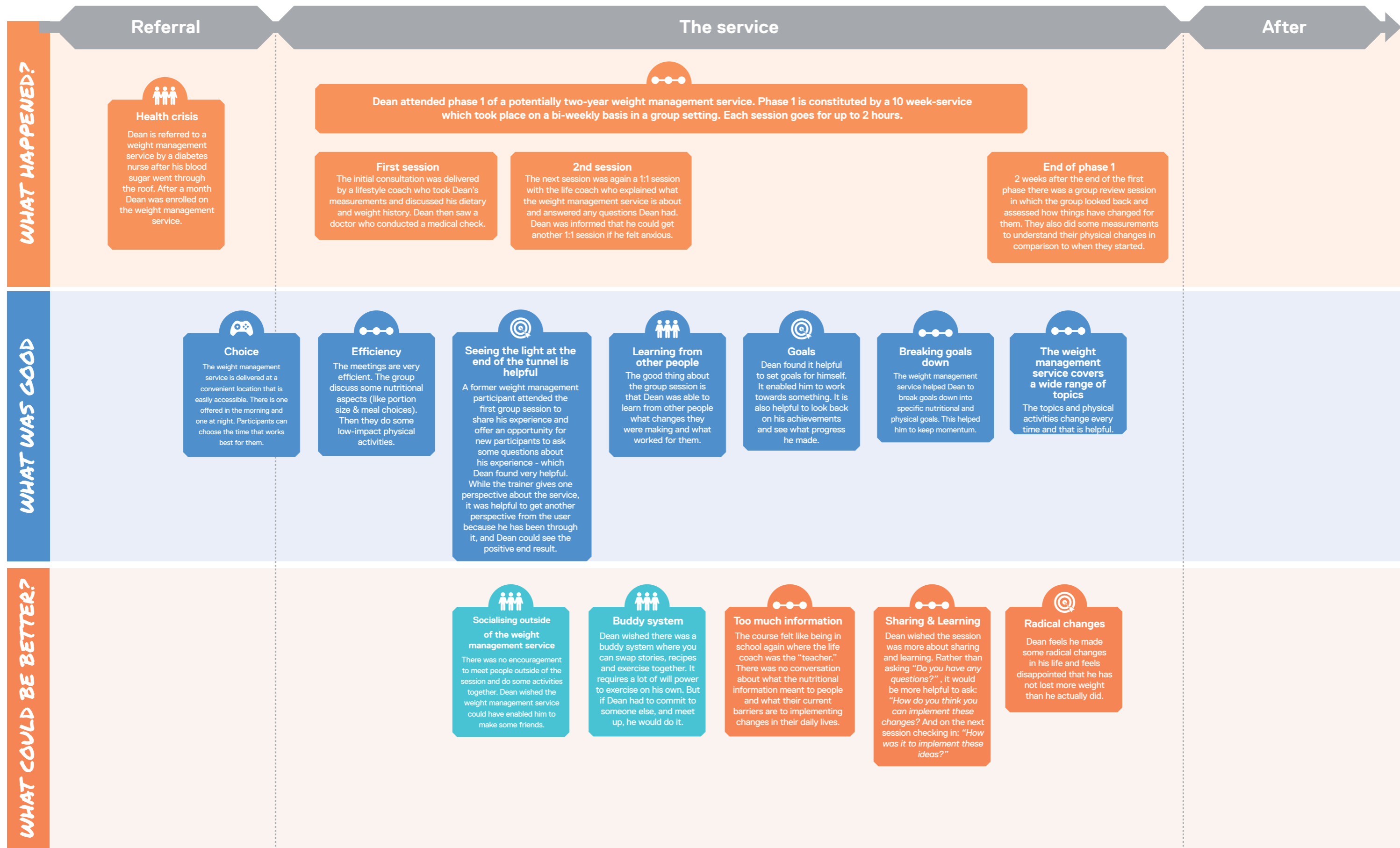
Ethnography D - Dean - Ideal journey

KEY

- What worked well for them
- Challenge or barrier
- Opportunity or idea

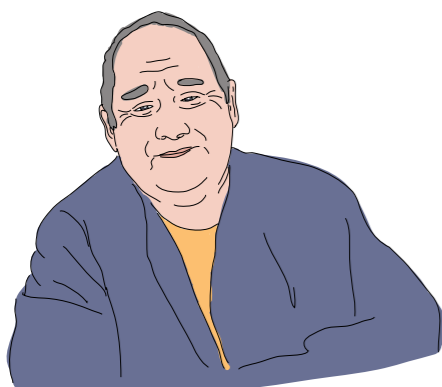
THEMES

- Social network and norms
- Wellbeing and self-image
- Aspiration and motivation
- Control and choice
- Experience of support



Ethnography E - Jack - Summary

JACK'S STORY



Jack is 68 and lives in Salford with his wife. A grandfather of four, 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.

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 four weeks of a twelve months service and lost 5% of his body weight so far.

Jack had a stroke only eight 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, 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 services. In the past he regained weight after completing the service 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 back.



"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."



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.

"ON MY NIGHT SHIFTS I WOULD TAKE A PACKAGE OF DIGESTIVE BISCUITS TO MANAGE MY WEIGHT"



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.



"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 service 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.



Experience of support

- Only four weeks into using the service 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 service sessions. He would like to be referred to the Well Man Clinic because he does not feel he shares a lot in common with the women in the group.

"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 it very helpful to manage his diet.



"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."



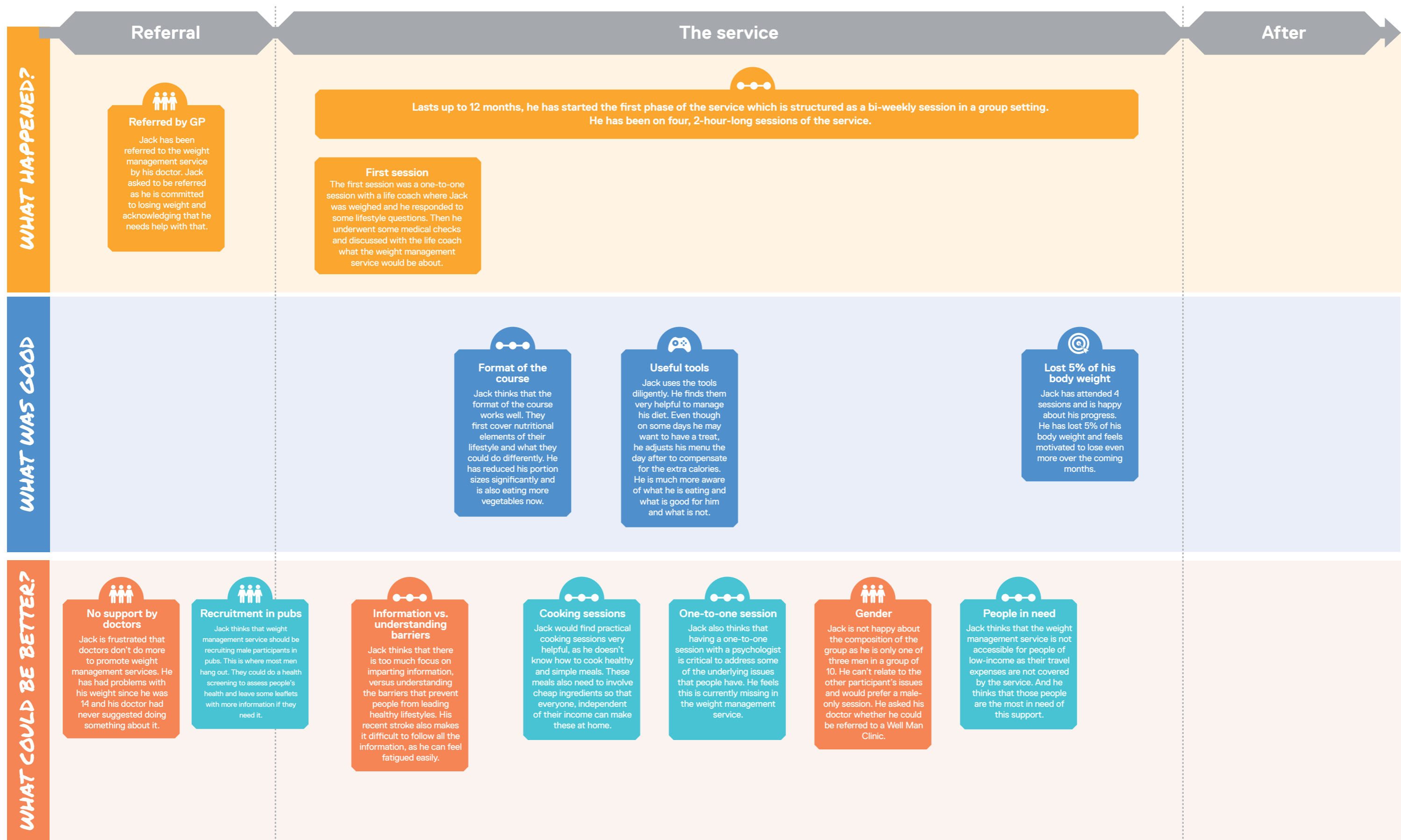
Ethnography E - Jack - Ideal journey

KEY

- What worked well for them
- Challenge or barrier
- Opportunity or idea

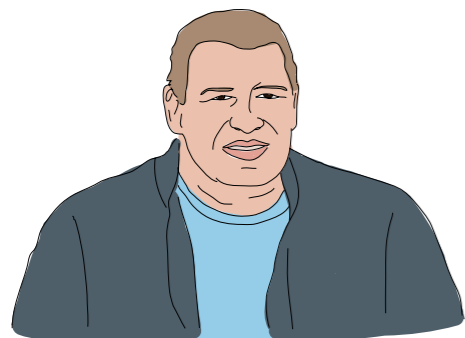
THEMES

- Social network and norms
- Wellbeing and self-image
- Aspiration and motivation
- Control and choice
- Experience of support



Ethnography F - Dave - Summary

DAVE'S STORY



TIER 3
AGED 41



Quick Facts

- Works in a warehouse.
- Has tried commercial services three 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 service, and has enrolled in a tier 2 service.
- 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 stone 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, like 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.

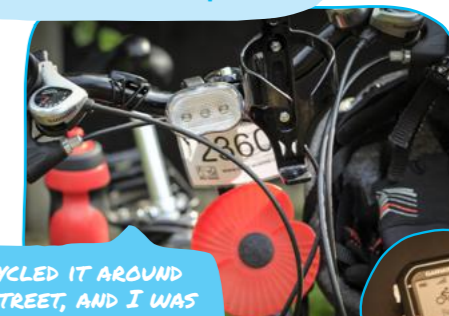
Dave is much keener to speak about his journey over the last two years than about his life before that. He sees his story as potentially inspirational for others, and is considering sharing it on Facebook. He is also planning a 200 miles bike ride for his next rollercoaster trip. He wants to use it to 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 over-eating, as well as something that made him aware of the health impacts of obesity. Through the last two 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 service 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.

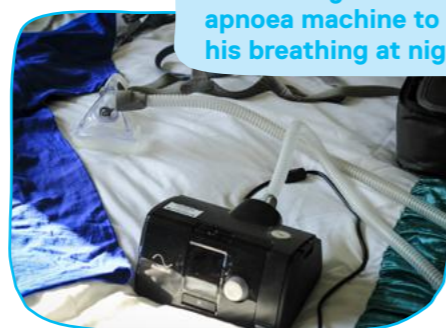


Experience of support

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 three 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.

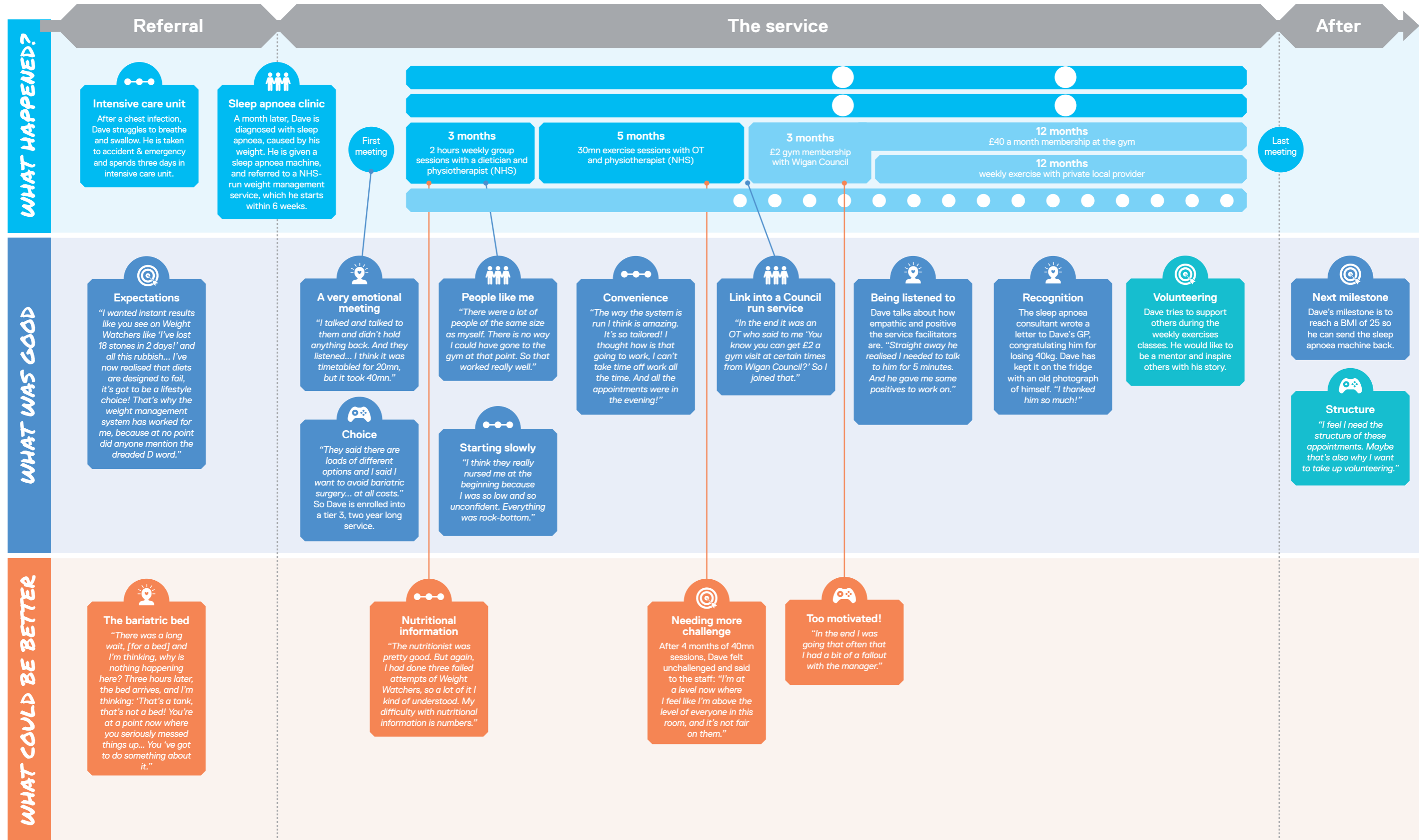
Ethnography F - Dave - Ideal journey

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



Intensive care unit
After a chest infection, Dave struggles to breathe and swallow. He is taken to accident & emergency and spends three days in intensive care unit.

Sleep apnoea clinic
A month later, Dave is diagnosed with sleep apnoea, caused by his weight. He is given a sleep apnoea machine, and referred to a NHS-run weight management service, which he starts within 6 weeks.

3 months
2 hours weekly group sessions with a dietician and physiotherapist (NHS)

5 months
30mn exercise sessions with OT and physiotherapist (NHS)

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

Expectations
"I wanted instant results like you see on Weight Watchers like 'I've lost 18 stones in 2 days!' and all this rubbish... I've now realised that diets are designed to fail, it's got to be a lifestyle choice! That's why the weight management system has worked for me, because at no point did anyone mention the dreaded D word."

A very emotional meeting
"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."

People like me
"There were a lot of people of the same size as myself. There is no way I could have gone to the gym at that point. So that worked really well."

Convenience
"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!"

Link into a Council run service
"In the end it was an OT who said to me 'You know you can get £2 a gym visit at certain times from Wigan Council?' So I joined that."

Being listened to
Dave talks about how empathic and positive the service 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.

Choice
"They said there are loads of different options and I said I want to avoid bariatric surgery... at all costs." So Dave is enrolled into a tier 3, two year long service.

Starting slowly
"I think they really nursed me at the beginning because I was so low and so unconfident. Everything was rock-bottom."

The bariatric bed
"There was a long wait, [for a bed] and I'm thinking, why is nothing happening here? Three hours later, the bed arrives, and I'm thinking: 'That's a tank, that's not a bed! You're at a point now where you seriously messed things up... You've got to do something about it.'"

Nutritional information
"The nutritionist was pretty good. But again, I had done three failed attempts of Weight Watchers, so a lot of it I kind of understood. My difficulty with nutritional information is numbers."

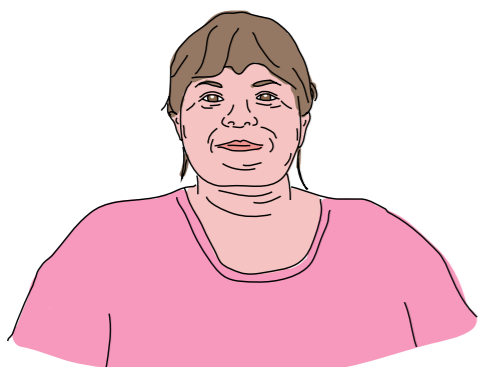
Needing more challenge
After 4 months of 40mn sessions, Dave felt unchallenged and said to the staff: "I'm at a level now where I feel like I'm above the level of everyone in this room, and it's not fair on them."

Too motivated!
"In the end I was going that often that I had a bit of a fallout with the manager."

Structure
"I feel I need the structure of these appointments. Maybe that's also why I want to take up volunteering."

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 service as a preparation for surgery. She has been waiting for her surgery for seven 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 eight 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 two 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, at 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 three 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 two and a half years.

She has a lot of hobbies 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'S 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 hobbies including cooking, knitting, crochet, photography, and





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."

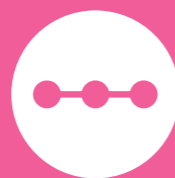
In the future, she wants to be able to walk again, be able to take photographs from the ground and even be able dance again. She says, "I want to be able to move. I like to start to walk, run and dance again. Get the lifestyle again! Where did my life go?" Then she adds, "I'd like to be able to get along with the flow with the camera. Travelling to different places in the country!"



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 the baked things 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's 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 service.



Experience of support

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 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.

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 A SLEEP AT WORK."

"I'D LIKE TO GET OFF THE MACHINE THOUGH. FINGERS CROSSED. IT'S HORRIBLE. HOW ROMANTIC!"

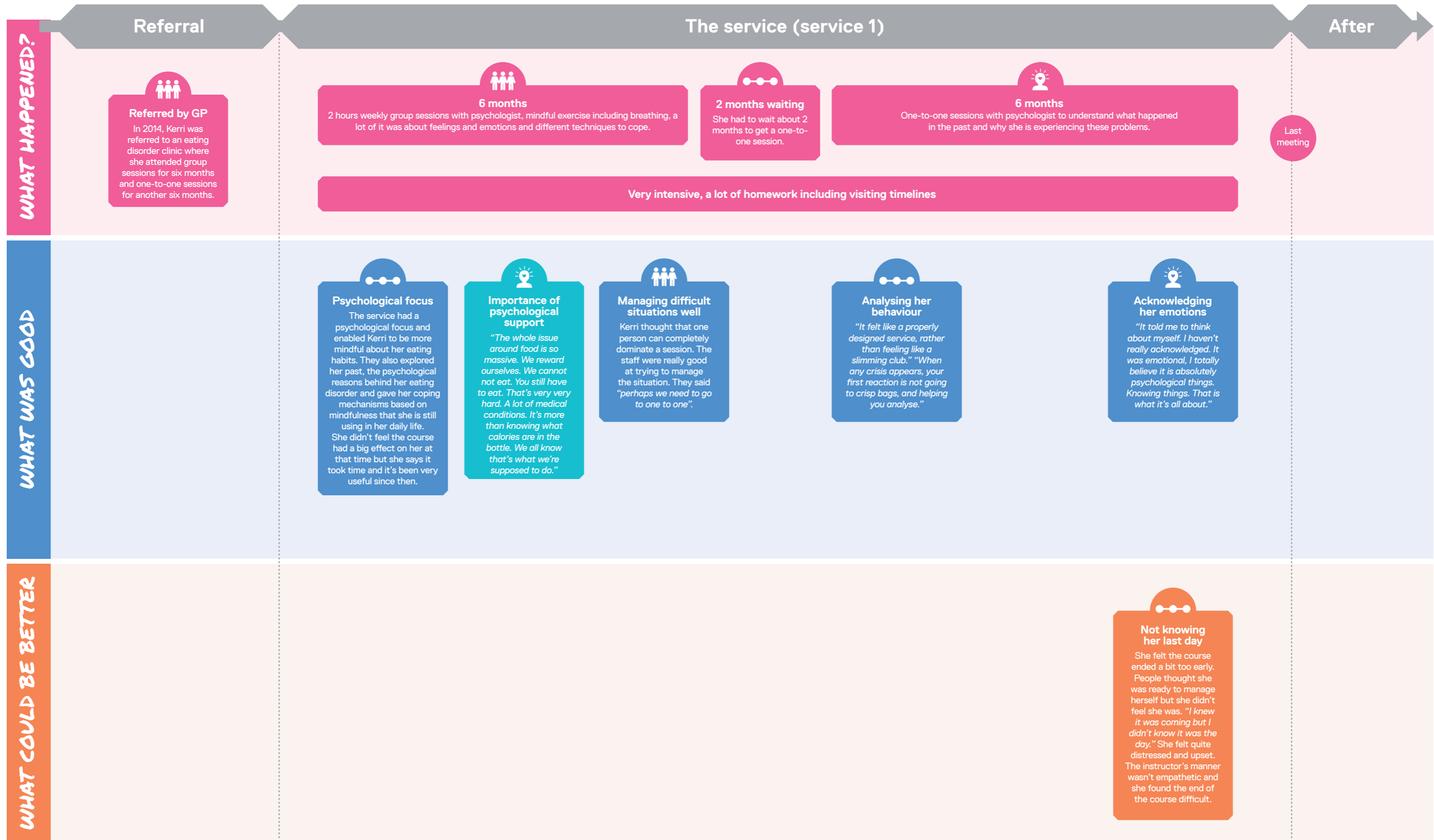
Ethnography G - Kerri - Ideal journey - Service 1 (eating disorder clinic)

KEY

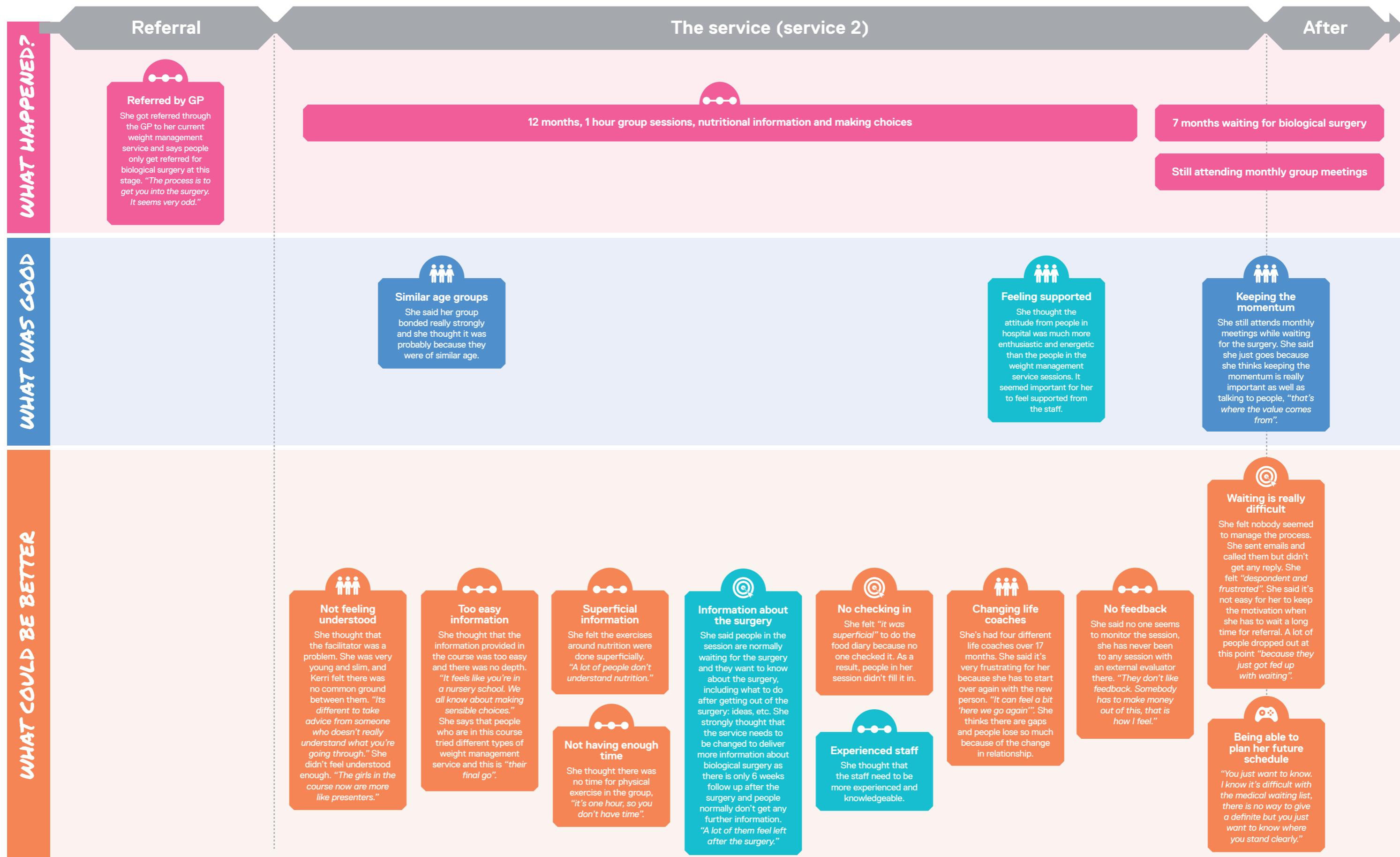
- What worked well for them
- Challenge or barrier
- Opportunity or idea

THEMES

- Social network and norms
- Wellbeing and self-image
- Aspiration and motivation
- Control and choice
- Experience of support

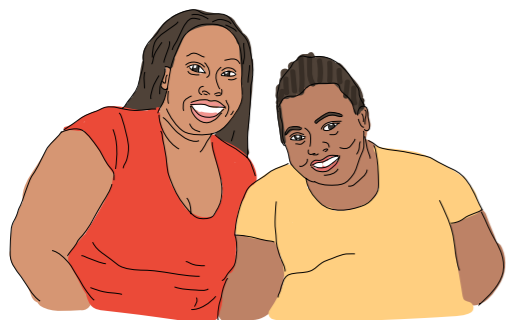


Ethnography G - Kerri - Ideal journey - Service 2 (preparation to surgery)



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 week weight management service 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 two 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 seven. 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 two 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.

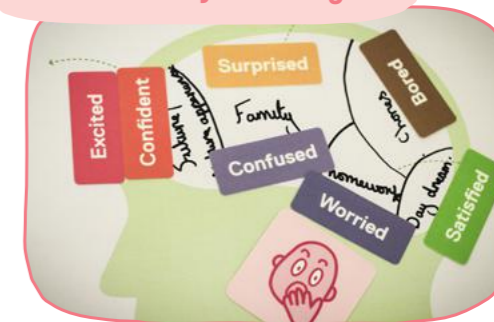


Wellbeing and self-image

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, homework, 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**.

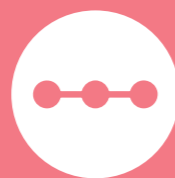
Tina finds her Mum a big help in losing weight by limiting the type of foods that are purchased. On the other hand she finds the doctor really **intimidating**; “Every time I’ve been, saying like I’ve got a bit of a weight problem, he says ‘That’s okay just go and run it off’... It’s like it’s not their 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”.



Control and choice

Since using the service, 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.



Experience of support

Both really enjoyed the service, 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.”

Alicia looks through the booklet from the weight management service.



“OH, THEY HAVE A RECIPE FOR PIZZA! I MIGHT TRY THAT THIS WEEK WITH AVUNTY.”

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.”

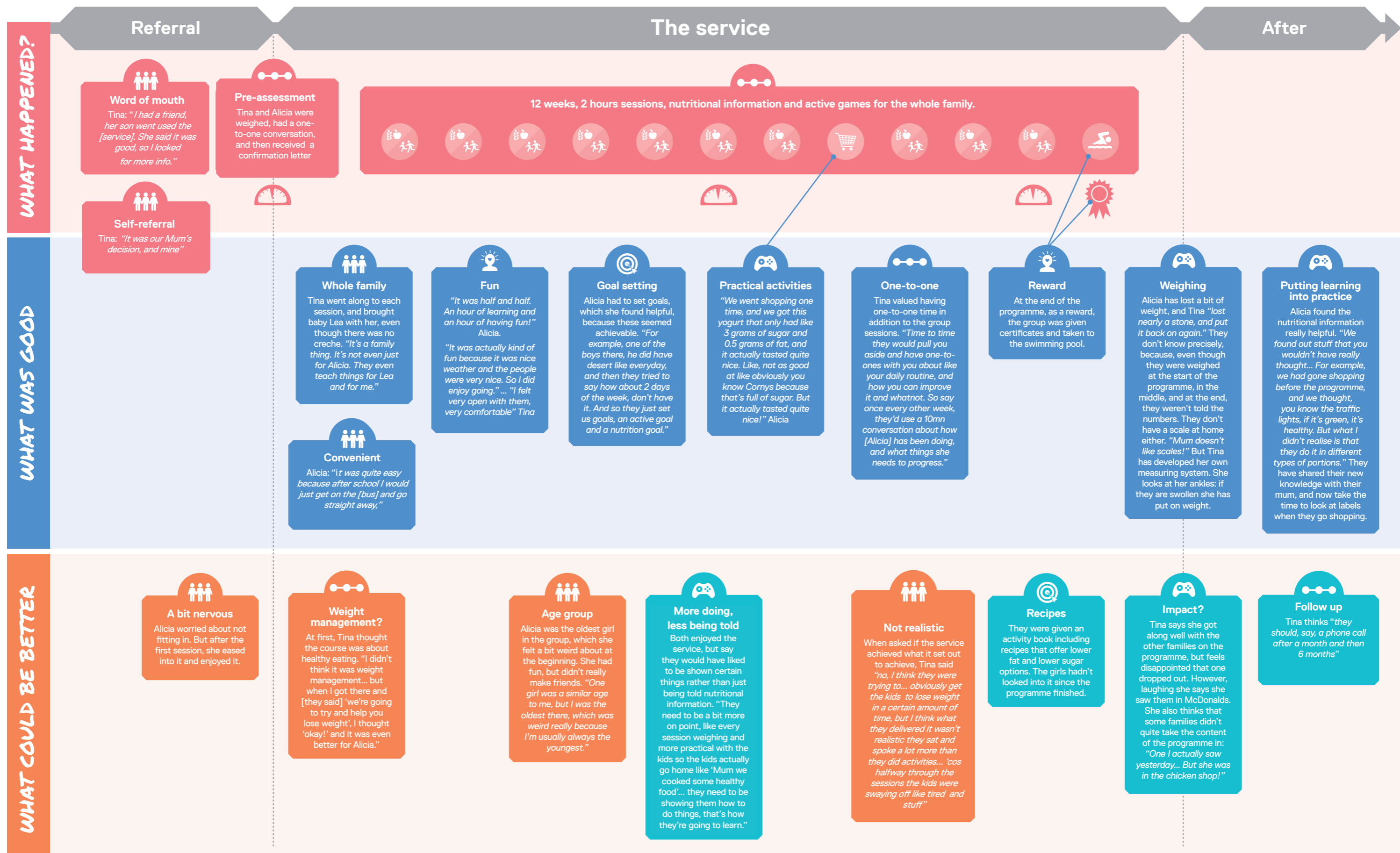
Ethnography H - Alicia and Tina - Ideal journey

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



Ethnography I - Wayne and Adam - Summary

WAYNE AND ADAM'S STORY



**TIER 2
AGED 9**



Quick Facts

- Wayne and Adam are twins.
- They are both very different: Wayne is an extrovert whilst Adam is more reserved.
- Wayne has always been bigger, since birth, and has been teased at school because of this.
- Lucia heard about the weight management service through a talk at the boys school. It lasted 12 weeks.

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 "five 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 three or four 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 likes 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 two 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 service 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 services, 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."*



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."*



Experience of support

Lucia, Wayne and Adam were mostly really satisfied with the weight management service. 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 during the service, 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.

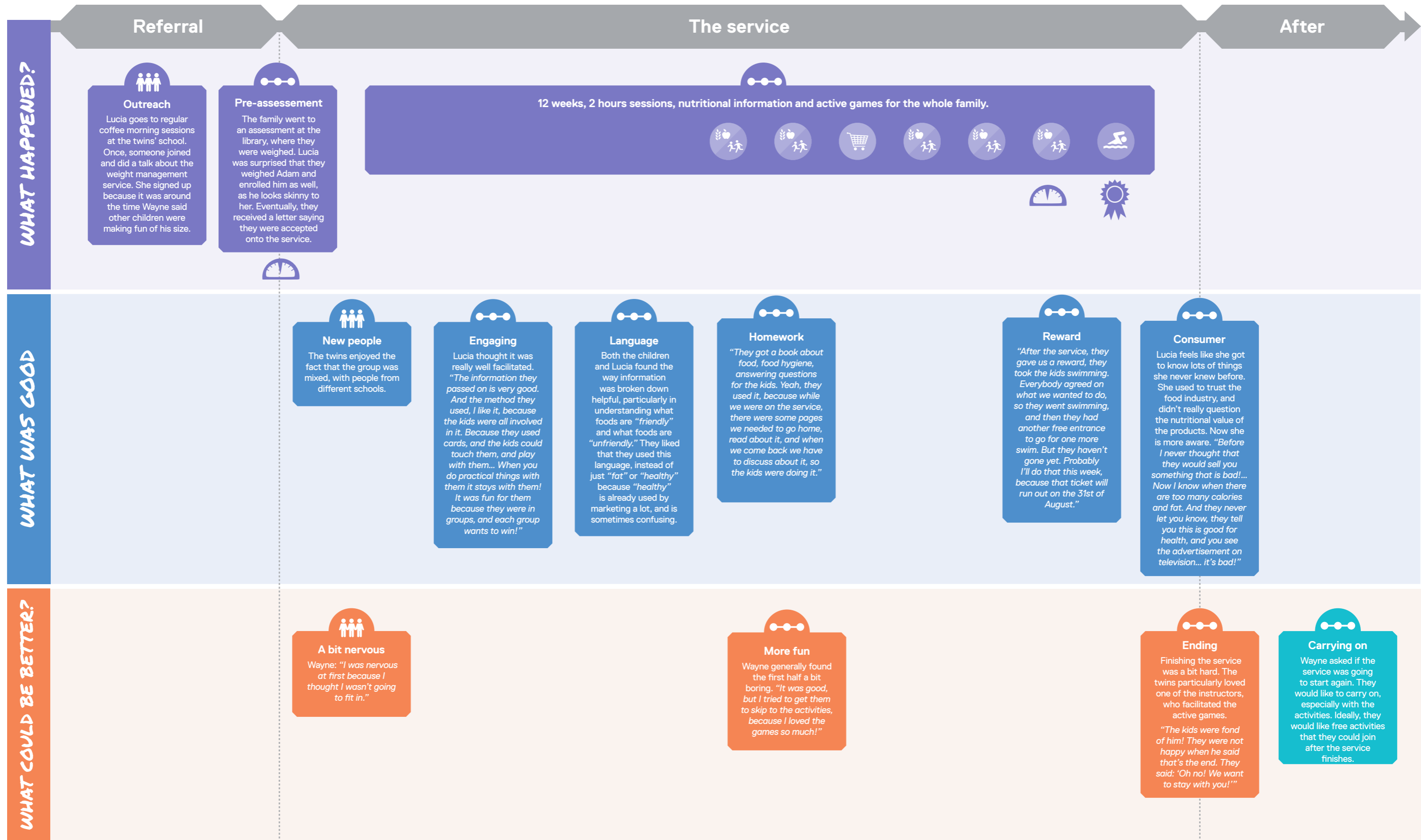
Lucia is originally from Nigeria. Once a week, she cooks jollof rice and freezes enough portions for the whole week.



"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 - Ideal journey

KEY			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



Ethnography J - Nathan - Summary

NATHAN'S STORY



TIER 3
AGED 11



Quick Facts

- Nathan just started secondary school.
- It is Nathan's second attempt at a weight management service. He completed a six weeks service when he was eight and is currently enrolled on a tier 3 service, which included a week long camp and subsequently weekly sessions.
- He has lost four pounds so far.

Nathan is a quiet and curious 11-year old boy who has just started high school. He lives with his mum, dad and his six year old sister in their newly-built, four 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 high-school is just five 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. 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 not have to go to the hospital so often any more. He's been seeing a consultant since he was six years old.

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.

Ethnography J - Nathan - Core insights

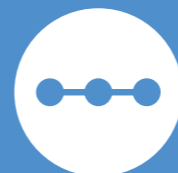


Social networks and norms

Nathan's mum thinks that Nathan 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 services also target grandparents specifically who cook at home?

Encouraging friendships creates another motivator for people to continuously attend weight management services and to keep the motivation high.



Experience of support

When Nathan participated in the same weight management service 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 service sessions matter: Nathan could not attend other weight management services 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 wants to 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. Nathan would have given up the weight management service after the first day, because it felt too frustrating, but 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.



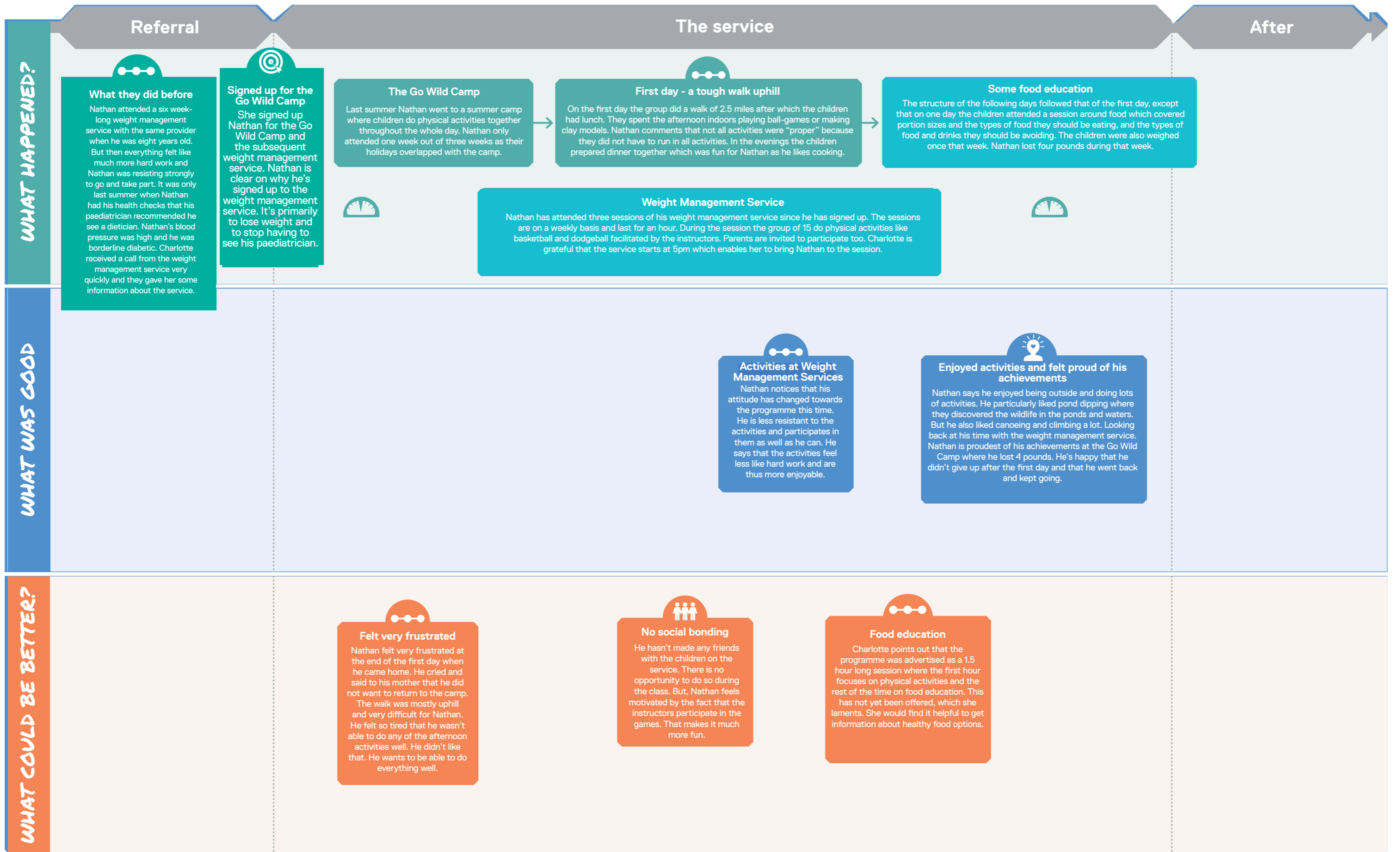
Wellbeing and self-image

Nathan's confidence and wellbeing is a key motivator for Nathan's mum for him to participate in the weight management service, as she wants him to grow up and feel confident about himself.

Ethnography J - Nathan - 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



Ethnography K - Fahmi and Nadifa - Summary

FAHMI + NADIFA'S STORY

TIER 3
AGED 8 AND 9

Quick Facts

- They live with their mum, dad, and their two other siblings who are 10 and 5 years old.
- Their mum is also overweight, while their dad and the other two siblings are of a healthy weight.
- They were referred to the service by their school, through NCMP letters.
- The service consists of weekly sessions over three months, once a year. It is the third year they have attended.

I meet the Farhan family in their two 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 top of each other.

I enter and meet Nadifa, nine, and Fahmi, eight; their two other siblings, who are each 5 and 10 years old; and their mother, Amina who is preparing dinner while we talk. School has just ended and all the children are in their pyjamas ready for dinner and bedtime. 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 a white belt, but wants to become a black belt very soon.

Fahmi and Nadifa enjoyed the weight management service a lot and are keen to go back because they enjoyed the games.

Ethnography K - Fahmi and Nadifa - Core insights

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 service with her family for six months over a period of two years.

Wellbeing and
self-image

- Fahmi and Nadifa have both been bullied by other children at school because of their weight which seems to be a concern for them.
- Amina explains that she does not criticise her children for what they want to eat. 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 service. They seem less concerned about their appearance or weight loss. The service enabled them to have fun by enabling them to play games with their peers.

Control
and choice

- Getting children on board for dietary changes, Amina explains, was easy. It was easy to introduce changes to their diets because her children themselves agreed that they needed to change, thanks to the weight management service. The service 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 service because she has learnt a lot, not only about nutrition and physical activities and the importance of these 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 with the service. Neither she, nor Nadifa or Fahmi would have been able to attend otherwise.
- Amina is not able to attend the weight management service 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 using the service because she had a free gym membership. Once the service ended she stopped attending these classes 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 once they leave the service. This would enable the children to do some physical activities in winter too, when they struggle to find a suitable space.

Ethnography K - Fahmi and Nadifa - 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

