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Maximising the appeal of Weight Management Services

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About ESRO

ESRO is a research consultancy specialising in ethnographic research methods and the use of mixed methodology research techniques to understand complex issues and the needs of 'hard to reach' groups. We work extensively across the private, public and third sector, researching topics as diverse as the resettlement process for offenders, the aspirations of low-income families and the tax compliance journey of small businesses.

About the authors

Becky Rowe

Becky has nine years experience as a qualitative researcher and has worked for prestigious research agencies including The Henley Centre (now The Futures Company) and Firefish. Becky is regularly called on for her expertise in using consumer research to identify ways to promote effective behaviour change in a range of groups. Becky also regularly works on projects looking to drive efficiency and improve the quality of service delivery across the public sector.

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Tina has a PhD in Sociology and Gender Studies. Prior to working at ESRO, she spent two years as an ethnographic researcher with Intel Ireland's Health Research and Innovation team working on technological intervention. Tina has worked as an ethnographic social scientist for eight years across commercial, academic, and public sector bodies. Her doctoral research on Indian call centres was recently published by Routledge.

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1. Executive Summary

Commissioned by COI / Cross Government Obesity Team in November 2009, ESRO's research on maximising the appeal of weight management services took us to all corners of England. From Newcastle to Brighton, Norwich to Bristol, ESRO researchers met with numerous individuals, conducted workshops, and visited several weight management services producing case studies, films, and ethnographic narratives exploring the complex and emotive issue of weight management. The research included a diverse range of demographic groups, including men, women, young people, and individuals from different ethnic backgrounds and of different income levels.

The research highlighted that weight remains a difficult and personal issue, made more complex by the interplay between long-term health issues (such as diabetes or arthritis) and key life events such as divorce, bereavement, job loss, accident or injury. Equally difficult for some, was a gradual increase in weight over long periods of time accompanied by the realisation that whilst they once had been a 'healthy size', their weight had now reached unacceptable levels.

Weight management was often described as a never-ending battle, exhausting, and painful. Yet whilst acknowledging the deep seated concerns around the reason for weight gain, all of the respondents pointed out that weight loss, healthier living, and better eating acted as confidence boosters, empowering and enabling further change and better life choices. Such choices reinforced the respondents' sense of self worth, enabling them to move past their own personal difficulties.

This report highlights the level of motivation that exists amongst overweight and obese people to lose weight. It also highlights the complexity of the barriers surrounding engaging with services. Other key findings include:-

- For the majority of overweight people there is a strong desire to 'be less fat'
- Weight is an emotive issue and language used around weight and obesity can be a particularly sensitive area
- It is clear that 'one size does not fit all' when it comes to weight management services
- When designing and commissioning weight management services, it is important to take into account the motivators and barriers different population segments or user groups
- Whilst measures such as 'weight' and BMI are useful in clinical settings they can lack personal relevance
- More meaningful and empowering framings of 'fatness' include overall health, fitness, size and shape
- Tailoring support around an individual's 'readiness to change' is important in getting buy-in and ensuring that messages aren't felt to be patronising or overwhelming.

Maximizing appeal across weight management services

When exploring with the motivators and barriers of different weight management services with respondents it became clear that there are big differences between demographic groups. Some of the biggest differences emerge between men and

women, although differences also exist across age groups, family statuses, ethnicity and level of affluence.

One the whole, women are more aware of food and nutrition advice, largely due to the fact that most were responsible for family meals and shopping, however they were also exposed to more diet information through advertising and marketing. Women also pointed out that being care givers and responsible for children meant that they often did not have time to exercise and that diet was the easiest way to manage weight.

Men, on the other hand, often knew less about nutrition and some for instance, were often unaware of how salt and sugar they were consuming or how to prepare a basic healthy meal. Many of the men we spoke to tended to take on a 'do-it-yourself' attitude and engage with exercise regimes only to find they were unable to maintain a commitment without any real support.

Both men and women highlighted the need for support and creating and sustaining long-term changes and healthy lifestyle choices. Support meant different things to them, for women it was about counselling and group sessions that involved talking and sharing, for men it was about committing to a team and finding support in the obligation to turn up every week.

In order to take into account further demographic differences between groups, we subdivided men and women into a total of nine 'segments' that represent a more detailed view of different needs.

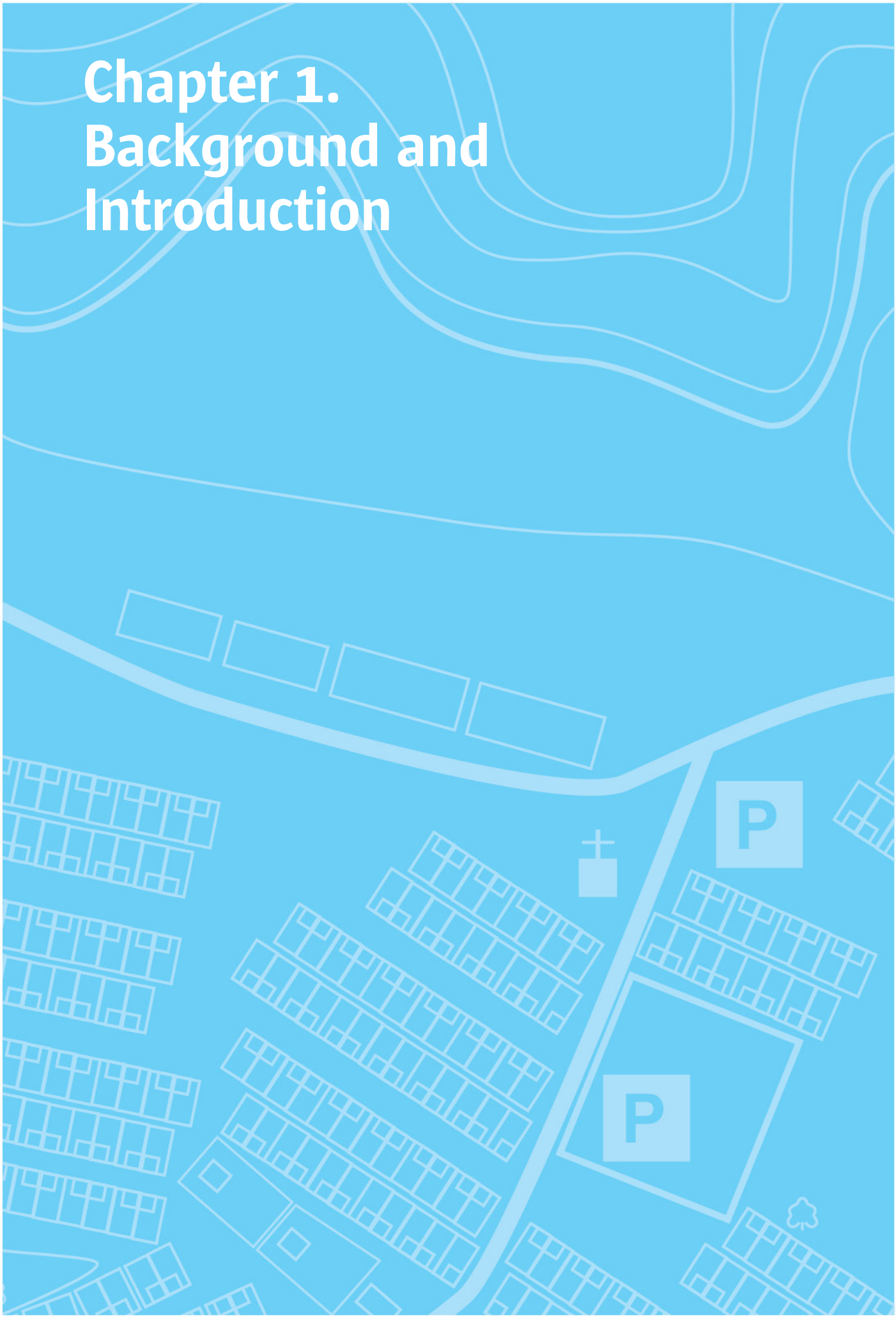
Women

Segment	Young Women	BME Women (traditional role)	Older Women (more affluent)	Lower Income Women (just coping)
Motivations	▪ Physical attractiveness ▪ Fashion ▪ Clothes size	▪ Health and well being ▪ Energy ▪ Vitality	▪ Physical attractiveness ▪ Long term health issues ▪ Mobility	▪ Physical attractiveness ▪ Being a good parent ▪ Self-esteem
Barriers	▪ Tendency to overemphasize impact of diet ▪ Prone to quick fixes	▪ Too little information ▪ Care giver for extended family	▪ 'Weight management' fatigue ▪ Snobby about public leisure facilities	▪ Cost of services, childcare issues ▪ Self esteem ▪ Physical limitations
Ideal Service	▪ Glamorous, aspirational service ▪ Combining nutrition and exercise	▪ Culturally tailored ▪ Basic nutritional info ▪ Female only service	▪ Need motivation and support ▪ New innovative services ▪ Run by experts	▪ Family based activities ▪ Affordable ▪ Fun

Men

Segment	Younger Men	Physical Men	More Affluent Men	Lower Income Men	BME Man (traditional role)
Motivations	▪ Physical attractiveness ▪ Health	▪ Strength and fitness ▪ Physical prowess	▪ Long term health concerns ▪ Managing health issues	▪ Desire to be fit and healthy ▪ A second chance...	▪ Strong connection to cultural identity ▪ Fitness and strength
Barriers	▪ Lack of confidence, poor ▪ Adjustment to life changes	▪ Want to remain a 'physical presence' ▪ Not interested in being 'smaller'	▪ Not responsible for food preparation ▪ Llack of time	▪ Unhealthy lifestyle patterns ▪ Lack of awareness	▪ Poor knowledge of nutritional information ▪ Reliance of others to prepare food
Ideal Service	▪ Focussed on fitness ▪ Competition	▪ Health check MOT ▪ Support of active lifestyle	▪ Professional, expert advice ▪ Actionable goals	▪ Designed for men ▪ Nutritional info ▪ Basic intro level exercise	▪ Whole household solutions ▪ Basic nutritional information

Chapter 1. Background and Introduction



2. Introduction

Weight management remains a high priority for the Government and individuals alike. Links between long-term health problems and weight are well established and continue to pose concerns as social policy agendas shift to address rising obesity rates. This report focuses on the challenges of commissioning appealing weight management services for adults.

A social marketing approach

During the Desk Research phase of this project (Stage 1) of this project, we identified that one of characteristics that has enabled some of the commercial weight management companies to become so well established is the in-depth knowledge they have of their consumers. Over many years, these commercial providers have refined and developed this knowledge to tailor their services to perfectly match the needs of their target audience[1] - fundamentally, they have incredibly successfully demonstrated the benefits of good marketing. In order for services to be appealing to different population groups, it will be necessary for weight management services delivered or commissioned by the NHS to replicate this.

The research conducted throughout this project borrows techniques from the field of social marketing. The National Social Marketing Centre (NSMC, a strategic partner of the Department of Health), defines 'social marketing' as an approach used to achieve and sustain behavioural goals on a range of social issues; where the primary aim of the work is to achieve 'social good' and where marketing techniques are used.

According the NSMC[2], key features of a social marketing approach are:-

- A strong customer orientation which emphasises developing a robust understanding of the audience
- A clear understanding of customer behaviour and a strong behavioural analysis, including identification of motivators and barriers to behaviour change
- The use of segmentation to target people effectively and avoidance of inappropriate 'blanket approaches'

Commissioning for behaviour change

A recent report published by The Kings Fund[3] highlighted the need for PCT Commissioners to lead on commissioning support that will encourage individuals to change their behaviour, rather than care only focussed on the 'treatment of symptoms'. In the report they highlight the benefits of taking a 'behaviour change' approach, but also the complexity and difficulty in helping people to change entrenched, well-established behaviours.

The report describes that empowering individuals to exercise agency over their lives has proven to be one of the more

[1] Most commercial weight management organisations massively over-represent middle aged, middle income women within their customer base

[2] More about social marketing can be found at http://www.nsms.org.uk/what-is-social-marketing.html?start=1

[3] The Kings Fund 'Commissioning and Behaviour Change – Kicking the habit' (February 2010)

successful, cost-effective methods used with recent health care initiatives. For example, when individuals make their own choices to change complex habits, or make long-term lifestyle changes, they are more likely to take effect. In order to do this, education and marketing campaigns undertaken for social good become necessary to penetrate the public perceptions of how individuals can create such change.

"Helping people to kick bad habits such as smoking, alcohol misuse, poor diet and lack of exercise requires a long-term commitment to changing complex behaviours; it is an ambitious goal. Each type of behaviour has different characteristics, so it is unlikely that approaches that work for one behaviour will be easily transferable to another. This will also require greater efforts by local health services to assess, target and monitor public health needs at a local level. Behaviour change interventions and strategies should be clear about the nature of the behaviour they are tackling, as well as who they are" (The Kings Fund).

Understanding the target audience (and targeting them)

Taking a social marketing in the commissioning of services requires that you really know and understand the needs of your target audience and put them at the centre of every decision you make. This means understanding what barriers you must overcome for each audience – what's standing in the way of them doing what you want them to do. It also means understanding the benefits and 'opportunity costs' for individuals to engage in certain behaviours.

This report, commissioned by the Department of Health is a first step towards understanding the needs of different demographic groups towards weight management service. We have structured the following chapters to highlight the opportunities that we found for improved weight management services. We've also identified nine different segments covering some broad demographic groups that we felt had different (but overlapping) needs when it came to weight management.

It's important to emphasise that this report is only a first step towards understanding the full range of needs of individuals and in supporting better service provision across England. From our research, it appears that there is a mismatch between what individuals may need from a service, and the options currently available to them. It is also likely that current range of service providers may not be able to meet the needs of the diverse demographic affected by weight problems. As such, there is a requirement for commissioners to think beyond the services that are currently on offer, and identify ways to promote the development of new and innovative approaches that are tailored to the needs of those most at risk. Commissioner-led market stimulation may be the only way to ensure effective and long-term behaviour change.

3. Methodology

ESRO's study on Weight Management Services for Adults is a three-stage study designed to increase understanding of how to maximise the appeal, uptake and retention of potential service users to weight management services. The focus of the study is adults, aged 18 – 74, and covers a wide range of population groups (including men and women, ethnic minorities and groups with other specialist needs including learning disabilities).

This report represents the findings from all three stages of the project.

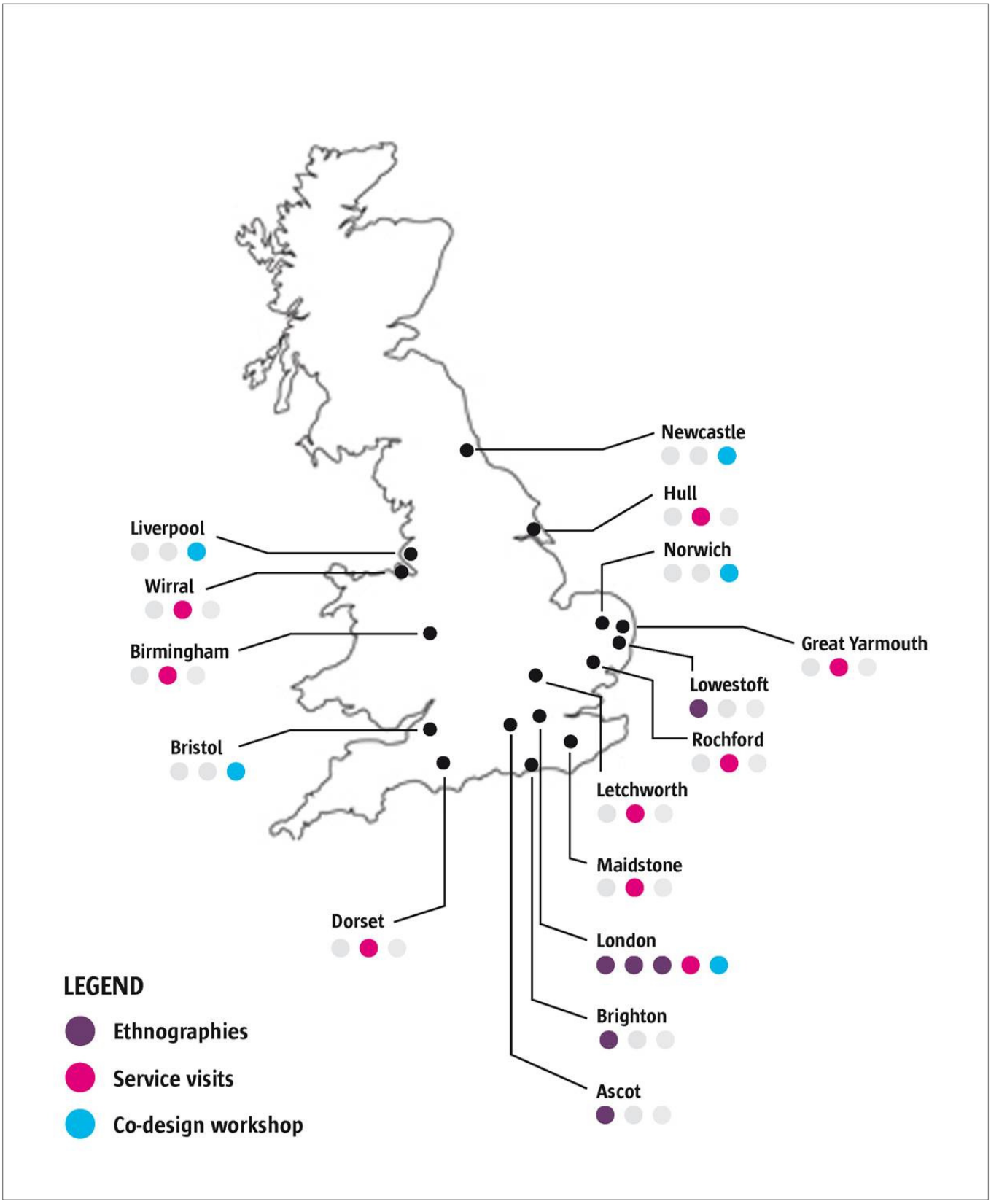
Stage	Method	Timing
Stage 1: Desk Research	→ 30 x executive interviews[4] (with academics, government advisers, PCT commissioners, healthcare professionals, frontline staff and other experts) → Literature Review of data[5] pertinent to the appeal of adult weight management	December 2009
Stage 2: Ethnographies and Service Visits	→ 5 x 1-day ethnographic immersions with overweight and obese adults → 12 x 1-day ethnographic immersions with services and service providers[6]	January 2010
Stage 3: Co-design Workshops	→ 5 x 2.5 hour co-design workshops (with women, men, young people, BME groups and lower income groups)[6]	Jan / Feb 2010

Amongst the ethnographic immersions with adults and service providers, ESRO looked at six different demographic groups:-

- Men
- Disengaged women
- Low income groups
- Ethnic minorities
- Young adults
- Individuals with specific needs (learning disability, mental illness etc)

[4] Full list of interviewees can be found in Appendix 1
[5] Full Bibliography can be found in Appendix 2
[6] Full sample breakdown and list of services can be found in Appendix 3

Research Locations



Chapter 2. Summary of Desk Research Findings

Summary of Stage 1 Findings

Introduction

This report follows a preliminary research report commissioned and delivered in 2009, comprising both desk research and telephone interviews with academics, healthcare professionals and both commercial and community weight management providers.

One size will not fit all

The desk research phase indicates that the majority of academic research work to date appears to be predominantly focussed on medical issues relating to obesity and assessing the relative efficacy of weight management service methods in terms of actual weight lost. There is comparatively little academic work on maximising the appeal of weight management services, and what there is relates mostly to demographics with pre-existing higher service engagement levels.

During the executive interviews it became clear that weight management is a female dominated industry, and to a large degree it is dominated by and aimed at a certain type of woman (more likely to be middle aged, middle income, white women). It was highlighted by many interviewees that organic growth within the industry is frequently achieved through successful service users starting their own franchised services, targeting the audience they best understand – women similar to themselves. The companies we spoke to also invest significant amounts of time and money in understanding and trying to attract this target group – which undoubtedly contributes to their success. This said, most commercial weight management services have attempted to engage a diversity of audiences, but with varying degrees of success.

Across those we spoke to there was a widespread recognition that a 'one size fits all' approach' will lack appeal to a broad demographic spectrum. Commercial weight management services have been refining their models and services for decades and have made significant investments in designing services that best serve their core audience. They have developed services, created brands and produced targeted communications with this audience in mind. As such, it may be the case that more than simple adaptations are required in order to really engage other audiences.

Different audiences, different needs

Throughout the first stage of research, interviewees highlighted to us that age, gender, social class, ethnicity, mental health, physical disability or mental disability all have potential significant impact on the propensity to obesity and overweight, weight management aspirations and the appeal and success of weight management services. However, at the time of writing the report there was little information available about what would appeal to these different groups.

Whilst we recognise that it is difficult to generalise specific preferences across whole demographic groups, during Stage 1 we

did find some broad differences that needed to be further explored in Stage 2 and 3 of the research.

Men: It seems that men are less likely to have high levels of awareness of their body shape, weight and BMI and may be being put off current weight management services by 'feminine' approaches and imagery.

Low-income groups: Many have a normalised view of unhealthy body weight. In some instances there may be a lack of service provision in disadvantaged areas. Many also mentioned additional practical barriers in attending services such as cost, childcare and transportation.

Ethnic groups: Perceptions around what counts as a healthy body weight may vary according to ethnicity, with some groups having a normalised view or preference for a larger body size. Individuals may also be more likely to find services that have appropriate cultural references appealing (e.g. food types, cultural norms, role of food in everyday life etc).

Young Adults: Young adults may be less motivated to change behaviour because health related consequences of obesity are less apparent. Concentration of life events around early adulthood (e.g. moving out of home, university, marriage) may be a good opportunity to promote healthier lifestyles. Many held attitudes of procrastination, believing that health problems were something that they could deal with later in life.

Learning disability: Individuals with a learning disability are likely to be at increased risk of obesity than the general population. There is likely to be a need for specifically designed tools to aid understanding of weight management advice. Some may benefit from attending mainstream weight management services, although this should be considered according to individual needs.

Mental health: Weight gain is recognised as a side-effect of many anti-psychotic drugs. Many of those we interviewed felt that weight management should be incorporated into and seen as an important part of individual care pathways.

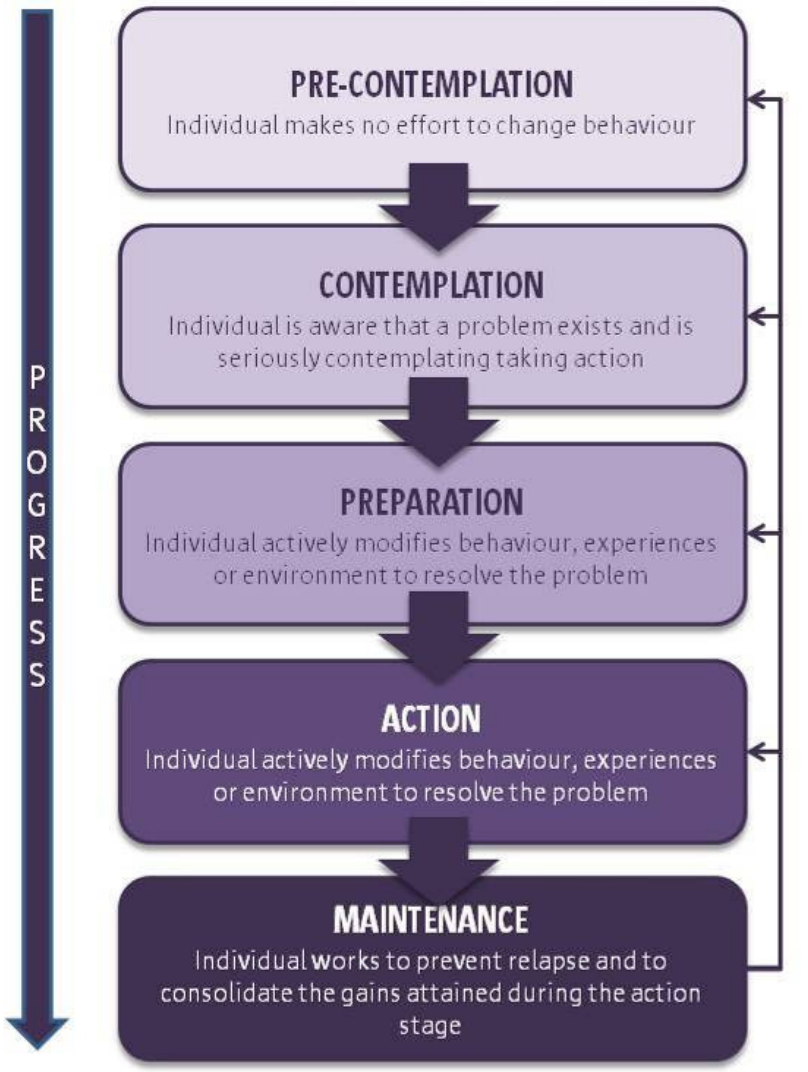
Understanding the complexity of behaviour change

In addition to promoting self-awareness, the experts we interviewed also thought that effective and appealing services were more likely to take into account the individuals stage of 'readiness' to change.

Prochaska and DiClemente's five-step behaviour change model is used throughout the weight management literature to help explain the 'behaviour change' journey that individuals may experience as they try to lose weight (for example it is cited in Dalton, 1997; Lean, 2003; Sattar and Lean, 2007 etc.). The model focuses on an individual's motivation and readiness to change and the difference in their attitudes and behaviour as they progress towards a specific goal.

In commissioning and delivering services that successfully appeal to individuals it was felt by many that we interviewed that it would be important to consider the individuals 'readiness to

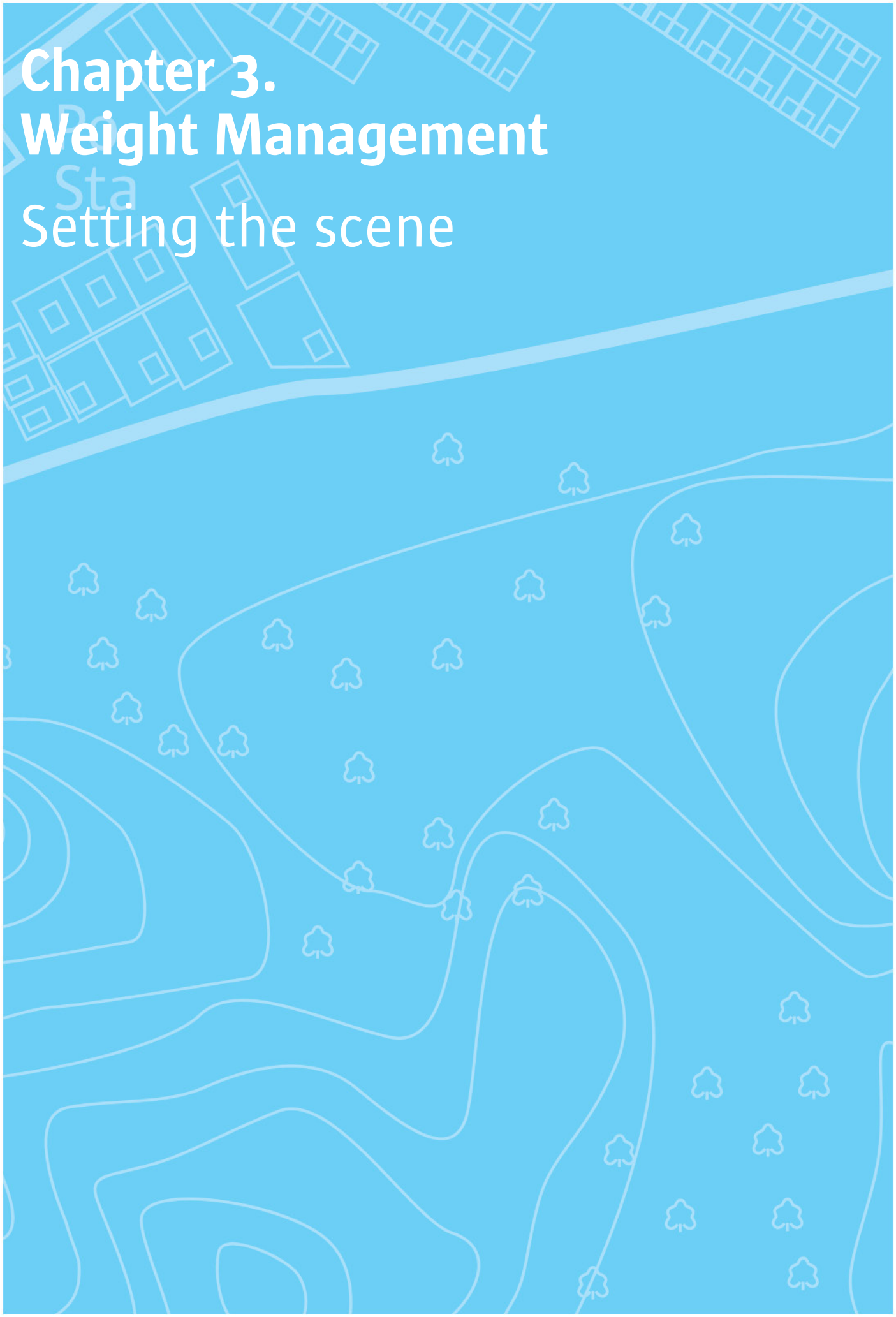
change' (e.g. getting individuals to recognise that they are obese or overweight if they are in the pre-contemplation stage or helping them to take action if they are in the 'preparation stage').



Model adapted from Prochaska and DiClemente (1986)

Chapter 3.
Weight Management

Setting the scene



Setting the scene

A complex and emotive issue

Across our research we spoke to numerous individuals who were overweight or obese. They came from many different walks of life, lived in different circumstances and had very different outlooks and perspectives on the world. One thing that united all of those we spoke to was their deep desire to be 'less fat'; a striking finding given some widely held assumptions that bigger people often don't care about their size.

As researchers we worked hard to create an atmosphere where respondents felt safe and comfortable to share their feelings and experiences. Over the course of the research it became very clear that being overweight is a highly complex, emotional and private issue, and evidently one that many of those we spoke to rarely talked to others about. In some research settings individuals broke down into tears, others expressed anger and frustration at themselves or at the way others had treated them.

For almost everyone we spoke to, being overweight was something that played regularly on their minds and affected much of their day-to-day life. Many modified their behaviour to avoid places or people where they would feel uncomfortable. Some recognised that they changed virtually all of their behaviour (and even their personality) to help them cope with their weight problem. Others recognised it was easier to live in denial, which some described as a kind of 'defensive armour' to protect themselves from perceived 'attack'.

Overall, the most common emotions respondents shared with us were feelings of failure and guilt. Many felt that they had let themselves down or families down, and believed that they were 'second class citizens'. Coupled with high levels of self-consciousness and stigma, many felt paralysed into a state of inactivity, which they recognised was likely to make things worse.

It is important to underline that these feelings of 'paralysis', failure and guilt are underlined by hope and aspiration for the future. Few had given up all hope of losing weight and many had a strong belief that losing weight would help them feel more positive and achieve more in their lives.

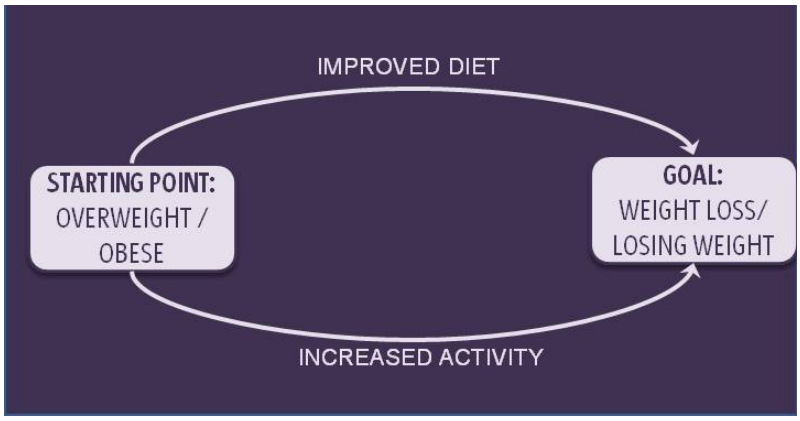
"Even as a fat person you assume that some people are happy being fat... but now I think of it, I can't think of a single person I know or have ever met who would fit into that category. Every fat person would trade bodies with a thin person. I bet it' impossible to find someone who wouldn't"
Janice (51), Norwich

"I hate myself for being fat. I feel like I am a failure and that I have let myself and my family down. Nobody wants to have a fat wife or a fat mum, and it's easier for me to pretend that it isn't happening, that it's not me that I see in the mirror"
Aimee (36), Newcastle

Losing weight?

Many of our initial discussions with respondents were framed around the idea of 'losing weight'. In fact, it's virtually impossible to talk about this subject without focussing on 'weight'. For many of those we spoke to, 'what they weighed' and 'weighing less' was not a motivation in and of itself. This often had a negative rub-off effect on perception of specialised 'weight loss' and 'weight management' services – which were felt to be for people who had more of a pre-occupation with what they weighed.

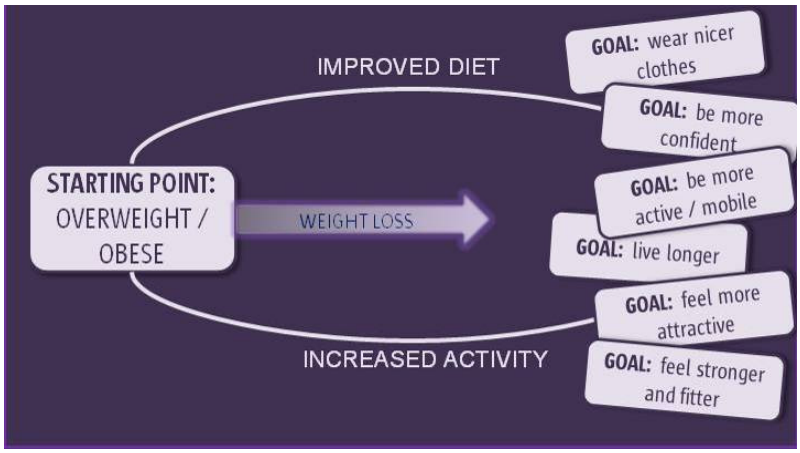
"I don't care how much I weigh! If I was a size 12 and weighed 20 stone I would be a very happy lady!"
Jo (22), Bristol



Current 'weight management' services often perceived to be overly focussed on 'weight'

For some service providers we spoke to, the singular focus on weight as opposed to behaviour change was seen to be somewhat counterproductive. In their experience, individuals can find it relatively easy to lose weight in the short term, but more difficult to make the necessary long-term lifestyle changes. One service provider in particular raised concerns about how a focus on weight loss could leave individuals with a skewed focussed on reduced food intake over a short term (e.g. 'going on a diet') rather than longer term lifestyle change. He also worried about the risks of encouraging people to get into bad habits such as skipping meals and eating very low calorie foods in order to lose weight quickly. In his opinion focussing on achieving health outcomes (including increased mobility, raised energy levels, lower cholesterol) encouraged individuals to think about their health in more sustainable way.

More universally motivating was the notion of 'being less fat' and 'being in better shape'. However specific motivations varied specifically across different demographic groups and from individual to individual. For some, especially women, this motivation manifests as a feeling of wanting to be slimmer or a smaller clothes size. For others, especially men, desire around weight loss focussed more on having a better physique and being stronger, fitter and more able. For older respondents, being overweight and obese was strongly associated with poor health and illness, and as such being 'healthier' and having a 'longer lifespan' were more motivating. In this context, 'weight loss' was simply seen as a consequence of achieving other goals, or simply as a way of measuring progress.



Many of those we spoke to were more motivated by other goals mostly relating to physical attractiveness or long term health

We found those who are most motivated by 'weight loss' per se were often those who have had significant experience of 'weight management' programmes. These individuals seemed more sensitised to the idea of 'weight loss' as being the central tenet of success.

Labelling and measurement

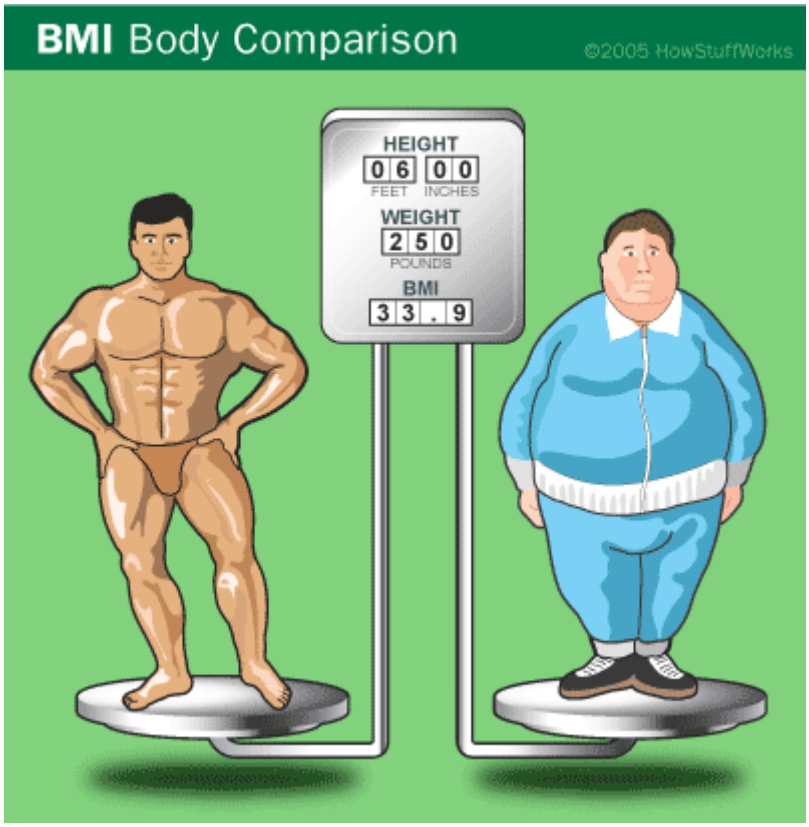
In addition to the psychological discomfort and negative self-image our respondents described inflicting upon themselves, some also talked about the additional emotional distress of being labelled and judged by others. In particular respondents often felt very sensitive about being labelled 'obese' (or even worse, morbidly obese), despite knowing that they were very overweight. Many of those we spoke to describe the feeling of deep resignation when labelled with this term.

"Obese is a nasty word. It sounds horrible, when you say it; it comes out with spit and venom. Obese is for fat, dirty, stinky people"
Barbara, 40, Newcastle

For some, the dislike of this term stemmed from a feeling of being judged, but without any offer of help or support to rectify the situation. Many described a situation where they had gone through the motions of being weighed and measured, only to be told what was obvious to them in the first place. This sense of pointing out the obvious (without offering help and support to change) can feel patronising at best, and sometimes could leave the individual feeling further criticised and excluded.

A number of those we spoke to also found some measurement techniques frustrating, in particular BMI (body mass index). Some had a fairly sophisticated understanding of the strengths and weakness of using a calculation like BMI (including taking into account people's frame and how much of their weight is lean tissue vs. fat).

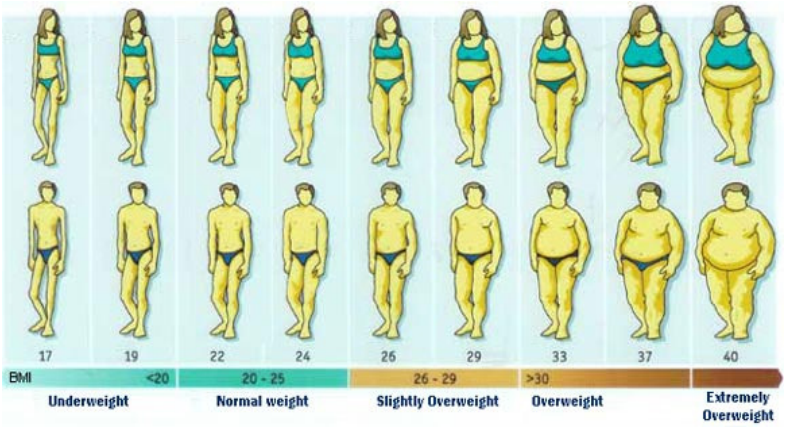
"When they get the BMI chart out and point, it's a bit like they go to autopilot 'computer says no, computer says no'. They just keep pointing and saying it. They never say what you can do or offer you any help"
Nina, 46, Newcastle



Towards health or 'thinness'?

Some, especially older respondents, also felt that the 'normal' weight range for BMI was unobtainable for them at their age. Some even felt that achieving the 'normal' weight would leave them in a state that was unhealthier and less attractive.

"Isn't it the case that most of the England rugby team are overweight according to BMI? It sort of makes a mockery of the whole thing"
Geoff, 33, Liverpool



Body shapes for different BMI levels
(http://www.healthyweightforum.org/eng/images/BMI2.jpg)

Whilst many recognised that by any measure they were still quite a long way from ideal, the inflexibility of BMI combined with the way it is used often left them feeling annoyed and helpless. For some, this understanding has totally undermined the use of BMI as a way of judging their level of weight problem. Perceived unfairness accompanied by a feeling of being 'passed judgement on', can undermine legitimate advice and even give some an excuse to 'rebel'.

"It just goes in one ear and out the other. Yes, I'm obese. Yes. Great. Now what? Oh nothing, same as always. Why would I bother going to see my GP for that sort of ritual humiliation?"
Frankie, 40, Norwich

Across the research, both respondents and service providers agreed that the use of BMI should perhaps be limited to clinical settings where it can function as a measurement tool rather than as a weight management tool. In this way the 'measurement' aspect of using the BMI score becomes aligned with health advice and as a way of offering support throughout the monitoring of one's progress.

Across both the male and female groups, size was a measurement that many used to judge their progress or potential weight gains. Whilst more women used smaller clothes as a way of setting goals, both men and women used the tightening of waistbands etc. to let themselves know that they were gaining weight. Whilst not a focus of this research, some respondents highlighted a belief that percentage body fat is a far fairer and healthier way to evaluate 'size'. Others prefer waist and hip measurements as a way of tracking progress.

Overall, some of our respondents (especially the most engaged) were perplexed about what they perceived to be an 'unhealthy' focus on weight. They raised the point that despite their size, they ate a healthier diet (e.g. more fresh food, more fruit and veg, lower fat) and probably did more exercise than many 'thin' people who ate unhealthily and lived a sedentary lifestyle. Whilst they acknowledged that their long-term health outcomes may be improved if they were 'lighter', they also felt that being 'big' and 'healthy' should be recognised over and above 'thin' and 'unhealthy'.

"I've looked into this. There's academic research that shows healthy but bigger people often live longer than the average. It's a simple case that a lot of 'normal weight' people are very unhealthy"
Damon, 33, London

The most appealing solution...

It is worth remembering that our human nature often leaves us looking for the easiest solution. When presented with the challenge of turning your whole life around, losing 3, 4 or 10 stone, totally changing your shopping and eating habits, re-negotiating relationships with family and friends – many of us would try and find an easier alternative.

In fact, the ideal weight loss service for most in our sample would be a way of losing weight, very quickly, without any side effects. It probably wouldn't involve any exercise or exertion. And, importantly, you'd still be able to eat and drink whatever and however much you want. Of course, in a perfect world the effect of the service would be long-lasting and the individual would never have to worry about their weight ever again.

"My ideal service??! A genie and a magic lamp of course! And while you're at it, can I win the lottery and become irrestible to women"
Frank, 55, Liverpool

Back in reality, the challenge of designing a weight management service that has real-world appeal is more of a challenge – especially when the competing against years of habit, a tide of insecurity, lack of confidence and self esteem - and when the alternatives seem for more appealing.

One size doesn't fit all

The most important finding from this research is that there is significant variation in terms of what different individuals find appealing from a weight management service. For example, men and women are drawn to very different parts of a service. Older people have very different needs and concerns than younger people. Individuals with a lower income often have more concern about the practical considerations related to engaging with a service. Some audiences have more specialist needs and require adapted materials or extra consideration.

Additionally many of those we spoke to also have considerable awareness or previous experience of many of the weight management services currently on offer (including the big commercial weight loss services such as Weight Watchers and Slimming World). The general feeling for many is that whilst undoubtedly appealing to some, there is considerable room for new and innovative services that better meet the needs of different population groups.

Understanding an individual's readiness to change

"I know I'm fat. I don't need someone saying to me, 'oh by the way, I've done this calculation thing and I've identified that you're fat'. No sh*t Sherlock! I could have told you that myself and saved you the bother"
Sally, 24, Bristol

Another important finding from this research is that any intervention needs to be tailored to the individuals 'readiness to change'. Many of those we spoke to found it patronising when it was assumed that they, as overweight or obese people, had little or no self-awareness of their weight (and the impact on their health and well-being). Others also highlighted how frustrating it was for it to be assumed on a regular basis that they had made no attempt to lose weight themselves.

As such, care needs to be taken to ensure that any intervention or support recognises the effort that an individual may have already invested in trying to change their behaviour. Undermining these efforts could further dent an individual's confidence and self esteem – and may indeed distance the individual from further help seeking behaviour.

Whilst an individual's state of readiness will impact upon their success, it is possible to increase one's level of readiness through the building of self-esteem and confidence. Empowering individuals to believe in themselves by allowing them to set their

own goals, reflecting what is realistically achievable, and by helping them to celebrate their incremental achievements can enable them to create long-lasting success.

Chapter 4. Understanding different roles in ‘weight management’ services

Understanding different roles in 'weight management' services

Attitudes to different 'sources' of help

Across the sample, individuals were fairly open-minded about the source of help – feeling that any help would be better than none. Interestingly the most important evaluation criteria applied to service providers tended to be the appropriateness and relevance of their service to the individual concerned. This was underlined by a desire for the provider to be perceived to have credibility and expertise in service delivery.

Some respondents were more sceptical about an overly commercial approach to weight loss. This view mainly stemmed from those whose experience of losing weight had been tainted by the 'pushy' sales people who wanted to sell their products (and often products that felt counter-productive to the weight loss effort). However, many had extremely positive experiences and waxed lyrical about the benefits of the various approaches – and often felt that the commercial providers had a level of expertise that was difficult to match in the community sector.

This said the majority of those we spoke to would be very happy to engage with a service provided by the GP or other local healthcare provider. In fact, many individuals felt that their GP would the most appropriate starting point for engagement with a weight loss service. This was especially pertinent for those who have underlying health problems and were receiving on-going treatment from their GP.

Some respondents had experience of visiting their GP specifically for advice and help about their weight. Whilst some described a positive experience, many respondents told of stories where the advice received could have been significantly improved. The main areas of complaint tended to relate to what one respondent described as 'cliff-edge advice'; which referred to the experience of being told the importance of doing something without any indication of how to achieve it. For those respondents who had approached their doctor, the decision to ask for help was often made out of desperation or feeling of hitting 'rock bottom'. To reach out and ask for help, only to be given what felt like obvious and potentially patronising information was described as an extremely frustrating experience. Some even described that a negative experience of engaging with a doctor about weight issues had undermined previously high levels of trust and respect.

Some felt help or support could come from their PCT or the Department of Health, especially in terms of increasing awareness or nutritional education. Few respondents were able to make a distinction between PCT or Department of Health in terms of the service that they would be expecting to receive.

Overall, despite varying experiences amongst those we spoke to, the overwhelming consensus across the sample was that they were open-minded as to the service provider. Most respondents felt that the benefit of being able to attend or get support from a service that met their needs far outweighed the strengths or weaknesses of a specific provider.

"I have all sorts of health problems. High blood pressure, arthritis, and a dodgy hip. I want somebody who knows what they are talking about or I could do myself even more damage"
John, 44, London

"People would starve themselves all day and then buy a whole load of diet carrot cake and sit and stuff their faces"
Mandy, 27, London

"He told me that if I didn't lose weight I could end up dying young. I asked him what to do and he said 'do more exercise'. For someone who is this overweight, that isn't very helpful advice"
Samantha, 30, Newcastle

Taking responsibility and 'referral'

It is important to note that whilst the majority of discussions that took place across our research focussed on what services or support individuals found to be most appealing, many of those we spoke to felt strongly that weight was a personal issue and one that individuals should take personal responsibility for.

Whilst there were few voices that felt their weight problem was the responsibility of others, this did not mean that they rejected the idea of support. In fact, as we have discussed in previous sections, many of those we spoke to often felt desperate and very alone when it came to their weight; this was especially true for those who felt that they had really tried to lose weight and repeatedly failed.

Importantly, men and younger people often desired far more independence from any kind of weight management support preferring to feel that they were doing it 'on their own'.

Understanding this desire for accountability and personal responsibility seemed to be crucial at the 'referral' stage of the process – with the 'journey' to the service almost seeming as important as the service itself. Individuals shared that they didn't want to feel pressured or forced into taking a specific course of action that felt inappropriate to them. They also highlighted that the sort of support that they were offered needed to be appropriate to their current state of 'readiness to change' – and that pushing people to take 'action' before they were ready could be counter-productive. Anecdotally, service providers echoed these feelings, and highlighted that individuals who are 'prescribed' or compelled towards a certain course of weight management are likely to be less engaged, and less likely to complete the whole course when compared with individuals who have 'self-referred'.

"I don't want to be told what to do. I'm a grown-up. I can make my own decisions about things. If you tell me what to do like a child, I will probably act like a child... stamp my feet for a bit and then rebel against the system shouting 'I hate you, I hate you, I hate you"
Vanessa, 37, Norwich

As a result, it seems advantageous to encourage an individual to 'self-refer' to a service – however this is anything but straightforward. Techniques described by respondents that would be more likely to facilitate 'self-referral' include offering a choice of services (with genuinely different options) or designing services that had inherently appealing characteristics (e.g. fun, new, free, 'a laugh', glamorous, aspirational etc.).

The cost of weight loss

It was regularly highlighted to us that engaging in 'healthy' activities (especially exercise) are expensive. Many considered exercise to be a luxury that they couldn't afford on a day to day basis. Those on a lower income often felt that exercise was something that they could cut out of their household budget in times of hardship or when they had bigger financial priorities.

Many in our sample stated that they would be more likely to engage in greater levels of exercise and activity if they were free or at much lower cost. However, they also recognised that with a financial transaction came greater commitment and 'buy-in'. Also many felt that higher cost services offered a higher quality experience and more expert delivery – something that they found appealing and aspirational.

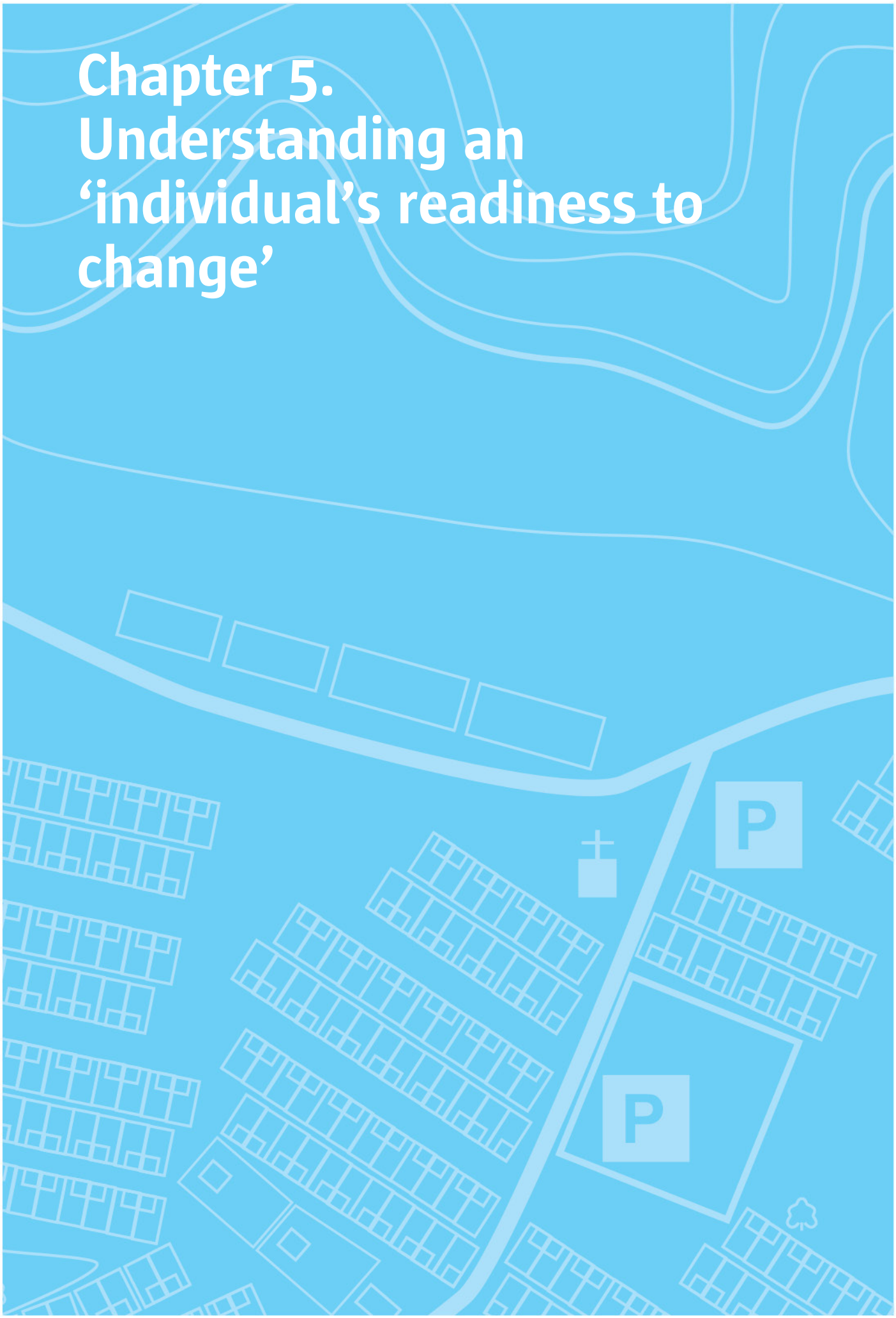
"I have just learnt today from this lady that in order to lose weight you need to get yourself out of breath and sweaty. Now, I've considered myself fairly fit up until now. I walk the dog for an hour a day and do the gardening. But I haven't been out of breath doing anything for at least 10 years"
Barbara, 60, Norwich

Across the sample, there was a high awareness of the possibility of doing exercise for little or no cost (e.g. going for a walk or doing the gardening). In fact, many were already incorporating such activity into their daily routines. Despite this, a few felt that they didn't have the self-motivation or perseverance to be able to engage in *enough* activity (whether it be duration,

frequency or level of vigour) to significantly change their weight *on their own.* Some simply lacked the awareness or confidence to try new activities. Others hadn't ever reflected on where they could include more activity into their day to day life. Some needed help to re-evaluate the effort they put into existing activities (e.g. increasing the 'ambling' gait of the daily dog-walk to more of a 'purposive stride'). When coupled with the potential for embarrassment (e.g. putting on ill-fitting sports clothes to walk the dog) many felt that they may be unlikely to make a real commitment to change without support or encouragement. Many felt that some kind of 'service' may be an important first step towards behaviour change.

"I need a kick start, a boost, something to push me in the right direction. Once I'm going, I'm sure I'll be able to keep it up.
Mary, 48, Newcastle

Chapter 5. Understanding an ‘individual’s readiness to change’



Tailoring support to the individuals 'stage of readiness' to change

What have I got to lose?

For many of those we spoke to, overcoming the barriers and challenges to weight loss is likely to be extremely difficult. Many spoke of the embarrassment associated with trying to lose weight and failing in the first instance or indeed succeeding at first, and then putting it back on. For some, (especially the largest in the sample) the 'comfort' (or least discomfort) associated with status quo combined with the pleasure associated with unhealthier activities often presented a significant barrier to behaviour change.

That said right across the research there was significant interest and enthusiasm in services that could help adults lose weight. Most recognised that there would be potentially life-changing benefits, not least personal image, attractiveness, confidence, mobility, alleviating current health problems and preventing longer terms ones. Most also recognised that whilst the process of change is going to be hard; the benefits would be worth it.

"People notice when you lose weight. And it feels really great. Then you put it back on, and they don't say anything. But you can hear them thinking, 'wow, she's put on a lot of weight'. Sometimes it better just to say the same"
Helen, 37, Dorset

All of the respondents we spoke to felt that it would be crucial for any service provider to ensure that their support or service was tailored to an individual's 'readiness to change'. This was particularly emphasised by both respondents who were the most and least knowledgeable about weight management – and who often felt that services were either patronising or too complicated. This mismatching of advice and support to the individual was felt likely to be counter-productive – and may even result in further disengagement from the issue.

According to Prochaska and DiClemente's model (on Page 15 of this report) in order to change behaviour (and lose weight when applied in a weight management context) all individuals have to progress through all the stages of behaviour change (pre-contemplation, contemplation, preparation, action and maintenance). The requirement for support to move between stages varies from individual to individual. Some individuals may need little or no support to achieve the desired behaviour change, easily becoming aware of the need to change, using their own initiative to explore the options and feeling motivated to take action. However, the majority of those we encountered during the research described a real need for support to help them remain motivated.

Pre-contemplation

Few respondents we encountered across our research were in the 'pre-contemplation' stage of behaviour change. The majority of those we spoke to had a high level of self-awareness relating to their weight and needed little support in 'becoming more self-aware'. In fact, a lot of frustration was associated with 'helpful advice' and communication that was designed to increase awareness of their weight, but offered little in terms of practical help or guidance.

"I don't need to be told that I'm fat. That much is plain to see"
Anne, 53, Norwich

Some respondents did have lower self-awareness and needed more help in realising their weight problem and potential impact on their long term health. These individuals tended to be men, individuals from certain ethnic backgrounds (and specifically

those living in more traditional household roles), and some young adults.

Common barriers that need to be overcome at this stage include:-

Specific Barriers	Ideal Outcomes	Overall Action
PRE-CONTEMPLATION: Individual makes no effort to change behaviour		
Individual is unaware (or under aware) about their weight problems, eating habits or activity levels	→ Individual becomes more self-aware or is made aware of their weight problems	**Increase (self) awareness and provide reassurance**
Individual perceives the benefits of weight loss are unclear, intangible and unappealing	→ Benefits of weight loss are targeted towards individual motivations and appeals	
Individual fears change relating to loss of weight and their personal identity	→ Individual is supported to cope with what weight loss means to them in their life	
Individual feels that their weight is 'out of their control'	→ Individual gains confidence that weight loss is possible for them	

Those individuals we spoke to who were in a 'pre-contemplation' stage, often felt that GPs, other healthcare professionals and advertising/communication had a crucial role to play in increasing their self-awareness. Some referenced recent 'Change4Life' advertising as giving them cause to reflect on their own weight.

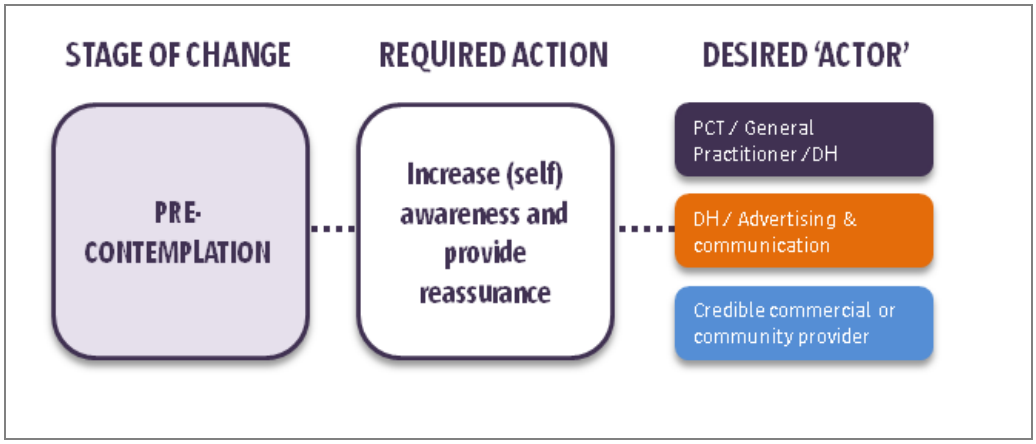
Additionally some respondents also flagged that the advertising for weight management services could also play an important role in increasing awareness – especially if the messages and call to action were felt to be personally relevant.

"I saw an advert in the local paper about Fit fans. It really struck me that it was for blokes like me"
Jim, 47, Hull

Example advertising from FITFANS (a PCT funded weight management service aimed at lower income, older men)

In addition to increasing self-awareness, others also highlighted the need to feel a sense of optimism and possibility. These individuals could feel that losing weight was simply too difficult, or even impossible. Reassurance that 'people like them' can and

do lose weight and transform their lives was felt to be an incredibly motivating message.



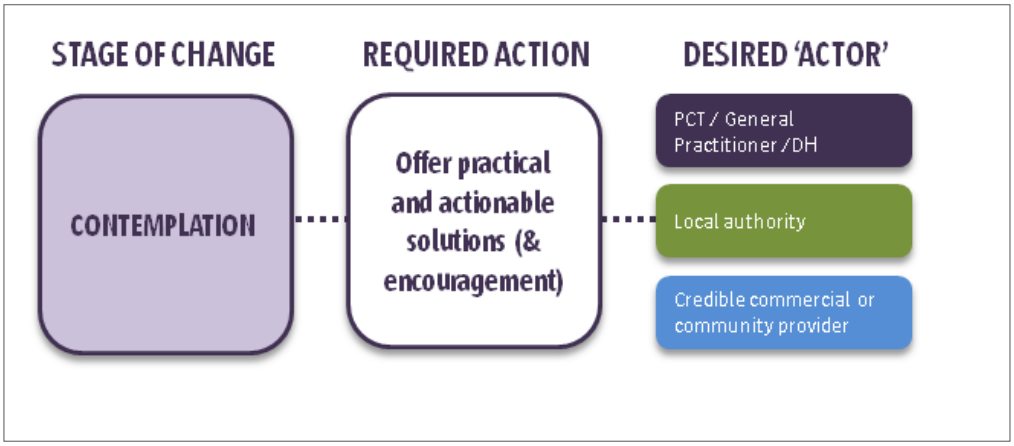
Contemplation

A large number of the respondents who we encountered across the research were in the 'contemplation' stage of change; aware of their weight issue but unsure what next steps to take. Often these individuals felt confused by conflicting information or that there was nothing out there to help them. For many of these individuals, these feelings were compounded by difficult emotions and sensitivity about their weight. Many recognised that they may react defensively to any discussion about weight or weight management – which they understood could make it more difficult for people to be forthcoming with help!

Specific Barriers	Ideal Outcomes	Overall Action
CONTEMPLATION: Individual is aware that a problem exists and is contemplating taking action		
Individual doesn't know where to start or who to ask for help	→ Individual has a clear idea of where to go and who to ask for help	**Offer practical and actionable solutions (& encouragement)**
Individual received unhelpful advice in the past or was dealt with in an insensitive way	→ Individual is reassured that they will be given help in an understanding and supportive way	
Individual perceives help that is available to be unsuitable to their needs	→ Individual feels they have a range of options suitable to their needs	
Individual is confused by conflicting information and advice	→ Individual feels that they have received comprehensive and expert advice	
Individual has negative perceptions about weight management services and feels that it's 'not for me'	→ Individual feels that the service is relevant and appropriate for them	
Individual feels 'forced' to take a certain course of action	→ Individual feels empowered to make decisions for themselves about weight loss	

For some, the 'ideal' intervention at this stage would be an easy way of finding out what services are available and being able to identify the most appropriate and appealing service for them. Respondents indicated that they desired a genuine choice in terms of the services that are on offer – not simply a range of different brand names offering virtually identical services.

Few had any real preference as to the provider of this information, so long as it was clear, easily accessible and provided comprehensive local information.



CASE STUDY: SOUTH BIRMINGHAM PCT

South Birmingham PCT have recently been trialling an innovative scheme that proactively identifies obese individuals and sends them a personalised letter inviting them to call a free phone number to receive free support and guidance. The call-centre staff are all trained to receive these calls and have a range of services and support options available. The individuals are briefly assessed and offered access to services that best-fit their needs and requirements.

Further to the initial call, the call-centre staff will also remind individuals of their first appointment and make a small number of follow-up calls to check up on progress and ensure that the individual is happy with their chosen service.

South Birmingham residents who were interviewed as part of this research were extremely positive about the service. They often felt shock and surprise at the proactivity of the PCT; primarily as they didn't know this sort of support existed, but also that past experience had left them with the notion that even with persistence, you still may not benefit from this kind of service. Overall, the individuals felt understood and supported by the call centre staff as they made their first steps towards behaviour change.

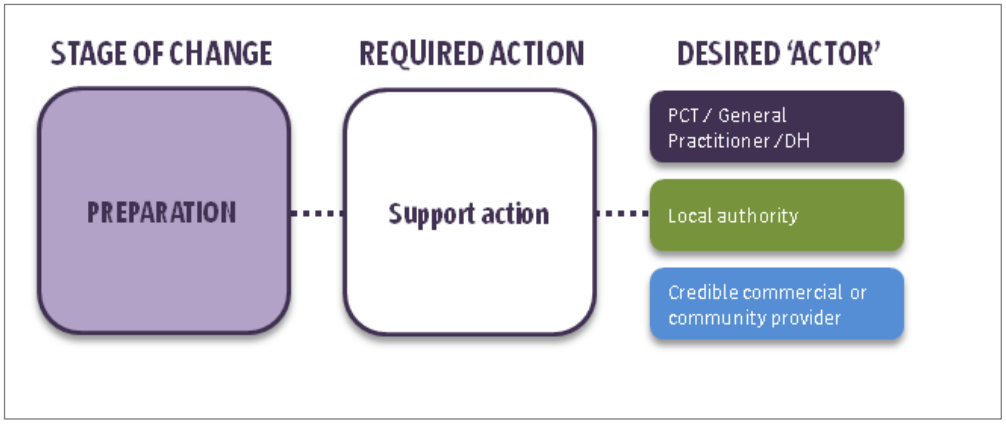
Preparation

Needs at the preparation stage can vary hugely from individual to individual and across different demographic groups. However, for some, barriers at the preparation (even small and easily surmountable ones) could prevent them from taking action. For example, some needed simple reassurance that the other users of the service would be in a similar situation to them. Some felt so daunted by the amount of weight they had to lose (and the length of time they would spend losing it) that it was better to 'ignore the problem' and hope it would go away. Many, especially those on a lower income or those with more complex

caring arrangements had concerns about childcare (or other caring responsibilities) and/or transport to services.

Specific Barriers	Ideal Outcomes	Overall Action
PREPARATION: Individual commits to taking action and forms a behavioural goal		
Individual has unrealistic expectations about weight loss (want to lose weight fast)	→ Individual is encouraged to form achievable and manageable goals	**Support action**
Individuals is daunted by the scale of the changes that need to be made	→Individual sees the benefit in losing even small amounts of weight 'every little helps'	
Individual lacks physical mobility and confidence	→ Individual is reassured that they will receive help in a supportive and encouraging environment	
Individuals finds that taking the first steps are the hardest and feels that it is easier to give up at the first hurdle	→ Individual is taking steps toward action and is rewarded and encouraged	

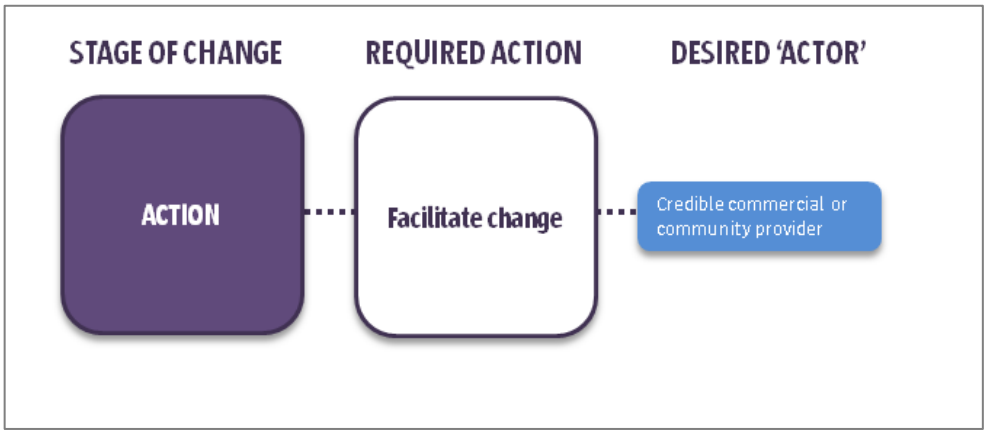
Helping individuals overcome these barriers was not felt to be the responsibility of any one service provider (in fact many of those we spoke to felt it should be the responsibility of the individual). However, supporting individuals with 'preparation issues' may be necessary to encourage them to take further action.



Action

As discussed previously, almost all in our sample were motivated to be 'thinner', 'fitter', 'healthier', 'more attractive', 'stronger' and there was considerable enthusiasm and interest in services and support that could help them to achieve those goals. However, few felt that they had many choices about how to achieve those goals. Often the barriers relating to action stemmed from embarrassment and a feeling of exclusion from mainstream services that are perceived to only cater to 'thin people'.

Specific Barriers	Ideal Outcomes	Overall Action
ACTION: Individual actively modifies behaviour, experiences or environment to resolve the problem		
Individual is worried about being embarrassed (or making a fool of themselves)	→ Individual is reassured that they will be in a supportive and encouraging atmosphere with individuals who have a similar experience	Facilitate change
Individual perceives that effort doesn't match weight loss results	→ Individual encouraged to recognise other benefits of living a healthier lifestyle	
Individual loses confidence and feels a 'failure'	→ Individual is supported through difficult periods	
Unforeseen problems stem from weight loss (e.g. jealousy, 'sabotage' etc)	→ Individual is helped to cope with issues in other areas of their life	
Practical barriers are not overcome	→ Service providers understand and attempt to overcome the challenges some individuals may face in accessing services	

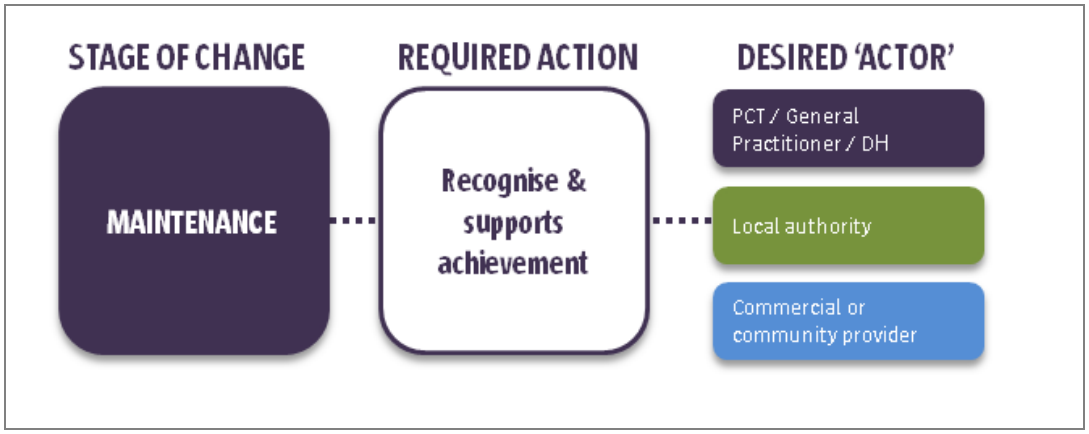


Maintenance

For some, there is a real gap for weight management services that help encourage lifestyle behaviours to be maintained over the long term. Looking back, many of those who had engaged in weight loss services felt that weight management services are all too often geared towards a short term intervention, rather than a longer term change. For example, some described services with an 'artificial finish' after 12-weeks (which some felt was before they were ready to stop receiving support) or services which were designed to abruptly stop when the individual had reached their 'weight loss goal' (with little after-care or support in maintaining weight).

Specific Barriers	Ideal Outcomes	Overall Action
MAINTENANCE: Individual works to prevent relapse and to consolidate the gains attained during the action stage		
Individual slips back into 'old habits'	→ Individual is supported and encouraged over the long term	**Recognise & support achievement**
Individual has difficulty adjusting to 'normal eating' patterns	→ From outset, individual perceives changes to be long-term (the 'new' normal)	
Individual unsure how to maintain healthy behaviour after weight loss	→ Individual understands other options for enjoying a healthy lifestyle after their need for the 'weight management service' is over	

Many of those who had tried many times to lose weight often described a slow reversion to old habits and eventually the need to engage with a weight management support again. Some felt that this could have been avoided if they had been helped to adopt more sustainable lifestyle change, rather than think about dieting as a 'quick fix' or as a short-term solution.

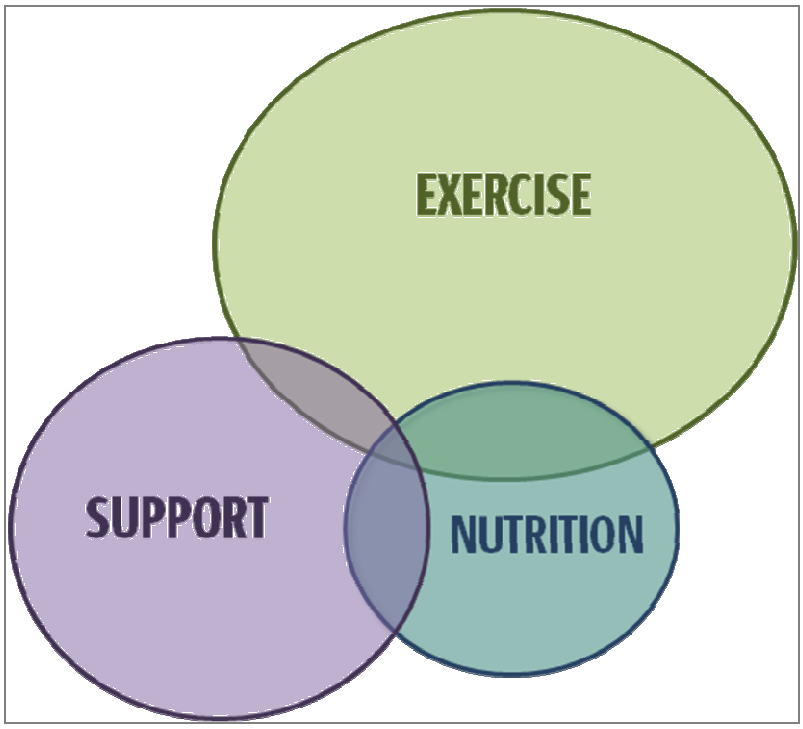


Chapter 6. Core Components of Weight Management Services

Core Components of weight management services

Across the sample, respondents considered that core components of weight management services were exercise, nutrition and support. Whilst all believed on some level that each of these components were equally important, respondents were often drawn to one over another, as reflected in the segment profiles later in the report.

Despite these individual preferences, there were some consistent patterns in terms of general preference. Exercise was clearly the most appealing component of a weight management service, but it also had the most barriers (e.g. expensive, embarrassing, risky). Desire for nutritional information was polarising, with a minority (some men, young people and some BME groups, especially those living in more traditional household roles) wanting basic nutritional information. However, others found basic information patronising and felt a need for more detailed and personal advice. Overall, all felt a need for high-levels of support, although the idea of 'being supported' had less spontaneous appeal for men and young people.



Nutritional Advice and Information

Role of diet in weight loss

Across the sample, diet was felt to be an important part of losing weight. For some women, diet was considered the most important part of weight loss. Many of those we spoke to (especially women) felt that they were already doing their best to eat a healthy diet and that they had a high degree of self-awareness of what they were eating. Reasons for the focus on diet are varied; beginning with the overwhelming diet information aimed at women in magazines and through advertising to the simple fact that women felt controlling their diets was less time consuming than exercise.

"I feel like I've taken all the advice. We eats lots of veg, we never have dessert. We don't drink. People assume that you must be stuffing your face with chips and chocolate. But I'm really not. I just want someone to help me know where I'm going wrong"
Anne, 54, London

Many of the respondents we spoke to had a fairly comprehensive understanding of basic, diet messages. Individuals regularly parroted '5 fruit and veg a day', 'eat less fat', 'cut down on red meat', 'drink less alcohol' etc. Many felt that they were doing their best to integrate these messages into the day to day nutrition – and often felt that their diet had changed in recent years.

Some lower income groups, some men and some BME individuals (especially those living in a more traditional household setting) were less informed about basic diet and nutrition information – or expressed confusion about the information they had picked up.

"Are you allowed to eat bananas before bed? Somebody told me it was very bad for your heart..."
Moshowda, 37, London

Ensuring information is appropriate and targeted

Across the sample the gap that emerged between the most knowledgeable and the least knowledgeable highlighted the need for tailored information provision. Some felt very concerned that nutritional information would be patronising and basic, unless it was personalised to the individual and included an analysis of their specific diet. Others (particularly the men and BME groups) felt that some very straightforward information would be beneficial, this related to realistic measures of salt, sugar, and fat in daily meals to ensuring that ethnic foods and meals (e.g. Curry, rice, dhal, etc) were considered alongside standard meals (fish and chips, pizza, pasta).

"Somebody told me the other day that cheese was bad for you. I thought cheese was good for you. Shows what I know!"
Robin, 33, Liverpool

For all, the most compelling aspects of receiving nutritional advice was receiving information that is tailored and relevant to their personal diet. Ethnic minority groups in particular felt there was a real lack of information about how to make culturally specific food more healthy (e.g. substitution of oil for ghee etc). Some of the more knowledgeable respondents expressed a desire for simple information about more complex aspects of dietary health, including topics such as increasing your metabolism, maintaining the health of your digestive tract etc.

"We already know to eat more fruit and veg, eat less fat, and eat less salt. We already know that. I'm not going to give up two hours to sit in a session where someone bores me with loads of patronising information that I already know."
Jessie, 29, Norwich

Many in the sample expressed a view that beyond what they had achieved already, further improvements to diet would only be achieved from 'expert' assistance or individual dietary analysis. Many liked the idea of completing food diaries, generally increase self-awareness around what they eat and help in finding ways to better understand their relationship with food.

Practical and meaningful guidance

Overall, respondents expressed frustration at 'open-ended' advice, preferring guidance that was specific and measurable. For example, some expressed a desire for a set of straightforward rules (including exact measurements / portion sizes) about what a 'healthy diet' would include. The appeal of this seemed to stem from the feeling that despite their best efforts they were 'still doing it wrong' and that by having a set of rules to follow they would be minimising the risk of failure.

More specifically:-

Nutrition Components	Reactions	Segments
	■ Often lacks spontaneous appeal, and few would find interesting as a 'standalone' service ■ Depending upon content, could be a valuable inclusion to a broader service ■ Needs to be tailored to the specific needs and understanding of the audience (e.g. culturally relevant, not patronising or over complicated etc) ■ Many like the idea of interactivity and the ability to ask questions and share experience	Most appealing for those with less knowledge about nutrition basics:- - Some ethnic minority groups e.g. recent migrants, those living in more traditional household roles - Some men (especially lower income)
	■ Most like the idea of receiving expert and professional advice – especially when it encourages self-reflection and increases self-awareness ■ Some are wary of 'wasting time' receiving overly basic and patronising information	More spontaneously appealing for women than for men Liked by women who had a more detailed knowledge of nutrition and are looking for a personalised approach. When perceived more in the style of 'professional sports nutrition' consultation (e.g. more focussed around energy needs and diet for 'performance') it also had appeal to men.
	■ Held significant appeal, especially for younger respondents ■ Had most appeal when considered as an interactive tool to help reflect on an individual's diet	Most appealing with younger male respondents. Others felt that there was too much temptation to be dishonest.

	■ Few were interested in receiving leaflets containing generic, impersonal advice ■ Only interested in leaflets that can contain specific, detailed information	Some individuals who needed more basic nutritional information found the idea of leaflets appealing (e.g. some BME groups, some men)
	■ Had appeal to some as a quick, fast way of losing weight ■ Majority felt it to be unhealthy and unsustainable over the longer term	The supplement diet was most appealing to those who had 'tried everything' and reached 'desperation point'

Exercise

High level of appeal

Right across the sample, losing weight through exercise had a high level of appeal. Many of those we spoke to saw getting fitter as incredibly aspirational and desirable – especially younger respondents and men. The kind of exercise or sport preferred by individual respondents varied significantly and depended upon past exposure to the activity (and specifically whether it was a positive or negative experience), perceived difficulty, cost of attendance or equipment (e.g. subscriptions, subs, kit, membership etc.) and access issues (e.g. too far away, not available in the local area).

However, many of those we spoke to saw doing any kind of exercise as fraught with challenge – and they felt that there was little support or guidance about what exercise is appropriate for someone of their size or in their circumstance.

"I'd be very nervous doing exercise again for the first time. I might keel over with a heart attack"
Paul, 47, Newcastle

"The last time I played football, my 'mates' took the mick out of me so much for being overweight that I never went back"
Joe, 19, Bristol

Embarrassment and risk

For many, the main barrier to engaging in exercise was a lack of confidence and a sense that doing any physical activity in public would result in humiliation and embarrassment. This applied right across the sample, from those who were only slightly overweight to the very biggest people. Many felt that they could not even achieve simple things such as walking around the neighbourhood for fear of being ridiculed. This also applied in other public settings, including leisure facilities, where many felt that they would be a source of amusement for others present.

Some also highlighted that because they hadn't done any exercise in such a long time that they had no idea of even what they could do. Some felt that there level of fitness was so low that even doing the most basic activity may be a strain.

Some individuals (especially older respondents) expressed concern and fear that engaging in exercise could pose a health risk of its own. This was particularly pertinent for any individual with any existing health conditions, such as heart problem, high blood pressure or arthritis.

"If I am totally honest, I know I would be laughing at a fat person trying to run on the running machine, even though I am fat myself and should be more supportive"
Anne, 53, Norwich

"I feel ashamed and stupid going jogging. People shout things at me just when I walk down the street or go to the shops. I once went to the shops and was so humiliated by the kids there that I didn't even buy anything, I got straight in my car, came home, and opened a bottle of wine and cried"
Fareeda, 36, London

Requirement for 'entry level' exercise

Whilst the specific nature of the exercise varied across different groups (e.g. men often liked the idea of team sports more, women often felt that class based exercise was more appealing). Despite awareness that there was often local provision of this nature, many felt that it would not be appropriate to them because they were too unfit and would be out of place.

"Gyms are for fit, sporty people, not for people like me. I'm way too fat and unfit to go there. They'd just laugh in my face"
Jessie, 29, Norwich

Some suggested that the most appealing sort of exercise provision would be some kind of service that helped people to gradually regain their fitness in a safe, supportive and specially designed environment. They felt that this kind of help would restore their confidence and help overcome their inertia around doing activity. Ideally it would also help them to work towards attending a more 'mainstream' place of exercise.

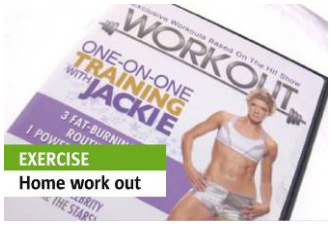
A sense of progression

Designing activity that is appealing and achievable without being patronising is a real challenge. Individuals rarely want to be thought of as incapable, and described times when they had attempted to exercise and overexerted themselves – putting them off exercise again. Importantly, many want to be able to notice a sense of progression and achievement – and felt that working towards a set of milestones or goals could be an important part of a programme of activity.

"Every time I see the doctor he tells me to lose weight. He doesn't tell me how, where, what, he just says to go jogging. Look at me – does it look like I can go jogging?"
Deborah, 40, Norwich

Exercise Components	Reaction	Segments
	■ Entry level activity designed for people who are unfit is felt to be extremely desirable ■ Preference for type of activity differs from person to person (e.g. men prefer team sports, women prefer exercise classes, younger people often state a preference for solitary activity like the gym or jogging) ■ Desire a safe and non-judgemental atmosphere ■ Led by individuals who have expertise in the specific issues that affect bigger people (e.g. mobility issues, joint problems etc)	Exercise for weight loss had broad appeal for all the women and some men in our sample. Although perception of the service and needs varied between different demographic groups and ability levels. (E.g. younger women preferred a more upbeat session, older people were looking for something tailored to their limited mobility needs)

	■ Many older respondents and those with families like the idea of a walking group ■ Easy, accessible and cheap ■ A chance to meet new people and gain confidence in social situations ■ Many recognise that it would be a good first step towards fitness but may not be a good longer term solution	Most popular with the lower income groups, families and those most intimidated by the idea of formal exercise.
	■ Many in the sample like the idea of going to the gym, but often feel that it isn't appropriate for overweight people ■ Many like the idea of receiving expert advice and supervision	Popular right across the sample (women, men, older and younger) Often the preferred choice for younger men
	■ Boot camp had strong appeal for a number of respondents ■ A good way to combat inertia, gain confidence in their ability levels and be forced to try new things ■ Others dislike the idea of being told what to do, preferring more autonomous exercise	Liked by those who recognised they struggle with motivation and self-discipline
	■ Clubs often felt to be an unwelcoming environment for beginners or people new to exercise ■ Often felt it was out of their reach (too unfit to be 'selected' for the team) ■ Perhaps more appropriate as something to work towards in the future	Many men in our sample expressed a strong desire to be part of a sports team
	■ Loved for being 'fun' and not specifically about 'weight' ■ Felt to be enjoyable in its' own right and more likely to become a long term activity ■ Liked as a way to engage the whole family	Highly appealing with women (and some men)

	■ Personal training is well liked across the sample, but perceived to be too expensive for the majority ■ Liked for being tailored your ability level and that any underlying health conditions would be taken into account ■ Felt to be less humiliating (as you only embarrass yourself in front of one person)	Personal training is liked across the sample
	■ Liked for being a way to do exercise in private and without fear of humiliation ■ When reflecting honestly about exercising at home, many felt that they may not try as hard and may struggle to get motivated	Popular with many women – especially the biggest in our sample and those on a lower income

Support

Can lack spontaneous appeal

Throughout the research we found that the idea of 'support' received mixed reactions. At first, some individuals can be sensitive about the idea of receiving support – and may react defensively as if there is a suggestion that they are incapable and need 'special help'. However, below the surface, good quality support is considered to be an important part of what makes an effective service.

On the whole, women found the idea of support most motivating – especially those women who have battled with their weight over many years (and may have a better grasp of how difficult it is to change your lifestyle and behaviour). Men often find the idea of support far less appealing, however often felt differently after having experienced it. For example, after the workshop a good proportion of the men we spoke to wanted to feedback how much they had enjoyed sharing experiences with others in similar circumstances. At a service designed specifically for men (Fit Fans in Hull, run for men aged over 40, and often from lower income backgrounds) the participants were keen to tell us how much they had gained from being properly supported to help them turn their lives around.

"They just treat you like a real person and help you through it. It's hard; I'd never have been able to do it on my own."
Fit Fans Participant, Hull

Young people also find the idea of support less spontaneously appealing. They often stated that they didn't want to waste time 'sitting around chatting' and would far rather be taking action.

Often absent in 'ad-hoc' service provision

Out of the three main components of service provision, support is often felt to be the most difficult to come by. Nutritional information can be found online, or in books. Whilst it may be embarrassing and difficult, it is possible to try and take more exercise. Support requires someone taking an interest in you, and taking the time to provide encouragement and recognise achievement.

Some felt that support should be provided by friends and family – however, for some losing weight is such a personal issue that they wouldn't feel comfortable even sharing their feelings with their closest friends. Some individuals reflected that without effective support the process of trying to lose weight can be incredibly isolating and lonely – making it far more likely that an individual would give up and return to old ways.

Importance of peer support and encouragement

The social aspects of weight loss services can be spontaneously appealing to some, but for others 'hanging out' with other 'fat people' does not stand out as an appealing night out. However, many of the service users we spoke to described peer support as being critical to their enjoyment of the service and ultimately their success in losing weight.

For some the group setting was often the first time they had shared their experience and feelings around weight – and to find out that others felt the same brought an enormous sense of relief and release. For some, the bond established during these moments of self-revelation often help them stay committed to the process (and can even turn into enduring friendships with the shared goal of maintaining their weight loss and staying on track longer term).

The role of counselling and psychological support

During the research it was revealed that a surprising number of our female respondents had been prescribed (or were currently taking) anti-depressant medication for an issue related to their weight. These women regularly expressed a desire to be able to attend counselling or therapy relating to their self-esteem, confidence or relationship with food.

Support Components	Reactions	Segments
	■ Liked by some as an opportunity to reflect on and share experiences ■ Not found spontaneously appealing by men and younger people – felt to be nothing more than a 'talking shop' and potentially a missed opportunity to be doing something more useful (e.g. exercising!) ■ Rapport in the group is crucial to success and many individuals felt that this would be more likely in a group of individuals from a similar peer group (e.g. age, ethnicity, gender etc) ■ Perceived credibility and authenticity of the person leading the group is important in ensuring positive group dynamics	Has most spontaneous appeal with women, although seen to be beneficial across the sample (appeal would be dependent upon the 'style' of delivery)

	■ Often lacked spontaneous appeal ■ Felt that phone support would not be as meaningful as face to face communication ■ However, in services where we observed this in action it seemed to work very well and had wide appeal (telephone calls as a way of checking progress and offering encouragement)	Most spontaneously popular with lower income groups and those who suffer from mobility problems
	■ An interaction or proactive online service, that provided dietary analysis or personalised prompts was liked ■ Some felt that that the temptation to be dishonest may prove too great	Most popular with younger age groups who expressed some interest in phone 'apps'
	■ Weigh-ins were liked as a way of being accountable to someone ■ Making an appointment with a doctor, nurse or other professional could foster commitment ■ Going to a weekly appointment could be inconvenient for some ■ Some are wary about the 'ritual humiliation' that they perceive to be associated with weigh-ins	Most popular with lower income groups and those living in rural areas (especially when thought to be based at the local GP surgery)
	■ A number felt that their weight problems and relationship with food may have more psychological causes and would like the opportunity to talk to a therapist or counsellor ■ A minority had even tried to find counselling services, even calling up eating disorders clinics ■ Most found the idea of counselling too involved – and felt that their weight issues were more to do with over-eating / lack of exercise rather than psychological problems	Liked by the most experienced users of weight management services (e.g. older, more affluent women)

Chapter 7.
Different lives, different needs
People Segments

People Segments

One of the most important findings from this research is that different individuals and demographic groups often held differing and sometimes opposing views on services. As such, maximising the appeal of weight management services is in fact a complex and varied challenge.

Many individuals expressed frustration that the current services on offer weren't appealing to them and didn't reflect their needs or experiences. In order to help understand these different needs we have identified a number of different 'segments' from the individuals that were present in our respondent population. We recognise that segments that we have outlined in this section are not exhaustive, but they do represent some key 'types' of people that we encountered. For clarity, all of the segments that we have included represent individuals who are currently 'disengaged' in managing their weight.

Broad differences of appeal emerged across different socio-demographic groups:

- Male and female
- Older and younger
- More and less affluent
- Size (e.g. overweight – very big)

For each segment we have outlined a broad segment profile, including motivations and barriers and including a short case study of an individual we met across the research who illustrates the segment. We've also created a segment profile that highlights some top-level motivators and barriers to engaging in weight management. Lastly, we've included a selection of service components that had appeal to the segment, divided into those that had 'spontaneous appeal' (those components that were instantly attractive to the segment) and those that had 'secondary appeal' (e.g. received positively and thought to be useful, but not an instantaneous draw).

It is important to note that the lines of division across the segments do not fall neatly across gender, ethnicity, or socio-economic positioning. As such, the segments should be seen to highlight broad differences between individuals, rather than representing the definitive desire of one individual who happens to fall into a certain demographic group. It is important to recognise the breadth of different needs across the population and consider the degree to which weight management services need to be tailored in order to successfully engage different groups.

Women

There were many overlapping concerns amongst the varying groups of women interviewed for the research. Some women pointed out that whilst they were hyper-aware of diet and nutritional information, they were subjected to greater scrutiny and criticism than men when it came to weight management. Many of them discussed fad diets and 'quick fix' plans that often failed to maintain weight loss. Across the groups they pointed out that exercise was not necessarily a favourite or even recognized component of weight management. Largely, the women were split between those who understood that lifestyle changes were necessary and those who felt that short-term, fast weight loss was a more successful strategy. All of the women discussed the importance of on-going support and encouragement in maintaining any weight loss.

One of the most powerful insights to emerge was the notion that weight management was not about weight and that it was in fact about size and shape. Some women went as far as pointing out that they could in fact "be 20 stone but happy if I was a size 10". They felt that the over-emphasis and obsession with using weight as a measurement could be detrimental to their notions of health and wellbeing. Many of the women also felt that the focus on 'losing weight' did not encourage healthy lifestyle choices, nor did the short-term weight loss solutions that were often offered to them by commercial weight loss providers.

However, despite the overlapping concerns amongst all women, and the uniformity in their approaches to weight management services, there were significant differences in their interpretations and experiences with such services. The sections below outline some of the key differences amongst the groups of women interviewed for the research, these include: young women, BME women, older affluent women, and women on low income.

Young Women

Unsurprisingly, young women were very vocal about weight management services given that most of them had engaged with some service or another in the past. Their experiences ranged from diets to exercises, across commercial services, and individual and group experiences.

Young women discussed the growing pressure placed upon them by society to conform to unrealistic ideals and unhealthy body shapes and weight. They pointed towards celebrity influence and the conflicting media messages simultaneously popularizing unrealistic expectations whilst encouraging them to celebrate their bodies (ex. Gok Wan's *How to Look Good Naked*; Trinny and Susanna's makeover programmes).

Across all socio-economic and ethnic segments, the young women in our sample expressed a desire to be thinner and smaller; reinforcing the notion that weight management is about size and shape more than the actual weight measurement.

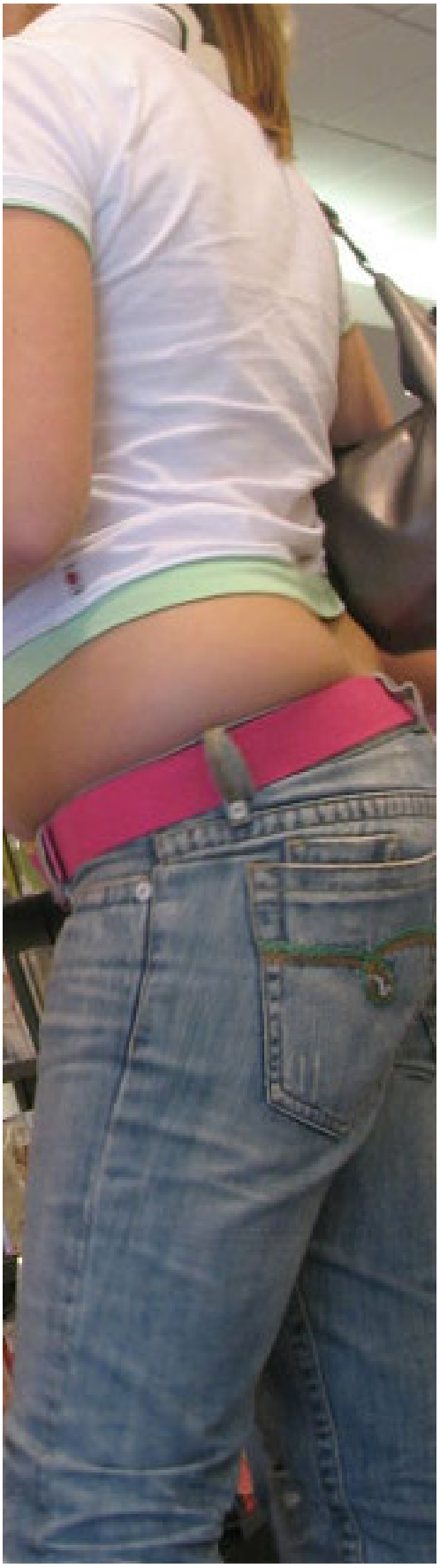
Many of the young women were attracted to the idea of quick fixes that were easy and 'pain-free'. They were often less interested in lifestyle change that would help them to achieve their weight loss goals over the longer term. Some of the young women also freely admitted having a casual attitude towards plastic surgery, medical interventions and weight loss drugs.

However, in contrast with this, a few young women did acknowledge that weight loss and weight management was a long-term effort that required lifestyle changes but they often lacked the confidence and will-power to begin.

In this way, most young women found themselves in the 'contemplation' stage of the behaviour change model. Many of them had accepted that they were overweight or obese and whilst they wanted to do something, they lacked support, resources, and tools to start. Key messages, such as eating 5 a day, had filtered through to all of the young women, as had many of the beliefs found in women's magazines such as drinking more water, reducing carbohydrates, and getting enough sleep. However, much of the information they absorbed focussed on diet and one of the key ways in engaging this group would be to raise awareness of the importance and long-tem benefits of exercise.

With respect to support, young women did mention the possible uses of technology such as Facebook or other social networking, however, they quickly pointed out the ease with which they could deceive an online group or monitor. Many also spoke against a group setting or counselling, preferring a one-on-one approach, such as a personal trainer, to motivate them and to ensure commitment.

Whilst young women tend to focus on the way they look rather than how healthy they feel, this conflict presents an opportunity in communicating how light to moderate exercise can be easily incorporated into their lives. The respondents discussed a desire to not become 'too thin' and retain some curves. A key strategy, therefore, could be to highlight popular media messages that point away from aesthetics and towards fitness, strong bodies, and healthy lifestyles.



CASE STUDY: ALICE
Nothing available for me…

Alice, 20, was prescribed psychiatric medication by her therapist and shortly after noticed a weight gain. After 1 year, Alice had gone from 7 stone to 11.5 stone, only noticing when she saw photos of herself. Alice described how isolating the experience had been for her as doctors told her to lose weight but none could point her in the direction of affordable services designed for young people.

"I've never been happy with my body but people started making comments out of sympathy, things like, 'do you think you should still wear that top, I think it might be a bit small for you now'…I had absolutely no doctor support, my GP is dreadful, he wasn't dealing with my aches and pains, only commenting on my weight. He just kept telling me that I had to lose weight but not how. He told me that I should get off the psychiatric medication but he's not my psychiatrist…I felt ashamed and angry and didn't want to be with people who were overweight and content with it because I didn't want to have to be in that mindset."

Alice doesn't think of herself as a 'fat' person, and therefore was angry at being pushed towards services she believed were for fat people. She pointed out that there were no services specifically designed for young people who wanted to lose weight. Moreover, many of the commercial providers she was directed to were inappropriate in their offer (diet restrictions, complicated meal preparation) or were simply too expensive.

"All my friends are talking about getting fat and getting gastric bands – someone needs to tell young people that plastic surgery and medical interventions aren't the way to go. Weight loss pills that they sell on the Internet are so popular, amphetamines – speed – they are not safe. I was very tempted by them but you don't know what is really in them – I couldn't have afforded them anyway – but buying over the Internet is too dangerous."
Holly, 20, Brighton

"The ads for eating healthy are all aimed at families and children and they need to be aimed at young people."
Amanda, 23, Kent

YOUNGER WOMEN

Aspiring to 'body beautiful'

VITAL STATISTICS:

AGE: 18 - 35
GENDER: Female
ETHNICITY: All

DESCRIPTION:

Young women often express a desire to be thinner and smaller. They are motivated by a desire to wear the most fashionable clothes and look more physically attractive.

These young women, did not admit to wanting to be very thin – expressing a desire to maintain some healthy curves.

Those we spoke to often desired a weight management service that was youthful, feminine and glamorous – and were often inspired by the way in which celebrities lose weight.

MOTIVATORS:

- Fashion, clothes size and physical attractiveness
- Fitting in and being popular
- Gaining confidence and self-esteem
- Managing emergent health concerns
- Long-term physical health

BARRIERS:

- Tendency to over-emphasise impact of diet
- Embarrassment at lack of fitness and sporting ability
- Disconnection between effort and results and prone to quick fixes (sometimes feel small effort should yield big results)
- Not interested in sitting around like 'old women' chatting about weight loss

IDEAL SERVICE:

- Glamorous, aspirational service helping them to manage their weight in a feminine and youthful way
- Combining physical activity and personalised nutritional information
- Inspired by celebrities
- 'Lifestyle' and long term (not just about weight loss)
- Desire a service to be social and fun
- Like the inclusion of technology to track progress and monitor performance

> *"My dream is to have the perfect body. I want to be slim and gorgeous, like a goddess. You see all these pictures of celebrities, and I know they've been airbrushed and that they starve themselves. I don't want to scary thin. Just thin enough for my boyfriend to look at me and think 'yeah, she's perfect'."*

YOUNGER WOMEN

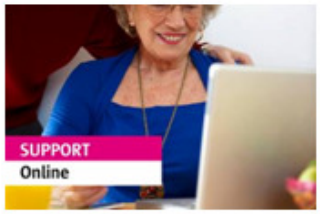
Aspiring to 'body beautiful'

I want a service that....

- Is youthful and glamorous
- Is active and energising
- Helps me to feel attractive and confident

Service components with spontaneous appeal....

Service components with secondary appeal



BME Women (traditional role)[7]

In many ways, these women were the most challenging group to engage with as there were language barriers, cultural differences, literacy issues, and traditional expectations of women as nurturers and care givers, responsible for food and meal preparation. However, in some ways, these women were also some of the easiest to engage with by the fact that their needs were largely based around access issues – access to adequate and culturally contextualized nutritional information and culturally sensitive exercise programmes.

A distinct concern that the women expressed involved the difficulties they faced in finding time to exercise. Whilst this was a concern for most of the respondents in the study, with the BME women it emerged as a more fundamental and complex issue in that many of the cultural expectations they faced centred on a self-sacrificing role wherein which they were expected to suppress their own needs for the sake of the family. Most times this meant that they were responsible for maintaining the family home, looking after children, and all of the meal preparation however it also meant that should they be seen compromising this role, they would be regarded suspiciously.

An example of this would be in attending exercise classes in the local community. Some women indicated a perceived hostility if seen to be spending more time on themselves than their families. Most of the women described feelings of fear and uncertainty engaging with more mainstream exercise regimes or programmes. Moreover, when they did attend classes, they often felt embarrassment or shame at exercising with or in front of men. Many of the women also pointed out their anxiety over what to wear, not wishing to appear immodest (if wearing gym clothes) or out of place (if covering up, i.e. wearing a hijab). Still others described real trepidation over exercising in their neighbourhoods, walking or jogging, out of fear of ridicule or embarrassment. For most of the woman, this embarrassment was born out of a fear of failure or inability to keep the weight off. For some, they simply did not want to be seen as 'making an effort'.

With respect to the behaviour change model, most of the BME women were in the 'pre-contemplation' and 'contemplation' stage. Whilst some of them were unaware of what their actual weight or BMI measurements were (particularly those who were overweight but not obese), most of them actually communicated a sense of helplessness in getting the information that they needed.

Given the fear and insecurity of joining gyms and groups, the BME women pointed towards community centre settings and group activities as providing the right kind of support to maintain health weight. They felt that members of their cultural groups would best understand their specific cultural barriers and would help motivate to overcome the barriers and gain confidence in maintaining their commitment to healthier lifestyles.

[7] This segment focuses on BME women from a range of different communities who live in more traditional household settings or adopt culture specific practices. We spoke to women from Somali, Bengali, Indian and Black Caribbean community groups who fitted into this segment. Many of the BME women we encountered across our research fitted into other segments outlined across this section.

Much of the opportunity to engage BME women lies in creating access to resources and services by overcoming language barriers and by making information culturally relevant. Offering support and advice in other languages is one aspect, whilst creating good food guides or cooking tips for specific ethnic communities, such as South Asian or Afro-Caribbean, offers other opportunities for engagement as well.

Creating opportunity for exercise and physical activity is another area ripe for exploration; however, such activities need to arise out of community contexts, needs, and spaces. Whilst reducing barriers to such services would encourage more BME women to attend and make use of them, given their tendency to join activities in groups and pairs, a more effective way would be to support and enable culturally aware group activities (E.g. Ocean Somali women's folk dance). Working from within pre-existing cultural organisations allows individual members to become more confident and better equipped to make the lifestyle changes that are needed for healthier living.

"I sometimes go to the gym, but it's a bit expensive. They are really good there and put on women only sessions. But it can be too expensive. I only really have money for shopping. Affording the gym too can be a really hard
Geeta, 33, London

CASE STUDY: PRATIBHA

No time to focus on myself...

Pratibha, 54, lives in her home with her two adult sons, daughter-in-law, and grandson. She works in a 9-5 admininistration job and goes to the gym at least twice a week. Pratibha feels that her biggest barrier to weight management is her diet. She follows a very disciplined diet of fruit or toast and eggs for breakfast, a light lunch of a sandwich, and then Indian food for her evening meal. Her main obstacles are in her love of Indian sweets and the amount of carbohydrates in her evening meal.

As she has adult children living with her, the cupboards are stocked with treats and sugary snacks, though Pratibha says that she avoids them. However, during the visit, there were sugary snacks served with tea, potato parathas (pancakes) with yogurt, and three kinds of deserts served.

Like many South Asian women, Pratibha goes to the gym alone and prefers exercise like swimming and yoga, which doesn't require a partner. She feels that if she had someone to share the experience with, she would most likely be more active.

"If I knew how to cook more healthily, everyone in the house would be healthy. The only eat my food"
Betty, 41, London

BME WOMEN

More traditional household role

PRECONTEMPLATION → CONTEMPLATION → PREPARATION → ACTION → MAINTENANCE

VITAL STATISTICS:

AGE: 18+
GENDER: Female
ETHNICITY: South Asian
Black African
Black Caribbean

DESCRIPTION:

For BME women from some backgrounds there are strong traditional expectations around nurturing, care-giving and food preparation.

For these women, engaging with weight management services can be challenging. For some there are significant language and literacy barriers. In addition, access to the services can be difficult – with the women often having little money of their own, or finding it difficult to fit around their caring responsibilities.

Often the women have a strong desire for culturally contextualised nutritional information and culturally sensitive exercise programmes.

MOTIVATORS:

- Health and well-being
- Energy and vitality
- Physical attractiveness and clothes
- *"They don't make nice saris in my size! All the beautiful ones are only up to a size Large"*

BARRIERS:

- A lot of information about health and weight loss is focused on western lifestyles
- Caring responsibilities (parents, in-laws, children) can take up a lot of time
- Often have no independent source of money
- Can feel shy about attending more mainstream exercise sessions, even where it's women only

IDEAL SERVICE:

- Culturally tailored, basic nutritional information
- Culturally sensitive exercise programs
- Female only services (for some cultural backgrounds)
- Education and information appealing to men in household

"The biggest worry that I have is my diabetes and arthritis. The doctor keeps telling me that I have to lose weight but I don't really know how to do it. I asked him once for some pills, to help me lose weight and he said no. I wish I could get on one of these TV programmes where they help people lose weight. I watch them all the time and I think that would be so good. I just don't know what to do"

BME WOMEN

More traditional household role

I want a service that....

- Has culturally relevant information
- Is an environment where I feel safe and secure
- Understands my schedule and caring responsibilities

Service components with spontaneous appeal....

Service components with secondary appeal

Older women (More affluent)

This particular segment of women is perhaps the most over-represented segment in the world of weight management services. Endorsed by celebrities and marketed as a life enhancing, beauty treatments, the services aimed at these women are designed to indulge and pamper and they are readily taken up by women who are often middle income, and more affluent than most. Such services are advertised widely in magazines, spas, fitness centres, through media sources, in public spaces, and on television to name but a few.

Respondents from this particular segment spoke of a range of activities, that included diets (fad diets or crash dieting), reduced calorie diets, gyms and health clubs, colonic irrigation, herbal remedies, detox plans, hypnosis, fat farms, boot camps, cellulite treatment, stomach stapling, tummy tucks, and even plastic surgery.

These women are often looking for quick wins and are often daunted by the changes they need to make to manage their weight, much of the time resorting to short term measures. Barriers to change are often centred on the unwillingness to closely examine reasons for weight gain (psychological, social, emotional, cognitive), and many weren't willing to recognise the need for hard graft as opposed to diets and pampering. Many of the respondents stated that whilst they felt the facilities offered by councils were adequate they were also too busy, often dirty or unsanitary and represented poor value for money. They pointed out that time spent at the gym was 'me-time' and therefore they wanted to attend a place that was aspirational and relaxing.

Given that many of these women felt somewhat isolated in their efforts, particularly engaging in 'solo' activities, they found appeal in the idea that someone was 'keeping an eye on them'. Whether this was through a phone call, weigh-ins, group sessions, a fitness trainer, regular classes, etc., these women felt encouraged and supported when others checked on their progress.

Engaging this segment in long-term weight management could centre on creating awareness around lifestyle choices (diet and daily exercise) and better opportunities for activities where they are not worried about going alone (groups, classes). Communicating messages that deliver insight along the lines of healthy amounts of daily exercise and long term benefits of healthy living could offer up constructive ways of potential change.

CASE STUDY: SUE

I need to change my lifestyle habits...

Sue, 68, lives with her husband in a lovely village outside London. She has struggled with her weight for almost 40 years and is now a size 18. Sue is a fashion retailer and sells clothes for larger ladies; consequently she is always engaged with notions of beauty, fashion, size, image, and identity from a female perspective. Sue's health is complicated by diabetes and previous bouts of depression and migraines. Her biggest challenge, she frustratingly points out, is her husband who she joking believes sabotages her efforts to lose weight by bringing her junk food.

Sue, like some of the BME women and most of the middle income, affluent women, finds that she is on her own when engaging with physical activities because their partners won't join them. Many of the women pointed out they take up solitary activities, such as swimming or yoga, because they can do the activities on their own. Most of these women also felt that this is because it is more socially acceptable for men to carry more weight.

Like Sue, many of these women were frustrated by the lack of results their perceived efforts were having on their weight management. They often opted for luxury treatments, expensive products and services, extreme options, and quick fixes in favour of long-term efforts and lifestyle changes. This is due, in part, to an unwillingness on behalf of the husband or partner to change, and in part on the social lives that they are engaged with (high consumption of rich foods and/or alcohol).

"My obsession with losing weight is constant; I need long term lifestyle changes, too much eating of bad stuff. For me, it's not about weight it's about health, which is much more significant. I want to be thinner for health reasons not aesthetics. For young girls, it's important to be thin so you look like your friends, past the age of 35; your main interest is to look attractive and healthy. Maturity gives you individuality and it's about dressing well."
Sue, 68

"I like swimming and the council pools are filthy. There's no riffraff at the gym, it's a different experience. Not so much the clientele but the hygiene standards, with the pool and the sauna, expensive means clean. The cost is an issue of course but also the other way, more people would go and I think the health club gyms are not so busy because most people can't afford it."
Jo, 55

MORE AFFLUENT WOMEN

Tried everything, still overweight...

VITAL STATISTICS:

AGE: 35 - 65
GENDER: Female
STATUS: Empty-nester

DESCRIPTION:

Perhaps the most over-represented segment in the world of weight management, these women spoke of a range of activities, that included diets (fad diets or crash dieting), reduced calorie diets, luxury gyms and health clubs, colonic irrigation, herbal remedies, detox plans, hypnosis, fat farms, boot camps, cellulite treatment, stomach stapling, tummy tucks, and other plastic surgery.

These women are often desperate to lose weight and try new things. Many feel alone and isolated in their attempts to lose weight and some may have given up altogether.

MOTIVATORS:

- Physical attractiveness and clothes size
- Current health problems
- Long term health consequences of being overweight
- Physical mobility and energy levels

BARRIERS:

- Feel like they've tried and failed at everything
- Many have lost confidence that anything works
- Feel alone and unsupported
- 'Snobby' about 'dirty' and basic public services
- Find basic information about nutrition and weight loss patronising

IDEAL SERVICE:

- Looking for something new and innovative – less motivated by re-visiting things they've done in the past
- Looking for expert, sophisticated and personally tailored advice
- Can be looking for premium experience or back to basics services (unwilling to accept half hearted, middle-ground compromise)

"I've tried everything, especially when I was in my 40s, including body wraps, Weight Watchers, diets, electrical pulse light therapy (to break down cellulite), yoga, the heart foundation diet. And I paid a lot of money to go to Harley Street clinic for injections. The honest truth is, that I need someone to motivate me to do more exercise. And I need my husband to stop tempting me with delicious take-away curries!"

MORE AFFLUENT WOMEN

Tried everything, still overweight...

I want a service that....

- Is aspirational and feels premium
- Is a new approach
- Understands and supports me (and recognises my struggle)

Service components with spontaneous appeal....

Service components with secondary appeal

Lower Income (Just coping)

Whilst some of the concerns for lower-income women were along the same lines as those from other income groups, the most vocalized issues were cost barriers to eating healthy foods, lack of child care provisions for weight management services, lack of affordable facilities (gyms, services, etc.), and issues around timings and public transport.

Access to affordable groceries, and quality fruits and vegetables rated as a high concern amongst lower-income women. Respondents shared frustration that nearby shops or supermarkets did not sell foods that were nutritious and that the only way to get such foods meant having access to a vehicle. Moreover, they pointed out that the only kinds of 'easy to prepare' foods available to them were often fast food. However, it was not so much that food was limited or expensive, but that children were likely to be fussy eaters and the women were concerned about wasting food. They also shared their frustrations at being branded as a group of people who are unable to cook properly.

This frustration extended to their experiences with their GPs as the women pointed to numerous experiences wherein which they sought a GPs advice or support, only to be told to 'stop eating so much' or simply 'lose weight'. Many pointed out subsequent or related health problems such as chest pains, shortness of breath, depression, anxiety, headaches, chronic pains, etc. They were aware that weight management was something that they needed to engage with, however they felt unable to find a starting point.

A secondary concern was the cost of weight management services. Many pointed out that £5/week was a lot to pay 'when you haven't got it.' They felt that the cost was too high for simple weigh-ins, group sessions, and recipe plans when they could do many of those things online. They felt a need to meet with a group for support and help in maintaining weight loss but they felt that they were unable to justify the outlay.

Amongst these concerns are practical barriers that include access to childcare, transport, and timings of services. Some of the women are single mothers and the timings of services simply did not fit in with their lives. All of the women pointed out that no services existed that involved their children apart from something like a walking club.

Sometimes these women felt stuck in an endless loop of advice that gives no practical suggestions on how to start managing weight, and a real lack of access to services that address their needs.

Whilst health messages such as the '5-a-day' campaign had a massive impact upon the respondents and their school aged children, there was still some resistance to being told what to do by GPs, nutritionists, and other health care professionals. This was especially true when communication aimed at them was perceived to be patronising and overly 'dumbed down'.

CASE STUDY: Jill
It's hard to know where to start...

Jill recently celebrated her 30th birthday with her partner and 3 children. Jill has a 9-year-old daughter from a previous relationship and two children aged 2 and 1 with her current partner. Jill is obese and has struggled with her weight for many years now. Two years ago she joined Weight Watchers with her sister. After a good start, she discovered that she was no longer losing weight.

"I was going every week and then I found out I was pregnant and they asked me to leave the group. They didn't tell me if there was a group for pregnant women or where I could go for help or advice. They told me I could keep paying and attend the groups but that I couldn't do the weigh-ins. At the same time, I found out that I was diabetic. I didn't know what to do."

Jill's frustration at the lack of support leads to a loss of self-confidence and self-esteem with respect to exercise and weight loss. After her second child, Jill found a lot of support amongst her family members, who are also diabetic, and from her GP and nutritionist. The attention given to her diet has given her confidence to exercise more and provide healthier meals for her children.

"The Change4Life programme has been so good, I feel good about the food I cook for the kids and we go walking and they play outside more. I've lost 4 pounds over the last month so I know I can do it. I just want to enjoy the time that I have with my kids."

"I've tried weight loss programmes but after a while you just can't afford it. It doesn't sound like a lot of money, a fiver a week, but when you think of all the foods and the branded products that you have to buy, it adds up."
Mary, 48, Newcastle

"The problem is that eating healthy costs more money. I can't buy fresh fruit and veg all the time. The kids won't eat it. Take-aways are unhealthy but they are cheap and easy when you have had a long day. There are so many offers on take-aways."
Karen, 55, Norwich

'JUST COPING' WOMEN

Struggling on a low income

VITAL STATISTICS:

AGE: 18 - 45
GENDER: Female
STATUS: Single parents & low income families

DESCRIPTION:

Mums living on a low income can sometimes feel excluded from the rest of society. They may prioritise spending money on their children, rather than themselves – including decent food, leisure activities and clothes.

Have often picked up information about healthy eating from organisations like SureStart, however sometimes struggle to put it into practice.

Would like to be doing more exercise, but may lack confidence in giving it a go because they've never had an opportunity to try different things. Also, getting childcare can make solo activities very difficult.

MOTIVATORS:

- Physical attractiveness
- Being a good parent (having energy and being more able to play)
- Gaining confidence and self-esteem
- Working towards a more affluent future

BARRIERS:

- Living on a low income can make even a £2 - £5 weekly expense prohibitively expensive
- Childcare can also be a problem, especially for single parents and shift workers
- Without a car, getting to services can be time-consuming and costly (adding to the cost of attending the service)

IDEAL SERVICE:

- Family based activities (where kids can come to and join in)
- Fun, positive experience and a chance to socialise
- Cheap and affordable things to do without making the service feel like charity or only for 'poor people'
- Something you can do during school-time, with your friends or at home on your own

"I do try to eat healthy. I try to cook as much home-made food as I can. I've just learnt how to bake cakes. I try to always have fruit in the house. People say that healthy food isn't expensive, but it is when you can't afford the right school uniform or for your kids to go on school trips or have a computer. I scrimp and save everywhere to try and give my kids the best start, but it's impossible. I just can't afford it."

‘JUST COPING’ WOMEN

Struggling on a low income

I want a service that….

- Is affordable and accessible
- Helps me to lose weight without embarrassment or stigma
- Considers transport and childcare (or is something I can do with my family)

Service components with spontaneous appeal….

Service components with secondary appeal….

Men

On the whole, the male respondents within the study shared many of the same concerns as each other and held similar beliefs about weight management services; most notably that such services were designed for and marketed to women. Based on their perceptions and experiences, the men pointed towards the 'excessive chatting' and lack of actual exercise as reasons why some commercial services were not so appealing to them, suggesting that they preferred to simply 'get on with it' and not talk about it.

Lack of basic knowledge concerning diet was another key factor amongst the male respondents as the men spoke of a need for cooking classes and nutritional advice. Often the extent of men's knowledge was limited to the basic notion that 'veggies' were good and 'take-aways' were bad. Some men also highlighted that their lack of cooking skills meant that they struggled to prepare healthier meals for themselves. Most of the older men and many of the younger men were reliant upon others to provide home cooked meals, in situations were they were responsible, many of the men observed that they often ordered food, such as pizzas, online or picked up fast food on their way home from somewhere.

However, despite these similarities, the men interviewed for the research held varied perspectives on weight management, particularly those who were seen as somewhat 'sporty' or active. These men often were most distanced from the idea of a 'weight management service' and felt that despite being overweight, they were achieving far higher levels of fitness than many 'slim' people. Some did recognise that they would benefit from advice around portion size and nutrition, however engaging with any kind of 'weight loss' service was very far from their current lifestyle.

"One thing's for certain. I definitely would rather be doing exercise than sitting around talking about doing exercise"
Rob, 21, Bristol

It also was apparent that there were some significant generational differences between men, especially those that were in their 50s and older, versus those that were younger. Often the younger respondents were far more engaged in healthy eating and weight management, often aligning themselves with a desire to feel more active and sporty. This compared to older men who lacked motivation, confidence or a willingness to change.

Younger men

Younger men in their 20s and 30s who felt the need to manage their weight shared many of the same concerns as older men in that they preferred the idea of increasing their exercise, rather than making any substantial lifestyle changes. These respondents described lifestyles that included routine nights of drinking with friends and the consumption of ready meals and fast food that often accompanies it. However, far from an unwillingness to engage with weight management, many of the younger men spoke of an awareness of looming health problems and a desire to 'nip any problems in the bud'.

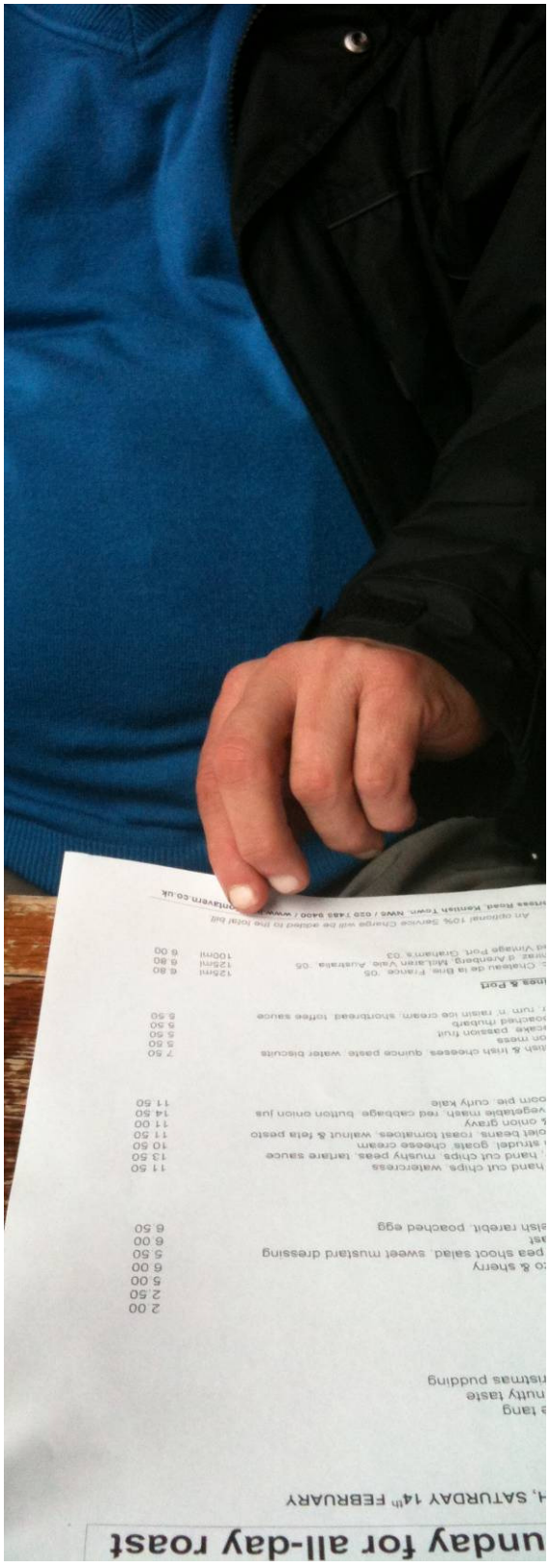
The younger men spoke most clearly about the lack of affordable facilities for health and fitness. Whilst they showed some awareness of facilities that were available to them, they had higher aspirations and ideals when it came to using services and many spoke of wanting to use more expensive gyms, more personalised services, and holistic approaches that integrated exercise and personalized diets or nutritional supplements.

Across the research, many of the young men were clear that they considered the cost of exercise to be a luxury and re-iterated that even being a member of a local football team could run to hundreds of pounds each year for subs and match fees.

Younger men felt a greater draw to services that centred on exercise and sport rather than ones that described calorie counting, diets, nutritional advice and information, or counselling and group services. Barriers to services included cost, too much information or discussion, lack of autonomy over time spent on workouts and choices concerning food and drink.

The barriers facing most young me lie in two key areas, firstly in that they lack basic information on nutrition and food preparation. Many of the respondents knew that their diets were filled with high calorie, high fat, and high sugar items. Because the weight had crept on gradually, they had not felt the need to do anything until it reached a point where they felt embarrassed.

A second key area was in maintenance of an exercise programme or regime, as most of the young men pointed out that whilst they easily started weight training, gym memberships, or group activities, they often lost motivation or could no longer afford the membership. Potential opportunities to engage young men lie in positioning exercise as a lifestyle change, daily activity, and something that can be incorporated into their daily activities for free or at little cost.



CASE STUDY: LUKE

I don't want to look like my Dad...

Luke, 33, was recently made redundant from his job. Not only has he had to give up his twice weekly martial arts class because he could not afford the extra cost, he also has no need to for twice daily cycle commute to his office. He has steadily gained weight over the last few months and is concerned that he will find it difficult to lose it.

Despite Luke's reduced exercise and activity, he continues to eat the same amounts and kinds of foods that he always has.

"I've always felt that diets were for someone else. I never thought I ate enough to diet. I think they are crap; I'd rather go running or something. What I need is discipline, routine. I work better with a structure, I need a group, and I like commitment – this is what works about the martial arts for me. When I've been going steadily, I feel self esteem and pride for doing it, doing it often, and doing it well. I'll either exercise 5 nights a week or not at all."

Luke's biggest worry is that he will look like his Dad, a young man with a big stomach. His memories of his Dad on holiday fill him with embarrassment and he fears losing control over his weight in this way.

"Basically I have depression and eating junk food is connected with that depression, I eat comfort food and I gain weight, then I have low self esteem and it's hard to keep up with a routine. It all adds up."

"I do think about losing weight all the time. I try running but I always give up after a week. I think about how I want to be healthy and watch my baby grow up. I want to run around with my kids."
Sam, 23, Bristol

"What they don't get is that I can get all the information I need off the internet, but it's not personal or specific to me. I need to know what is good for me – not some general advice on what to eat. I want to build muscle, lose fat, and have a good time doing it. "
Arjan, 24, London

"It's really hard if your friends are not sharing your healthy lifestyle. They can be a real problem when you are trying to not to drink or you are training for something. It's better if they share in stuff with you. Otherwise they can be a real bad influence."
Dave, 21, Swindon

YOUNGER MEN
Battling the belly

VITAL STATISTICS:

AGE: 20 - 40
GENDER: Male
ETHNICITY: All

DESCRIPTION:

Younger men often perceive themselves to be under a lot of pressure – to establish their career, to find a partner, to form strong social bonds, to be a solid future provider.

For some, this can mean that health and weight issues have been de-prioritised and often feel in conflict with other objectives.

Status and being physically attractive is important to this group and many see the best way to achieve it is through exercise. However, for many it's been a while since exercise was a regular part of their routine (possibly since school) and there are few clear routes back in.

MOTIVATORS:

- Physical attractiveness
- Health (preventing longer term decline)
- Aspiring to high levels of fitness

BARRIERS:

- Often experiencing significant change and big life events – not in a settled routine (e.g. leaving education, getting a job, getting a partner or marriage, having kids)
- Lack confidence / ability in doing exercise – been a while since they were doing sport regularly
- Can lack the resources to fund their ideal lifestyle (e.g. expensive gyms, nice sports equipment and kit)

IDEAL SERVICE:

- Promoting fitness and desire to be in 'peak' condition
- Like being pushed to achieve and motivated by competition
- 'Back in fitness' kick-start programmes designed to enable them to do social sporting activities with less embarrassment
- Like the idea of using technology to track progress and monitor performance

> *"I stopped playing football a few years ago because my team mates just used to rip the p*ss out of me all the time. It made my life miserable. I would love to go back and play. Believe it or not, on the inside of all this blubber is a top-class defender. There is no way I would walk back on that pitch like this. It would be a suicide mission."*

YOUNGER MEN
Battling the belly

I want a service that....

- Helps me become more active and fit
- Doesn't embarrass me in front of my peers (or women)
- Is affordable
- Is tailored to the needs of young men like me

Service components with spontaneous appeal....

Service components with secondary appeal

Physical Men

For some of the men interviewed, the concept of weight and weight management was fundamentally connected to physique, size and masculinity. Research participants in their 20s, 30s and early 40s, discussed their aspirations for 'well built', and bigger bodies signifying strength and prowess.

In many cases, these men were very active often engaging in significant amounts of sport or other physical activity. However, many of these respondents were overweight or obese and attributed their weight gain to the fact that they made little or no effort to reduce their caloric intake or change their diet and eating habits. For example, many talked of regularly consuming highly calorific take-aways and high levels of alcohol consumption.

For this segment, the idea of losing weight was often accompanied with the notion of losing 'size' and 'strength'. As such, these men experienced a complex relationship with weight where their identities were largely contingent upon how big they are. For the most part, these men held negative perceptions of weight management services.

Given that 'sporty men' were already engaged with health and fitness activities, this segment poses unique and interesting challenges with regards to potential users of weight management services. Many of the barriers lie in the language and positioning of weight management as 'weight loss' and the overemphasis on weight as a measurement of good health. Moreover, because they were already physically active, services that highlighted exercise as a weight management tool did not interest them.

Of the areas that were covered by weight management services, food and nutrition held the most potential for 'sporty men'. Understanding and learning more about portion size, healthy cooking, and eating the right kinds of foods, were found to be most appealing.

CASE STUDY: Duncan
No real need to 'lose' weight...

Duncan, 33, considers himself to be very active and sporty. He swims and plays hockey regularly, is training for a marathon, and trains with a punching bag in his home and is currently building his stamina and physique for the summer tennis season.

Despite Duncan's gruelling exercise regime, his weight makes him technically obese and although he acknowledges that he is 'a few stone' overweight, Duncan has no desire to lose weight.

"My problem is my portion size; I eat twice as much as I should. I drink too much. I eat too many take-always. It would be good to be lighter but I know that when I get old I'll be much smaller and I don't want to be small now. I want to be big so that I can deliver on a threat if I have to, like when I'm defending someone. I find some measurements of weight frustrating and I think the constant focus on weight is unhealthy."

"We live in the ghetto, just to turn up to the gym you got to have some size. The guys in these gyms, they're like family, you see them every week, and they know what's going on in your life. They help each other."
Sal, 28, London

"I know I could lose about 3 stone. When I get old I'm going to get smaller anyway. I'd rather stay a few stone overweight and be a big guy now than get any smaller. Big is better"
Shane, 32, Liverpool

PHYSICAL MEN

Out of shape 'alpha male'

VITAL STATISTICS:

AGE: 20 – 45
GENDER: Male
ETHNICITY: All

DESCRIPTION:

This 'alpha' male type is likely to be a younger man, engaging in a lot of sport, exercise or physical activity through manual work.

Likely to place emphasis on 'size', 'strength' and 'physical presence' as an important part of their identity.

May struggle more with diet, particularly alcoholic intake, portion sizes and take-away food.

MOTIVATORS:

- Wants to be strong and fit
- Physical prowess and presence
- Masculinity and being a 'real man'
- Physical attractiveness

BARRIERS:

- Already doing a substantial amount of exercise
- Want to be a 'physical presence' (i.e. don't want to get smaller)
- Very distanced from 'weight loss' industry – too feminine and a 'waste of time'
- Unlikely to find group support about weight loss spontaneously appealing

IDEAL SERVICE:

- Health check MOT to shock them into reflecting more accurately on the impact of their weight
- Basic nutritional advice (practical, visual, shock tactics)
- Masculine, manly tone delivered by someone they respect
- A service that understands their lifestyle – e.g. doesn't just tell them to eat less and do more, takes into account their activity levels in tailoring diets etc.
- Support in helping them to achieve their goals (e.g. get more fit, be more in shape etc)

> *"My size is part of who I am. I weight 19 stone and I'm proud of it. I have been a big guy since I was 15. I play for a sports team as a striker, I score a lot of goals. I love to walk on the pitch and see the terror in the opposition, my nickname is Rhino. I also cycle to work, I swim a mile most lunchtimes. My problem is that I drink too much and eat too many kebabs."*

PHYSICAL MEN

Out of shape 'alpha male'

I want a service that....

- Is masculine
- Recognises my physical strength and fitness
- Helps me to improve my nutrition in a practical way
- Does not involve 'pointless' chat

Service components with spontaneous appeal....

Service components with secondary appeal....

Older and more affluent

Many of the male respondents, and particularly the older men, remarked that they were past a certain age and that they no longer felt as much of a pressing need to manage their weight. In most cases, these men were aged 50 and over and in long-term relationships where much of the food preparation and cooking was done by their partners. When discussing their health and weight during their younger years, these men pointed towards a time in their lives when they were at an ideal weight, but as the years went by they gradually gained weight. Moreover, many described lifestyles that centred on eating and living well, and they often derived significant enjoyment from the rituals and practices associated with food.

As these were often older men, there was also an association of having 'earned' or deserving a lifestyle that rewarded them for hard work; a reward that often came in the form of food and drink. Many of these men described roles that included carving the Sunday roast for family, having a few pints with work mates on a Friday; drinking wine at home with their wives and partners. Such lifestyle patterns and habits were reinforced over the years making change on an individual level very difficult to achieve.

Older men shared stories of receiving advice from medical professionals that left them confused and directionless. Such advice could be found to be too general in telling them to lose weight but not specific enough in offering suggestions and opportunities. Often they were left with the feeling that they had nowhere to turn or that they were forced to rely on their wives or partners for support and advice on weight management, as such these men very critical of some commercial weight loss services that their wives and partners had used previously.

Although the men revealed that they had given up to some extent, saying 'this is me', there was consensus that being 'less fat' and healthier was desirable. Motives for feeling this way included health scares such as diabetes, heart disease, liver disease, high cholesterol and high blood pressure. Longevity of life, better quality of lives and the ability to partake in more physical activities also ranked highly as motivating factors in wishing to be 'less fat'.

This group is possibly one of the more difficult to engage given they lack the desire and motivation to accept that their lives could be healthier. One of the ways in which to address this 'inertia' would be to create interventions that support men in increasing their motivation by building confidence and enabling behaviour change. Activities and plans that are centred on making lifestyle changes, particularly those that could involve partners and family members, have proven most successful. For older men, the key component of a successful weight management services is one that is focussed on activity and 'just getting on with it'.

This segment of male respondents did not find food and nutritional advice as useful as other men given that they were dependant on someone else for most of their meals. However, they did recognise that targeting their wives and partners may be beneficial.

CASE STUDY: Shaun
It's too late for me now...

Shaun is 67 and recently retired. His family are all grown and no longer live at home though they visit every Sunday for dinner. Shaun was fairly active in his younger years but over the last 20 years, he has slowed down considerably and the weight has crept on.

"I like to enjoy my life. I know that I eat and drink too much but I enjoy having a bottle of wine with my meal in the evenings. I should exercise more but I don't see the point. My wife and I should get out and walk more but we just don't. I am not interested in joining a gym or any clubs. My wife does Weight Watchers and all that. She is always talking about calories and portion sizes. I don't pay much attention to that sort of thing."

Shaun believes that much of his weight problem stems from bad habits and not having much awareness of how much he is actually eating. He notices that he absentmindedly gets food from the fridge and that he eats without actually planning out how much he will eat or what he will eat.

"I know I should lose weight, my doctor tells me that I should all the time but I just don't want to bother. I'm set in my ways and I don't want to start any new routines."

"None of these exercise plans appeal to me. I would never do any of them. I don't like joining groups, or teams, I don't like the gym. It's all too much work. If I lost weight, I would have to buy a whole new wardrobe and I hate shopping."
Dave, 62, Liverpool

"It all just sounds like a lot of work. I'm happy with being overweight. I don't mind even if my doctor does. I worry about other health problems but I don't think my weight is that much of an issue."
Alan, 55, Liverpool

MORE AFFLUENT MEN

Resigned to the 'spare tyre'

PRECONTEMPLATION → CONTEMPLATION → PREPARATION → ACTION → MAINTENANCE

VITAL STATISTICS:

AGE: 35 - 60
GENDER: Male
ETHNICITY: All

DESCRIPTION:

For these men, health is becoming more of a priority, but many don't know how to integrate it into their lifestyle.

Decisions about food often feel out of their control – and some feel sensitive about raising the issue with their wives.

Whilst recognised as being uncomfortable, many recognise that the only way for them to be serious about taking action is for shock tactics, in the form of a health MOT or something similar.

They recognise that they are not the easiest people to engage with, but would prefer advice to come from a professional with expertise in healthcare.

MOTIVATORS:

- Long term health
- Managing emergent health concerns
- Improving mobility and physical stamina
- Regaining youth

BARRIERS:

- Often not responsible for own food preparation (need to get partner's buy-in)
- Lack of time - often working long hours, have strong family commitments and responsible for maintaining household
- Feel that they may be too old for many activities relating to weight management

IDEAL SERVICE:

- Desire for shock tactics and highlighting of health concerns
- Looking for professional, expert service
- Want practical, actionable advice tailored towards their lifestyle
- Some desire for health activities to be prioritised in the workplace

"I know that I could do with losing a few pounds, but for me it's about trying to fit exercise into my day. I'm up early to drive the kids to school, then to work, sometimes I don't get home until 7 or 8 at night. Then I like to try and eat dinner with the family. You can't do exercise after eating a meal, so the only real option I have is getting up earlier, but I feel I get so little sleep as it is."

MORE AFFLUENT MEN

Resigned to the 'spare tyre'

I want a service that....

- Shocks me into action
- Helps me understand practical changes I can make to my lifestyle
- Is supportive and encouraging

Service components with spontaneous appeal....

Service components with secondary appeal

Older and lower income

Throughout the research, men pointed out to us that one of the major barriers to managing weight was the lack of basic cooking and nutritional information. Nowhere was this more evident than amongst the older, lower income men.

For many of these men, weight was never an issue, and this has led them to ignore their dietary habits and any GP or health recommendations concerning food. Many of them pointed out that job loss or injury led to reduced mobility that saw their weight increase. Due to their lack of awareness concerning both exercise and cooking, many of the men felt rather futile and helpless with no real idea of where to start.

A potential area for engagement would be with basic cooking classes as many of the men had no idea how to cook or where to turn for such information. Whilst they know of cooking programmes on television and books that are aimed at men, few of them had any practical experience trying new recipes or buying new groceries.

Most of the men agreed that nutrition classes would also be advantageous in dealing with weight management as they had little or no understanding of how much they were eating of certain kinds of foods. Learning basic things such as less salt on food or no sugar in teas and coffees, was often of great interest.

Another key area would be to try and engage men with regular, daily physical activity that was positioned as fun rather than hard work. Throughout the research, the older and lower income men indicated that after a long day of working, usually for 12 hours or more, they were not inclined to do any exercise as they were exhausted from the day. They also pointed out that they tended to skip breakfast and eat a heavy meal before bed, as this was their time of the day to relax. Enabling them to change some of these daily habits would improve their abilities to manage their weight.

CASE STUDY: Bob
I need more support and guidance…

Bob has had limited success with weight loss in the past. He can lose weight for a special occasion but it will always creep back on. His diet is a familiar one with meat, potatoes, and two veg. He considers himself a 'parky' eater, not too fond of takeaways or curries. He prefers his food to be home made by his wife.

He's not too fond of gyms, preferring to get his exercise in more natural settings such as walks with his wife.

"In the past, I was on and off with exercise, I got fed up and joined the local gym and no disrespect but they don't really help you apart from setting up your exercise programme, you never see or hear from them."

Bob's wife has used weight loss services for 20 years and Bob has occasionally gone with her although he hasn't found it very useful. He thinks that the talking is useless and prefers to solve his own problems. But he did think that men were often unaware of good diet and eating habits. Bob felt that better support and education would help many men in managing their weight.

"It's not a guy sort of thing to think about that stuff, it's not ignorance, but lack of knowledge."

"I'm not a stupid man; I know that fruit and veg are better for you than chips and kebabs. It's not rocket science. But knowing how much sugar and salt I put in my food is helpful. Just reducing the sugar that I put in my tea makes a difference."
47, Steve, Hull

"Basically I gave up smoking 2 years ago and since then the weight has crept up. In the morning, I eat a lot of toast and at lunch, ham sandwiches, chocolate bars, frozen pizza, salad with meat. What everyone eats."
Adam, 51, London

LOWER INCOME MEN

Lacking lifestyle basics

VITAL STATISTICS:

AGE: 30 – 60
GENDER: Male
ETHNICITY: All
STATUS: Lower income
Unemployed

DESCRIPTION:

For older men, from lower income backgrounds or from more disadvantaged areas, an unhealthy lifestyle is often the norm.

Many feel that they lack time and money to engage with exercise. However, lack of confidence and low self-esteem may also be contributory factors.

Sometimes these men disguise a desire to be healthier under a veneer of machismo and denial. However, many would love to be supported to get back into shape in a way that is appropriate and relevant for 'men like them'

MOTIVATORS:

- Feel like life has passed them by – want a second chance
- Still aspire to be 'young, fit and healthy'!
- Want to be active into the future – and a good parent / grand-parent

BARRIERS:

- Unhealthy behaviour entrenched over many years – as a result of shift working, ill-health or unemployment
- Haven't exercised for years, feel unfit and unhealthy and see exertion as a potential health risk
- Lack confidence in themselves – may be in denial about their weight
- Weight loss and weight management services not relevant or aimed at them (for women)

IDEAL SERVICE:

- Service designed for men – a laugh, a bit of competition and a frank, 'tell it like it is' attitude
- Entry level activities to build confidence and gradually increase fitness
- Language and tone needs to be at their level – and not patronising, laden with jargon or overly feminine
- Looking for basic rules they can apply across their whole life
- Strong desire for basic nutritional information and guidance
- Cooking skills also appealing to some - but need to be appropriate food – manly, day to day, basics!

> *"I work shifts and it' just impossible to eat healthily. I just want something quick and easy. Yes I'm fat and you might say to me that I need to get myself down to weightwatchers. No way, never. I'm not sitting down there with that group of lard-arse girls, chatting about fairy cakes and glasses of Lambrini. If it's that or having a few beers down the pub, then I'll definitely be at the pub."*

LOWER INCOME MEN
Lacking lifestyle basics

I want a service that....

- Is affordable
- Is a 'laugh' and doesn't take itself too seriously
- Can give me some basic rules that are easy for me to adopt long term
- Is socially acceptable (and won't make me feel embarrassed)

Service components with spontaneous appeal....

Service components with secondary appeal

BME Men

In line with what many of the older men expressed, men from some ethnic minority backgrounds described difficulty with managing weight due to the fact that they were often not in control of their diets. Moreover, their diets mostly consisted of ethnic or cultural foods and meals, many of which are rich in calories. These men also described some of the complex cultural dynamics around the acceptance and rejection of certain foods, particularly with family visits or traditional events and activities.

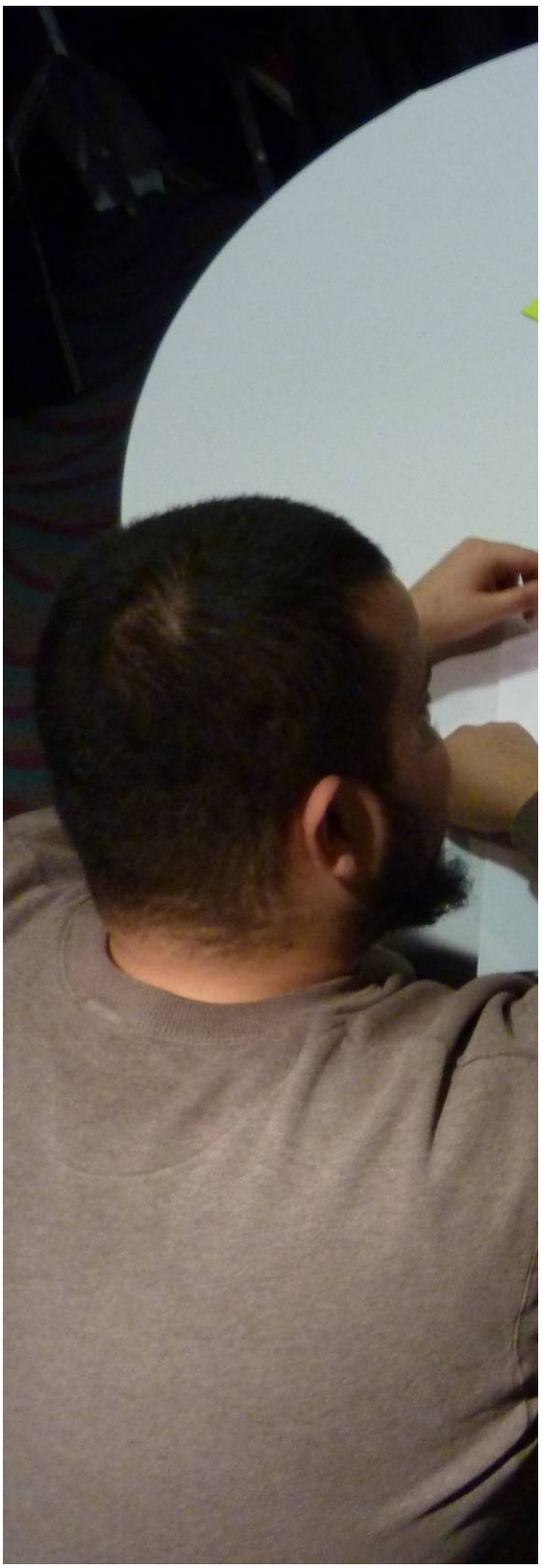
Some of these men had at some point been relatively strong and athletic. Respondents often talked of gym memberships in local areas where they met up with family members such as brothers and cousins, or friends from their communities. They shared stories of similar difficulties during religious and cultural festivities, for example, Ramadan, which restricted or controlled the ways in which they might choose to eat. In many of these communities, food acts as a signifier, indicating friendship, love, and celebration. As such, some of these men found it difficult, if not impossible, to decline eating some of the foods that were offered to them.

Further barriers to weight management existed due to a lack of autonomy over food choices and preparation. Marriage ages were quite low amongst some of the BME men and as such, they are often reliant upon their wives to prepare most of their meals. Some men also indicated close proximity to their parental homes or, in some cases, still living with their parents in joint family homes. Such situations posed huge barriers to any changes they wished to make to their diets.

These respondents pointed towards diet, nutrition, and lifestyle changes as key barriers to weight management, along with the lack of basic nutritional information that was culturally relevant and contextualized.

Key opportunities for young BME men lie in creating culturally contextualized nutrition and diet information. Whilst the saturation levels of some nutritional advice are high (ex. Eating 5 a day), much of this information is not as applicable to South Asian and Afro-Caribbean diets. Offering up simple and basic food advice would be a key enabler in weight management for this segment.

Also important is influencing the women in these more traditional households who are responsible for food purchasing and preparation.



CASE STUDY: Arfan
It's impossible to diet...

Arfan, 28, lives with his wife and 2 small children in Wembley. His parents and grandparents live next door and his siblings live on the nearby streets. His family plays a very active role in his life and he finds that there are always occasions and celebrations that are usually filled with lots of food, high in fats and sugars.

Arfan's wife cooks according to family recipes and finds it difficult to make traditional food using healthy substitutes.

"My wife does all the cooking. If she's working and I need to eat I just go round my Mum's. The kids are there all day and sometimes we eat there before we come home. Nobody eats healthy at my Mum's. There no salads or anything, just curry, rice, chicken, that sort of thing."

Neither Arfan nor his wife does any kind of regular exercise. Arfan has done weight training in the past and much of his weight is from muscle turning to fat, compounded by his diet.

Arfan finds that the calorie guides with daily recommendations are futile because they don't list the foods that he eats. He also has no control over the groceries that are bought and the meals that are prepared as his wife and mother do all the domestic care duties. Arfan feels that he is unaware and uneducated about what is healthy and right for him to eat and has only really tried protein shakes to lose weight in the past.

"How can I say no to the food that is offered to me? It's rude to turn it down. You have to eat all the traditional foods and sweets, even if you only have a small amount. "
Sal, 26, London

"I want some kind of information that would tell me how many calories are in a curry. I don't know how much I am actually eating because I don't know what goes in the food – I don't really know how to cook."
Simon, 36, London

BME MEN

More traditional household role

PRE-CONTEMPLATION → CONTEMPLATION → PREPARATION → ACTION → MAINTENANCE

VITAL STATISTICS:

AGE: 20 - 65
GENDER: Male
ETHNICITY: South Asian
Black Caribbean
Black African

DESCRIPTION:

BME Males are often reliant upon partners or wives to prepare food, and have limited experience with cooking or grocery shopping.

Most of them live in joint family homes or near to parents making cultural and traditional meals a regular part of their lives.

Many felt that food and/or nutritional advice or guidance was not relevant to them as they often did not reflect the recipes or dishes that the consumed (ex. South Asian, Afro-Caribbean).

MOTIVATORS:

- Physical size, desire for muscles and strength
- Strong connection to male cultural identities and being able to defend oneself
- Physical attractiveness
- Being fit

BARRIERS:

- Poor diet, consumption of too much food that is high in fat, sugar, salt
- Poor knowledge of nutritional information
- Inability to prepare meals
- Unable to turn down food and meals served during traditional or cultural celebrations

IDEAL SERVICE:

- Basic nutritional and health guidance
- Basic knowledge in cooking or meal preparation
- Culturally relevant food information (ex. how much oil can go in a curry)
- Culturally relevant diet suggestions (ex. Calorie count of samosas)
- Exercise plans that can include other family members
- Services that are masculine in tone, language, positioning
- Services that centre on creating community and obligation to other members
- Services that are focused on 'doing it, rather than talking about it'

> *"My partner prepares my food. It's all delicious, home cooked curries and dhal and bread. She's a great cook and I eat very well indeed! My mum too – she loves to feed me up, always filling up my plate with food. It's impossible for me to say no. They probably wouldn't speak to me weeks, it could cause real offence."*

BME MEN

More traditional household role

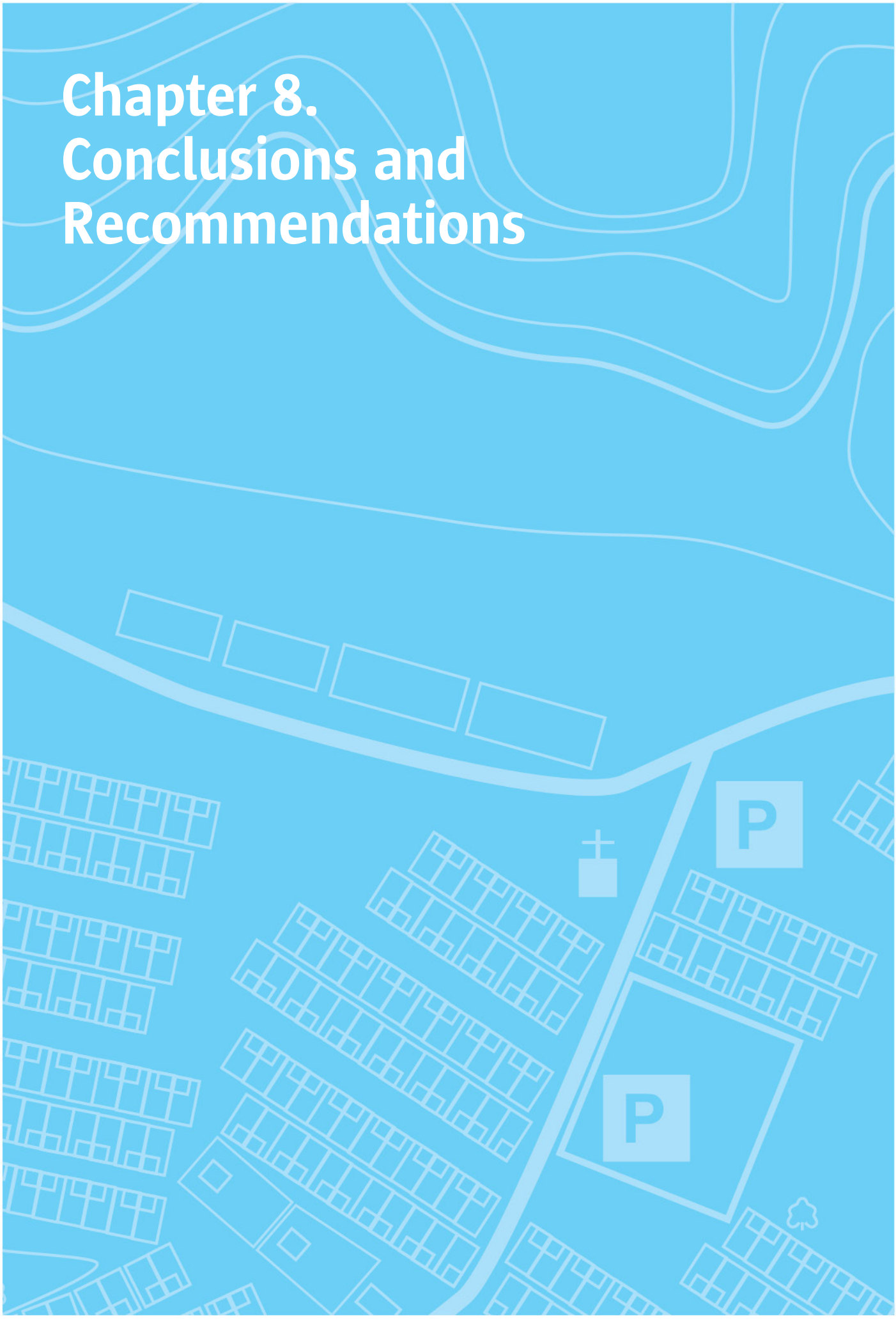
I want a service that....

- Is culturally appropriate
- Help me (and others in my household) to eat more healthily
- Is run by a leader I can trust and respect (someone who is down to earth and understands my cultural background)

Service components with spontaneous appeal....

Service components with secondary appeal

Chapter 8. Conclusions and Recommendations



Conclusions and Recommendations

For many of those we spoke to being overweight is a complex and emotionally difficult subject area. It is fraught with feelings of failure and embarrassment, and despite external confidence, many described experiencing inner turmoil and upset relating to their size. To this extent, across the research, there was considerable motivation and desire to be 'less fat'. Despite this desire to be 'less fat', 'losing weight' per se was often not felt to be motivating in and of itself. Most people were more motivated by other goals, such as being 'smaller', fitter, healthier, less ill etc. Indeed, for some men the idea of 'losing weight' was actually off-putting as it at odds with personal emphasis on 'size' and physical fitness as key determinant of health and prowess.

Many recognised that the emotional sensitivity around weight can make it a difficult subject to raise and many had experiences of difficult conversations around the issue of weight loss. Many described particularly frustrating moments when a probably well-intentioned professional laboured over the diagnostic part of the interaction (i.e. letting the individual know they were fat), sometimes to the extent where individuals felt that they had received little or no helpful information or guidance beyond the fairly self-evident 'diagnosis'.

When thinking about what constitutes the most appealing weight management service it is clear that one size doesn't fit all. Men, women, older, younger, lower income, higher income all have different needs and find different aspects of weight management services appealing. It is also important to recognise that overweight individuals are likely to be in very different states of 'readiness to change' and the kind of support and service they will need is likely to vary significantly from individual to individual.

The table below summarises five stages of behaviour change and the barriers that an individual may experience during each different stage of 'readiness' to change. Tailoring advice and support to an individual's 'state of readiness' is likely to ensure that the advice is most relevant and appealing.

Specific Barriers	Ideal Outcomes	Overall Action
PRE-CONTEMPLATION: Individual makes no effort to change behaviour		
Individual is unaware (or under aware) about their weight problems, eating habits or activity levels	→ Individual becomes more self-aware or is made aware of their weight problems	**Increase (self) awareness and provide reassurance**
Individual perceives the benefits of weight loss are unclear, intangible and unappealing	→ Benefits of weight loss are targeted towards individual motivations and appeals	
Individual fears change relating to loss of weight and their personal identity	→ Individual is supported to cope with what weight loss means to them in their life	
Individual feels that their weight is 'out of their control'	→ Individual gains confidence that weight loss is possible for them	

CONTEMPLATION: Individual is aware that a problem exists and is seriously contemplating taking action		
Individual doesn't know where to start or who to ask for help	→ Individual has a clear idea of where to go and who to ask for help	**Offer practical and actionable solutions (& encouragement)**
Individual received unhelpful advice in the past or was dealt with in an insensitive way	→ Individual is reassured that they will be given help in an understanding and supportive way	
Individual perceives help that is available to be unsuitable to their needs	→ Individual feels they have a range of options suitable to their needs	
Individual is confused by conflicting information and advice	→ Individual feels that they have received comprehensive and expert advice	
Individual has negative perceptions about weight management services and feels that it's 'not for me'	→ Individual feels that the service is relevant and appropriate for them	
Individual feels 'forced' to take a certain course of action	→ Individual feels empowered to make decisions for themselves about weight loss	
PREPARATION: Individual commits to taking action and forms a behavioural goal		
Individual has unrealistic expectations about weight loss (want to lose weight fast)	→ Individual is encouraged to form achievable and manageable goals	**Support action**
Individuals is daunted by the scale of the changes that need to be made	→Individual sees the benefit in losing even small amounts of weight 'every little helps'	
Individual lacks physical mobility and confidence	→ Individual is reassured that they will receive help in a supportive and encouraging environment	
Individuals finds that taking the first steps are the hardest and feels that it is easier to give up at the first hurdle	→ Individual is taking steps toward action and is rewarded and encouraged	
ACTION: Individual actively modifies behaviour, experiences or environment to resolve the problem		
Individual is worried about being embarrassed (or making a fool of themselves)	→ Individual is reassured that they will be in a supportive and encouraging atmosphere with individuals who have a similar experience	**Facilitate change**
Individual perceives that effort doesn't match weight loss results	→ Individual is encouraged to recognise other benefits of living a healthier lifestyle	
Individual loses confidence and feels a 'failure'	→ Individual is supported through difficult periods	
Unforeseen problems stem from weight loss	→ Individual is helped to cope with issues in other areas of their life	

Practical barriers not overcome	→ Service providers understand and attempt to overcome the challenges some individuals may face in accessing services	
MAINTENANCE: Individual works to prevent relapse and to consolidate the gains attained during the action stage		
Individual slips back into 'old habits'	→ Individual is supported and encouraged over the long term	**Recognise & support achievement**
Individual finds it difficult to adjust to 'normal eating' patterns	→ From outset, individual perceives changes to be long-term (the 'new' normal)	
Individual is unsure how to maintain healthy behaviour after weight loss	→ Individual understands other options for enjoying a healthy lifestyle after their need for the 'weight management service' is over	

Across the sample, all we spoke to were open-minded about the source of help– often feeling that any support from any provider would be better than nothing. When thinking about what would maximise appeal of service provision, the main criteria used to evaluate a potential provider was the relevance of the service being provided, alongside perceived expertise and credibility. Across the research there were mixed feelings about the most overt commercial service providers (mainly in terms of sales people pushing extensive product lines), but most were able to see the benefits in commercial provision.

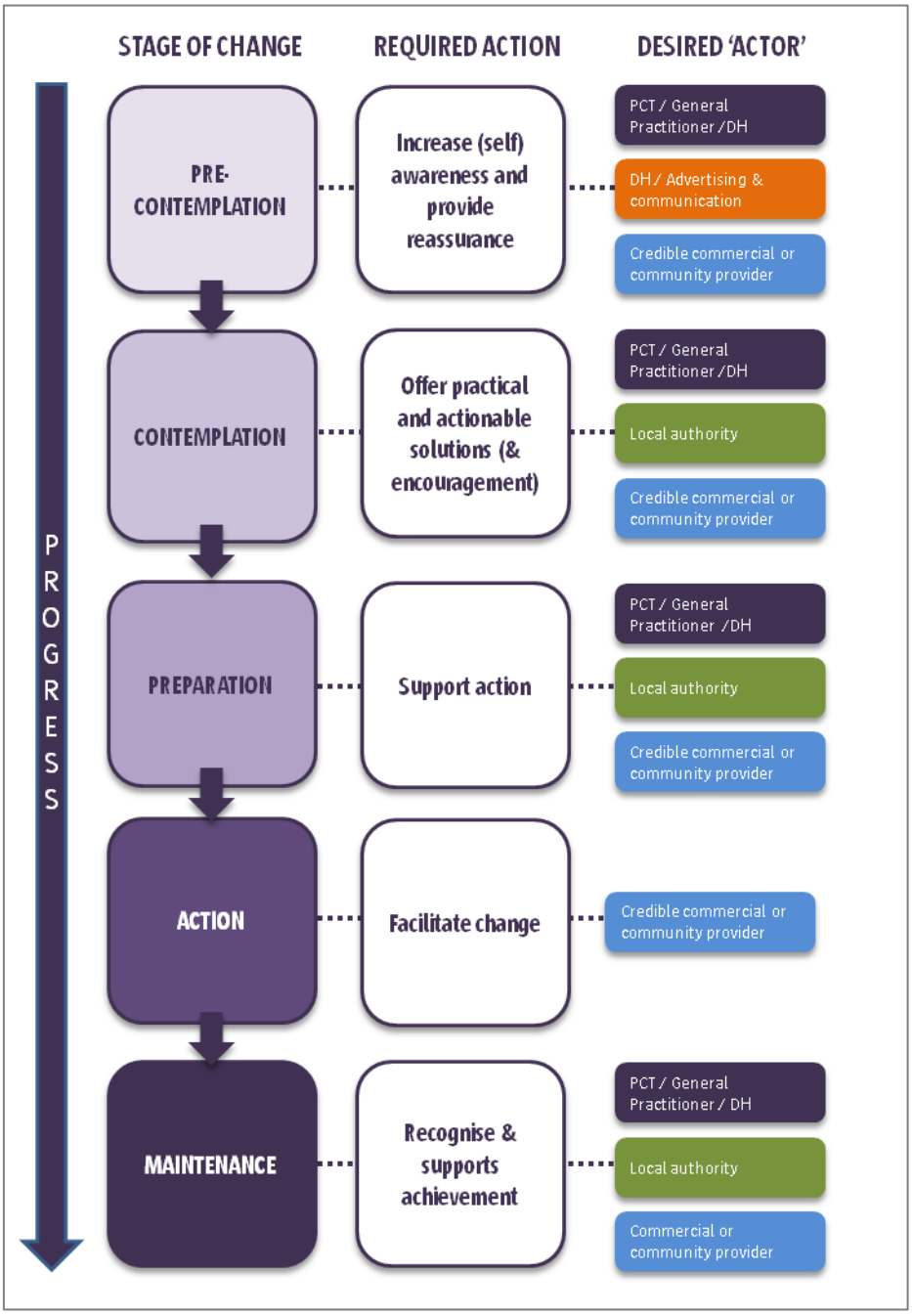
In addition to commercial provision, many of those we spoke to perceived that GPs had an important role to play in supporting and advising individuals around weight loss, especially during the first few stages of behaviour change. Those most keen on receiving on-going support and advice from the GP or other healthcare professional tended to be individuals with underlying health conditions or other complex needs. Others were happy for either a community or commercial provider, so long as the service was designed to be relevant, appealing and effective.

For the research, we broke down weight management services into key components around 'nutrition', 'exercise' and 'support'. Whilst different socio-demographic groups found different components more appealing, some broad patterns did emerge. On the whole, many respondents felt saturated with information around basic nutrition (e.g. eat more fruit and veg, less fat etc). Some (particularly men, some young people, some lower income groups and some individuals with lower literacy levels) felt that they still needed basic nutritional information. The rest of the sample, felt that more of an interactive and personal approach to diet and nutrition would be more useful.

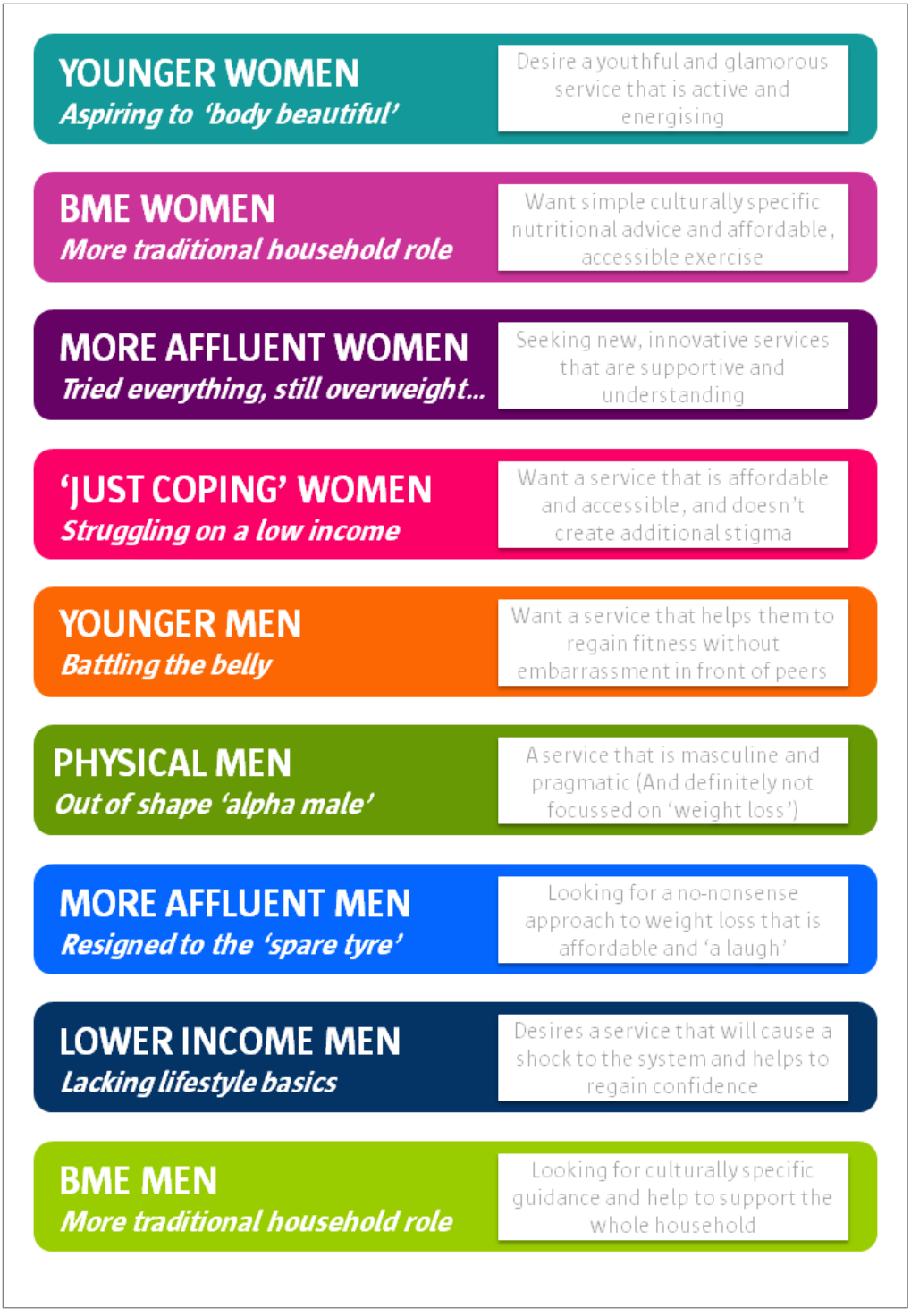
Across the sample there was considerable desire to do more exercise. It emerged that the barriers to doing exercise as a 'larger' person can be incredibly difficult to overcome (extreme embarrassment, high levels of risk, very low fitness and mobility, uncertainty about what is appropriate for them). Many expressed a desire for a safe environment where they could feel comfortable and supported (as opposed to many exercise environments where they feel exposed and humiliated).

The support aspects of a service often had less spontaneous appeal, especially for men. However, when reflecting on what would be likely to keep them engaged in the lifestyle change over the long term, support emerged as being of great importance.

Overall, individuals felt that weight management services were often designed to reinforce perceptions that 'losing weight' is a short term activity and there was an opportunity to rethink service provision to help individuals maintain lifestyle change over the longer term. This may mean thinking about how which actors are the most appropriate to support individuals through each stage of their 'weight loss journey', with careful consideration given to 'hand-offs' between different players.



In terms of ideal services, individuals from different socio-demographic groups have considerably different desires and needs. In fact, most people's ideal would be a 100% personalised service that was tailored to their specific lifestyle needs. Despite this, most are pragmatic in terms of their actual expectations and most wanted a service that had an understanding and supportive atmosphere designed for 'people like them'.



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Appendix 1: Interviewees (Stage 1)

Name	Job Title, Organisation	Sector
Experts- Academics specialising in Obesity, Behaviour Change or related fields		
Amy Ahern	Research Scientist, MRC-HNR	Academic Institution
Susan Jebb	Head of Nutrition and Health Research, MRC-HNR Cambridge	Academic institution
Pippa Lally	Research Associate in Health Psychology, UCL	Academic Institution
Jane Ogden	Professor of Health Psychology, University of Surrey	Academic Institution
Harry Rutter	Senior Clinical Lecturer, Department of Public Health and Primary Care- University of Oxford	Academic Institution
Alan Tapp	Professor of Social Marketing and Research Unit director for marketing, UWE	Academic Institution
Janice Thompson	Professor of Public Health Nutrition, Bristol University	Academic Institution
Kim Buxton	Assistant Director and Programme Manager for Primary Care, BHF National Centre	Charity
Charlotte Game	Area Service Manager and Health Aware Champion, MENCAP	Charity
PCT/LA service providers and commissioners		
Caroline Badder	Medicines Management Project Coordinator, Nottingham City PCT	PCT
Gillian Benveniste	Community Learning Disability Nurse, Redbridge PCT	PCT
Sarah Coles	Clinical Psychologist, Oxfordshire Learning Disability NHS Trust	NHS Trust
Debbie Cook	Clinical Nurse Manager, Redbridge PCT	PCT
John Denley	Deputy Director for Public Health, South Birmingham PCT	PCT
Deirdre Fee	Head of Community Nutrition and Dietetics, Peterborough PCT	PCT
Mark Lemon	Head of Public Health Policy, Kent County Council	LA
Public sector consultants		
Martin Bontoft	User Research and Design Strategist	Private consultancy
Sophia Parker	Head of Research and Policy, Resolution Foundation	Charity and think tank representing low earners
Chris Vanstone	Design Strategist, Activmobs	Private
Commercial weight loss service providers and consultants		
Jane Deville- Almond	Independent Nurse Consultant	Private- consultant to weight management sector/PCTs
Alan Jackson	Founder, Weight Management Centre	Private- consultant to Weight Management sector/PCTs
Sara Jamison	CEO, Lighterlife	Private- Slimming chain
Deborah Norman	Referral Scheme Manager, Rosemary Conley	Private- Slimming chain
Audrey O'Brien	Director of Operations, Weightwatchers	Private- Slimming chain
Carolyn Pallister	Slimming World, Head of Referral	Private- Slimming chain
Vicky Pennington	Boots Nutritionist, Boots	Private- Slimming service
Hazel Ross	National Co-ordinator, Counterweight	Private- Weight management training in Primary Care for PCTs
Martin	Scheme Manager, Fitfans and Shape Up for Business	Private/PCT- Community Weight Loss programme
Kate	Pharmacy Assistant, Sainsbury's	Private/PCT- Pharmacy weight loss programme for Nottingham City PCT
Other		
Emma Barrett	Programme manager, SILK	LA
Laura Bunt	Public and Social Innovation Advisor, NESTA	NGO

Appendix 2: Bibliography (Stage 1)

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Appendix 3: Sample Breakdown

Stage 2: Ethnographic Research

ESRO Conducted 12 ethnographic immersions with service providers who are currently 'appealing' to 'hard to engage' groups. These 'service ethnographies' included site visits, observation (and participant observation) of the sessions and activities, ad-hoc interviews with participants and service providers. Each 'service provider' ethnography involved contact with and insight from many overweight or obese service users.

We visit a broad mix of services across England, with a spread of different sorts of services that are specifically aimed at overweight and obese individuals. (E.g. commercial and community services, group based, exercise + group sessions, exercise only)

The 'service ethnographies' included visits to:-

- Fitfans- Targeting men in Hull, based at Hull City Football Club
- Weight Watchers (targeting Black African and Black Caribbean Women in South London)
- Weight Watchers (accompanying individual with learning disability)
- South Birmingham programme Lighten Up- Weight Loss services on prescription with call centre support
- Slimming World group meeting (with Male Users, Essex)
- Ocean Somali Folk Dance Group (Tower Hamlets Funded community health group)
- Lighterlife (within a GP practice in the Wirral)
- City Gateway (Tower Hamlets, working with local Bengali community)
- Tesco Diets.Com
- Tesco Weight Loss Retreat (Dorset)
- Rosemary Conley Group
- The Life Programme (Lowestoft)

We also completed 5 x one day ethnographies with overweight or obese individuals who are currently not engaging with weight management services in any way (women, man, BME individual, younger person, and individual on a lower income)

Stage 3: 5 x Co-design Workshops

	Target Group	**Location**	**Date**
Workshop 1	Men	Liverpool	4. 09/02/10 (Tuesday)
Workshop 2	Young People	Bristol	1. 03/02/10 (Wednesday)
Workshop 3	BME / Ethnic Groups	Camden	2. 04/02/10 (Thursday)
Workshop 4	Low Income	Newcastle	3. 08/02/10 (Monday)
Workshop 5	Women#	Norfolk (Norwich)	5. 10/02/10 (Wednesday)

All groups had 20 participants.
Unless otherwise specified, the group was recruited to be:-

- Aged between 25-65, with 50% of each between 30-55
- All to be open to losing weight
- None to be currently attending a 'weight management service' or participating in a 'formal weight loss' diet or plan.
- None to be successfully losing weight through exercise
- All participants to be 'visually identified' as having a BMI over 25 (overweight), minimum 5 to have a BMI over 30 (obese)
- 50% men, 50% women
- Mix of ethnic groups (representative of the area)
- Mix of family status (Pre-kids, kids, empty nesters)
- BC1C2

Segment Specific Sample Requirements:

Young People (Bristol)

- Aged 18-25
- 50% students/50% non-students
- Mix of different educational establishments (include University and College)

BME (Camden)

- Mix of ethnicities (representative of local area)

Women (Norfolk)

- All Women
- BC1
- Higher proportion of 'Obese' individuals (e.g. at least 10 with a BMI over 30)
- Mix of rural, urban and suburban
- Users who are not engaging with services

Men (Liverpool)

- All men

Lower Income

- C2D
- Mix of employed and unemployed
- All to be chatty and articulate