

Childhood weight management in North Somerset: a qualitative
evaluation of the service delivery model of MEND programmes in North
Somerset

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1.0 Introduction

The prevalence of child obesity continues to increase in England with approximately three in ten boys and girls aged two to fifteen classed as either overweight or obese (31% and 29% respectively) (NHS Information Centre, 2012). Tackling obesity effectively has become a major priority for the government. A National Child Measurement Programme (NCMP) was set up 2005 to monitor child obesity levels and annual data on weight and height are collected from all children in English state primary and middle schools in two age groups: Reception (age 4-5) and Year 6 (age 10-11). Primary Care Trusts (PCTs) have been responsible for collecting the data and providing anonymised information for the National Child Measurement Database (Statham et al 2011). Guidelines on obesity (NICE, 2006) recommend the provision of multicomponent lifestyle interventions for adults and children but recognise that commercial and community programmes, aiming to help people lose weight, are of variable quality. The guidelines also recommend that behavioural interventions should be delivered with the support of an appropriately trained professional (NICE, 2006). A recent Cochrane review of interventions for treating obesity in children found limited good quality data to recommend one treatment programme over another. However combined behavioural lifestyle interventions rather than standard care or self-care can produce a significant and clinically meaningful reduction in overweight in children and adolescents (Oude Luttikhuis et al., 2009).

NICE has recently published draft guidance on weight management services: *Managing overweight and obesity among children and young people: lifestyle weight management services* (NICE, 2013) . The Programme Development Group (PDG) recommended that public health teams working on obesity and child health and well-being:

- Ensure family-based, multi-component lifestyle weight management services for children and young people are available as part of a community-wide, multi-agency approach to promoting a healthy weight and preventing and managing obesity
- Dedicate long-term (at least 5 years) funding and resources to support the development, implementation, delivery, promotion, monitoring and evaluation of these services
- Use data from the joint strategic needs assessment and the National Child Measurement Programme to identify local need

The guidance further recommends that commissioned programmes should meet the needs of the local community and be tailored to meet individual participant (or family) needs so that they are appropriate to age, gender, ethnicity and level of obesity or overweight. The need for raising awareness of lifestyle weight management programmes for both families and health and social care professionals is emphasised and the PDG noted that:

... staff conducting the National Child Measurement Programme were in an ideal position to direct parents and carers, where necessary, to these programmes for advice and support (NICE, 2013).

The importance of on-going support following programme completion is stressed, as is good quality training for programme leaders and the identification of barriers and facilitators (including practical issues such as venue and timing) to successful engagement (ibid, 2013).

Previous qualitative research has found that parents of overweight children report fears of their children being bullied (Stewart et al., 2008) but that they also have concerns about their children developing an eating disorder if they draw attention to their weight (Pocock et al., 2010). Further research in childhood weight management has highlighted the reluctance of parents to consult their GP about their child's weight for fear of being blamed for their child's situation (Turner et al., 2011). Nevertheless the importance of parental support in successful weight loss is emphasised, although previous research shows that parents experienced a lack of support for lifestyle changes in the home, with extended family members often undermining or failing to support these changes (Stewart et al., 2008). The significance of continuous encouragement in working towards flexible, regularly reassessed behaviour goals is also stressed (Murtagh et al., 2006) and the difficulties experienced by parents in restricting their children's diet acknowledged (Owen et al., 2009). Poor attendance at weight management programmes is noted as a challenge to successful obesity treatment (Williams et al., 2010) and parents have reported numerous reasons for dropping out of weight management services including those linked to motivation, misinformation and expectations, in addition to practical issues (Olander, 2012).

In 2011 NHS North Somerset commissioned North Somerset Council to deliver the childhood weight management programme MEND (*Mind Exercise Nutrition Do it!*) (MEND, 2013) via Extended Schools Partnership Managers (ESPMs) working in local school clusters. This was part of work to help tackle childhood obesity in the local area as a response to needs identified in the North Somerset Joint Strategic Needs Assessment, the North Somerset Childhood Obesity Action Plan and the Children and Families Partnership Plan (Caldwell, 2012).

Eleven programmes have been delivered throughout North Somerset (mainly in Weston-super-Mare) between January 2011 and July 2012. The majority of these have been for 7-13 year olds, but there has also been one for 5-7 year olds and two for 2-4 year olds. Outcomes in terms of weight loss have been comparable to MEND national results: participation is associated with improvements in the degree of adiposity (BMI, body composition) as well as in indicators of cardiovascular health and psychological well-being (Sacher et al., 2010)¹. However, the anticipated improvement in local recruitment to and retention within the programme has not materialised.

This report details the findings of a study that adopted a qualitative approach to evaluate the service model used to deliver MEND Programmes in North Somerset. The study assessed the experiences of families who had been referred to MEND programmes and identified the perceived barriers and facilitators to successful engagement with childhood weight management interventions.

¹ See section 2.2 for further details on MEND results

2.0 Background

2.1 North Somerset

North Somerset has a population of 212,200, 4% of the total South West population. The largest urban area in North Somerset is Weston-super-Mare. At the time of the 2001 Census, Weston had a population of approximately 80,000, and was the tenth largest urban area in the South West (SWO, 2012). In the English Indices of Deprivation in 2010, 13 of North Somerset's 124 Lower Super Output Areas (LSOAs) ranked among the most deprived 20% in England and all of these were within Weston-super-Mare. Nine of these LSOAs fell within the most deprived 10% in England with two of the Weston-super-Mare South LSOAs amongst the most deprived 1% in England (SWO, 2012). However, at 15.2% the level of child poverty in North Somerset is better than the England average (21.1%), as is the rate of family homelessness (0.5% North Somerset, 1.7% England average) (ChiMat, 2013).

According to its 2013 Child Health Profile (ChiMat, 2013) 22.6% of the population in North Somerset is under the age of twenty, with 7.7% of school children from black or minority ethnic groups – considerably less than in England as a whole (25.6% England, 10% South West). The health and well-being of children in North Somerset is generally better than the England average and children in North Somerset have lower than average levels of obesity: 8.1% of children aged 4-5 years (England average 9.5%) and 15.6% of children aged 10-11 are classified as obese (England average 19.2%). Across North Somerset 58.4% of children participate in at least three hours of sport a week, which is higher than the England average of 55.1% (ChiMat, 2013).

The *North Somerset Healthy Weight Strategy* is a local response to the national obesity strategy *Healthy Weight, Healthy Lives* (DoH and DCSF, 2008). The strategy document outlines aims to tackle obesity in the local area:

To reverse the upward trend of obesity and overweight in the population of North Somerset, by enabling everyone to achieve and maintain a healthy weight. By 2020, we aim to reduce the proportion of overweight and obese children to 2000 levels.
(North Somerset Health and Wellbeing Group, 2010)

Following organisational changes in the National Health Service, from April 2013 North Somerset Council took over responsibilities for health and well-being of the local population and production of the local strategic needs assessment. The work will be supported by a two year ring fenced public health budget of approximately £7.4 million in 2013/14 and £7.6 million in 2014/15 (Pollard, 2012).

2.2 MEND

MEND is a commercial, family-based, integrated, multicomponent healthy lifestyle intervention programme. It is based on nutrition and sports science principles, combined with behavioural change theories from psychology (Sacher et al., 2010). The MEND programme encompasses these elements in sessions which address education, skills training and motivational enhancement to encourage behaviour change (ibid 2010). MEND sessions are free and are held in the community. The programmes are tailored to specific age groups: MEND 5-7, MEND 7-13 and MEND 2-4 (sometimes known as Mini-MEND). The MEND programme for older children comprises of 20 x 1.75-2 hour group sessions held over 10 weeks, whereas MEND 2-4 programmes are delivered in 10 x 1.5 hour sessions over 10 weeks (MEND, 2013). The MEND 2-4 programme is designed as primary prevention for toddlers and parents or carers, whereas the programmes for older children target secondary prevention and treatment of obesity.

A recent randomised controlled trial evaluating the effectiveness of the MEND programme in 116 obese children (BMI \geq 98th percentile, UK 1990 reference data), randomly assigned to intervention or waiting list, found that participants in the intervention group had a reduced waist circumference z-score (-0.37; $P < 0.0001$) and BMI z-score (-0.24; $P < 0.0001$) at 6 months when compared to those in the control group, although reporting of outcomes for the intervention group was only for the sixty-two per cent measured at this time point. Some benefits in cardiovascular fitness, physical activity levels and self-esteem were reported to have been sustained at 12 month follow-up (Sacher et al., 2010).

2.2.1 Delivery of MEND in North Somerset

As a response to needs identified in the *North Somerset Joint Strategic Needs Assessment*, the *North Somerset Childhood Obesity Action Plan* and the *Children and Families Partnership Plan*, NHS North Somerset commissioned the Strategic Commissioning Team (STC) at North Somerset Council to deliver eight MEND programmes (MEND 7-13) between January 2011 and July 2012 (Caldwell, 2012). The STC then commissioned Extended Services Partnership Managers (ESPMs) to set up and implement the programmes through local schools. The delivery model was designed to minimise the challenges of, and therefore potentially increase, recruitment and retention, as ESPMs (who took on the role of MEND Programme Managers) are employed and work across a cluster of local schools and thus have a unique network of relationships in the community (Caldwell, 2012). The Extended Services Team (EST) agreed to deliver four further programmes (two MEND 2-4; two MEND 5-7), although recruitment for one of these was unsuccessful (MEND 5-7). Eleven programmes ran, with start dates from May 2011 to October 2012 (Table 1).

An impact report published in 2012 (prior to completion of all planned programmes), following a review of MEND in North Somerset, highlighted problems with recruitment to the programmes, especially in the Backwell, Nailsea and Yatton areas, which are more affluent than some of those, for example, in Weston-super-Mare. The report also detailed discrepancies in perceptions of “healthy weight” for children amongst the public and professionals working across North Somerset which might impact upon recruitment. The authors noted:

There is still a perception that children who are above a healthy weight are extremely large children. This is not the target group for who MEND is intended. Evidence shows that for morbidly obese children and young people, residential treatment is more appropriate. This misunderstanding can make families think that MEND is not appropriate for their child when it actually is (Caldwell, 2012)

Action was therefore taken to improve awareness of the programmes such as:

- Inviting identified children who might benefit from the programme to a meeting with the school nurse
- MEND Programme Managers calling identified parents directly to ensure they have heard about MEND and ask if they considered attending

Programme type	Location	Start date
MEND 7-13	Weston-super-Mare	May 2011
	Clevedon	May 2011
	Worle	Sep 2011
	Backwell	Jan 2012
	Weston-super-Mare	Jan 2012
	Banwell	Jan 2012
	Worle	Oct 2012
	Worle	April 2012
MEND 5-7	Weston-super-Mare	Sep 2012
MEND 2-4	Weston-super-Mare	May 2012
	Weston-super-Mare	Oct 2012

Table 1 – Mend Programme Delivery in North Somerset

These steps appear to have had a favourable impact on enrolment with increased numbers recruited to programmes (Caldwell, 2012). Nevertheless the report also details that the composition of groups has changed over the course of delivery and that programmes were attracting a larger number of children from families with more complex socio-economic issues

or and children with behavioural problems (ibid, 2012). These issues may in turn have an impact on retention and programme completion.

2.2.2 MEND results in North Somerset

Children who completed MEND programmes in North Somerset are reported as being:

... fitter, have a lower BMI, have increased physical activity levels and reduced sedentary behaviour (Caldwell, 2012)

A MEND 7-13 Portfolio Report generated using post-programme measurement data for five programmes delivered between April 2011 and March 2012 details the results for the 46 children attending. Average attendance was similar to the national average (77.4%) although drop-out rate was higher (21.4%). The report details some small changes in anthropometry: BMI decreased from 26.9kg/m² pre-MEND 7-13 to 26.1kg/m² post MEND, with abdominal fat (as measured by waist circumference) decreasing by 2.7cm post-programme (MEND, 2012). Levels of physical activity are reported to have increased and children were participating in physical activity for an additional 1.0 days per week post-programme. A 2.0 hour decrease in sedentary activities per week and a reduction in television viewing and computer usage from 14.2 to 12.2 hours per week were also reported. Fitness also improved, demonstrated by a 17.4 beats per minute decrease in recovery heart rate following a 3-minute step test. Positive impact on the psychological wellbeing of participants was reported, with an already low SDQ² score decreasing post-programme (MEND, 2012), although the extent to which these improvements could be attributed to participation in MEND is unclear.

² The Strengths and Difficulties Questionnaire (SDQ) is designed for general behavioural health screening of children 3 to 16 years of age, consisting of a one-page form of 25 items.

3.0 Aims of the evaluation

This study was designed to 1) identify the barriers to, and facilitators of, engagement in childhood weight management programmes; 2) understand what motivates families to attend (or not) weight management interventions; and 3) discover what kind of service they would find useful, easy to engage with and accessible.

The main objectives of this evaluation are therefore as follows:

- Assess the experience and outcomes of families who joined a North Somerset MEND programme
- Identify what motivates families to attend, complete or drop out of a weight management programme
- Identify what families require in a child weight management programme
- Identify what programme managers see as the key learning points for engaging and retaining families, and programme delivery

4.0 Research methods and methodology

This section of the report details the sampling and recruitment strategies employed, research methods and materials utilised, research procedures, and methodological issues encountered when carrying out the evaluation.

Staff at NHS North Somerset defined potential participants as either completers or non-completers when details were provided to researchers. It should be noted that throughout the report the families defined as **completers** were those who had attended more than 75% of sessions and **non-completers** were those that attended fewer than 75% of sessions.

4.1 Sampling and recruitment

4.1.1 Telephone interviews with MEND families

Representatives of the 85 families who participated in MEND programmes since 2011 were eligible to take part in the evaluation. The researchers aimed to include as broad a range as possible of different participant characteristics such as:

- Method of referral (self/health care professional)
- Those who completed the programme (completers)
- Those who dropped out later during the programme (non-completers)
- Different age groups of children
- Male/female children
- Single parents/couples

To comply with data protection regulations recruitment was facilitated by using an opt-in design which impacted upon the opportunities for purposive sampling. Families were initially contacted via staff at North Somerset NHS and the ESP (a Public Health Specialist and MEND programme managers) and asked if they were happy for a study researcher to contact them directly³. The recruiters then provided contact details to the researchers who subsequently telephoned potential participants to explain what taking part in the study would involve. If families expressed an interest in taking part the researcher forwarded copies of the study invitation letter and information sheet either by post or email. The researchers then re-contacted them a few days later to make arrangements for the telephone interview.

4.1.2 Response rate

Table 2 details the recruitment of participants to the evaluation. In total the researchers were provided with the names of 25 MEND participants who had expressed an interest in taking part in a telephone interview, when contacted by staff from NHS North Somerset. Sixteen of these contacts were families who had completed MEND and nine were those who had not. Researchers made initial contact with representatives from 21 families (14 completers, seven non-completers), but were unable to contact the remaining four families.

Of those with whom the researchers made contact, one person declined to take part as the family had moved abroad, but all the others agreed to be sent written information on the study. Following re-contact appointments were made with eleven families who completed MEND and five who had not completed the course. With three families, although appointments were made the participants were not available at the interview appointment

³ The researchers do not have details of the number of families (of the 85 possible) which whom initial contact was made by staff at North Somerset NHS and the ESP.

time agreed (two completers and one non-completer). The researchers were unable to re-contact with the remaining families despite numerous attempts by telephone and text messages (see section 4.1.4 Methodological issues).

Telephone interviews were conducted with nine of 16 participants who had completed MEND – a response rate of 56.25% of those whose contact details had been provided (64.29% of those with whom the researchers had been able to make contact). Four interviews were also conducted with participants from families who had not completed MEND – a response rate of 44.4% of those whose contact details had been provided (57.14% of those contacted). The

	Completers	Non-completers
Contact details provided	16	9
Initial contact made	14	7
Unable to re-contact	3	0
Refused	0	1
Appointments arranged	11	5
Interviews completed	9	4
Response rate	56.25%	44.4%

Table 2 – Recruitment of MEND families – numbers contacted and recruited

overall response rate (for 85 families) was 15.29%. However, the researchers do not have details of how many of the 85 families who participated in MEND programmes were initially contacted by North Somerset staff and invited them to take part. These response rates compare favourably with those for other qualitative studies in child weight management or obesity prevention where recruitment was also an issue (Kipping et al., 2012; Turner et al., 2011).

4.1.3 Profile of participants - MEND families

The profile of representatives from the MEND families who participated in telephone interviews is detailed in Table 3. Altogether the researchers consulted with eleven mothers and two fathers, of 14 children (nine girls, five boys) who had attended MEND programmes in North Somerset. Three of the families had attended the MEND 2-4 programme (three children) and ten MEND 7-13 (11 children). Unfortunately the researchers were unable to speak to any of the families who attended the one MEND 5-7 programme that had been conducted. Nine families had completed a programme and four had failed to complete a programme. Interview participants had attended programmes led by three different programme managers, although a number of different staff members conducted various sessions and activities during these programmes.

Demographic information is also presented in Table 3. The majority of the sample (8) were home owners, and in paid employment (9), but there was a broad range of educational attainment. All but one of the participants reported their ethnic identity as white British, however as noted in section 2.1 North Somerset has a lower than average minority ethnic population.

Characteristic		n
MEND outcome		
	Completer	9
	Non-completer	4
Parent interviewed		
	Mother (Mean age 39, Range 30-70)	11
	Father (Mean age 45, Range 45-45)	2
MEND programme attended by children		
	MEND 2-4 (1 girl, 2 boys; Mean age 3.66)	3
	MEND 5-7	0
	MEND 7-13 (8 girls, 3 boys; Mean age 9.89)	10
Programme manager/group leader of programme attended		
	PM01	2
	PM02	5
	PM03	6
Housing tenure		
	Own outright/buying with mortgage loan	8
	Renting from council or housing association	2
	Renting privately	3
Education		
	Degree level qualification (or equivalent)	3
	Other higher education qualification	1
	A levels or equivalent	1
	ONC/National level BTEC	2
	O level, GCSE or equivalent	2
	Other qualifications	2
	No formal qualifications	1
	Still in education	1
Employment status		
	Working (employed or self-employed)	9
	Unemployed (looking for/not looking for work)	0
	Looking after home or family	3
	Long term sick or disabled	1

Table 3 – Participant characteristics – MEND families

4.1.4 Methodological issues

The researchers had anticipated that recruitment to the study would be challenging, particularly with families who had dropped out of the programme. Recruitment of families who are disengaged from health service provision, or those who may have chaotic lifestyles is notoriously difficult (Clark, 2008; Turner et al., 2011) . In order to maximise recruitment in this study families were offered an incentive (£20 ASDA gift card) to encourage participation. As the incentive was a one-off gift payment it did not have an impact on tax or benefit payments. The payment of incentives is commonly recognised as a tangible way of acknowledging the value of public contributions and enables the involvement of a broader range of participants (INVOLVE, 2010) (Simmons and Wilmot, 2004). Despite the initial contact by professionals who were, in the main, already known to participants, recruitment to the study was slow. Numerous calls were made to participants who either did not answer calls, or their device went straight to voicemail. The researchers were largely provided with mobile telephone numbers which meant that an unknown number would have been displayed when they made a call. To counteract this problem a mobile telephone was used to send an introductory text to participants who were difficult to contact, but recruitment remained slow, particularly with non-completers, and as noted in section 4.12 even when appointments were made participants were not always available at the time arranged.

4.1.5 Telephone interviews with MEND programme managers

Telephone interviews were conducted with two of the seven programme managers involved in recruiting participants to the MEND interventions and running sessions in North Somerset. Researchers were provided with contact details for three current and one former manager. They were able to contact the three current managers, two of whom helped with recruitment to the evaluation. Two managers agreed to be interviewed: one was largely involved with recruiting and the other with programme delivery. The remaining four managers are no longer active in the area and were not contactable.

4.2 Research methods and research materials

4.2.1 Research methods

In order to complete the evaluation the research team conducted:

- Semi-structured telephone interviews with 13 parents/guardians of 14 children referred (or self-referred) to MEND programmes in North Somerset
- Semi-structured telephone interviews with 2 MEND Programme Managers

Participants were given the opportunity to articulate their views on the MEND programme and to discuss the issues most important to them. Well-planned telephone interviews are a useful and cost-effective method for collecting qualitative data (Sturges and Hanrahan, 2004). The interviews facilitated the exploration of the views of both families who engaged, or did not engage with, or complete the programme and also of programme managers who were responsible for recruiting to and/or coordinating MEND programmes in the area. Semi-structured interviews facilitate coverage of broad issues across groups, but also provide participants with the opportunity to raise issues they regard as salient.

4.2.2 Research materials

Before taking part, potential participants (MEND families and programme managers) were forwarded copies of an invitation letter (see Appendix 1a) and study information sheet (see Appendices 2a, 2b and 2c) explaining what to expect from the study.

4.2.2.1 Mend families

Interview topic guides (see Appendices 3a and 3b) were developed following a search of relevant literature/information in the area and were tailored to explore the differing experiences of families attending MEND programmes and barriers and facilitators to attending. For families who completed programmes discussion topics included how families had heard about the programme, referral processes, motivation to attend, programme delivery, information and advice received and experience of adopting lifestyle change. In addition to the above topics interviews with parents of children who dropped out of the programme focussed

on the barriers to participation and difficulties encountered in taking part. Parents from both groups were also asked about their child's attitudes to and engagement with the MEND programme, as these are viewed as key to the success of weight management interventions.

4.2.2.2. Programme managers

During telephone interviews programme managers were invited to reflect on the key learning points for engaging and retaining families. The topic guide for these interviews (see Appendix 3c) therefore explored their experiences of recruiting to MEND, engaging families in weight management interventions, coordinating and delivering MEND programmes in North Somerset. Participants' views on the content of the MEND programme were also explored.

4.3 Research procedures

As noted in section 4.1.1 families were re-contacted by study researchers following initial contact by staff at North Somerset NHS and the ESP and after they had received the invitation letter and information sheet sent to them by post or email. Appointments were made for telephone interviews at a time convenient to participants.

After consenting to take part in the study (see section 4.4), at the start of telephone interviews participants (MEND families) were asked provide data via the completion of a brief recruitment questionnaire. This comprised a small number of questions covering demographics and details such as age of child, family composition and time spent in the MEND programme in order to facilitate data analysis across different groups.

Telephone interviews with families lasted between 15 and 32 minutes and between 28 and 29 minutes for programme managers. All interviews were recorded using a digital telephone recording device, with participants' permission, and transcribed verbatim. Participant names are not used in this report, instead study numbers are utilised to identify participants/participant groups (PAR = MEND family; PM = programme manager).

4.3 Analysis

Telephone interviews were recorded with participants' consent and transcribed verbatim. However in two interviews the voice recorder failed, therefore the researcher made notes directly following interviews to record the key points made by the participant. Transcripts of telephone interviews and researcher notes were analysed using the framework method (Ritchie and Spencer, 1994) with the aid of the NVivo software package. This method is a matrix-based approach which facilitates qualitative data management (NatCen, 2013) enabling researchers to organize data according to key themes, concepts and categories and is widely used for analysing qualitative data, particularly by researchers in the field of social policy.

For MEND families analysis frameworks for completers and non-completers were constructed around the interview topic guide. They covered key themes derived from a review of the literature and built on the research experience of the evaluation team. The initial frameworks were adapted to incorporate emerging themes during the analysis process. These frameworks facilitated comparison between and within the two groups of participants.

The interviews with programme managers were subjected to open coding of key themes using the NVivo software package.

4.4 Research ethics

As the study is an evaluation of the model of service delivery of MEND programmes in North Somerset it was not necessary to apply for ethical approval from the National Research Ethics Service. However, as a matter of good practice, the researchers secured consent from the Ethics Committee of the Faculty for Medicine & Dentistry at the University of Bristol for the evaluation to take place. The study was then registered as an evaluation with the Avon Primary Care Research Collaborative.

Participants were informed that taking part was voluntary and that they were free to withdraw at any time, without giving any reason. Participants were informed that the personal data they

provided would not be used for any other purpose than for this study and would not be disclosed to any third parties. All were given an opportunity to ask questions and have them answered satisfactorily prior to giving consent to take part.

The parents/guardians were informed that the information they provided would be confidential and that their identity would not be disclosed in any outputs from the research. Similarly the Programme Managers were informed that their names would not be disclosed in research outputs but that due to the nature of their position, there might be potential for identification:

... as there are only a few programme managers who have been involved with MEND in the North Somerset area it is difficult for us to guarantee complete anonymity.
(MEND Information Sheet – Programme Managers)

Telephone interview participants were asked to consent verbally to participation and this verbal consent was digitally recorded at the start of the telephone interview.

5.0 Findings of the evaluation

5.1 Interviews with MEND families

This section of the report details findings from the telephone interviews with MEND families. Firstly issues surrounding awareness of MEND programmes, participants' experiences of referral, reasons for attending, and parental expectations of participation are explored. Family weight, diet and activity and children's attitudes to their weight are also detailed.

5.1.2 Before attending MEND

5.1.2.1 Finding out about MEND

The majority of participants became aware of the MEND programme via local schools and the work of the programme managers within these schools. Some had seen leaflets about MEND in the schools, others had been sent leaflets from school via their child, or had spoken directly with one of the programme managers:

Well I work at [school] myself and I saw PM03 who was organising it, PM03 had leaflets and I just saw one of the leaflets at school (PAR105 – completer MEND 7-13)

Yeah [son] brought home a leaflet about it. I think they were given leaflets throughout the school (PAR106 – completer MEND 7-13)

Other participants had seen leaflets elsewhere, or discovered information about MEND online:

It was either a leaflet or it was in one of the ... Somerset Life or something that comes through the door ... or I picked up a leaflet at the Tourist Information at the Winter Gardens (PAR111 – completer MEND 7-13)

It may have been through Facebook I think, because I like Somerset Council on there (PAR102 – completer MEND 2-4)

It was in a local, like a Mum's Diary ... tells you all the different activities which are happening and something that PM03 had written in there (PAR103 – completer MEND 2-4)

Three reported that they had heard about MEND through a health care professional. Those that had mentioned their GP, school nurse and a dietician:

I initially heard about MEND, I believe that it was through the doctor's surgery, because I raised concerns about my daughter's eating habits. So I think it was initially either

through the doctor's surgery or the dietician, because I was trying to get to see a dietician through the hospital but they wouldn't let me (PAR110 – non-completer MEND 7-13)

5.1.2.2 Mode of referral

The majority of families who participated in interviews had actively sought a place on a MEND programme for their child. This had mainly involved telephoning one of the programme managers, or speaking with them directly at local schools:

It was my choice to go (PAR103 – completer MEND 2-4)

So I just went and saw PM03 and got ourselves on it (PAR105 – completer MEND 7-13)

I looked at it [leaflet] and it looked quite interesting and wanted to know more about it, so I rang up (PAR106 – completer MEND 7-13)

Few participants had been advised to attend a programme by a health care professional, and of these, one had consulted her GP due to concerns about her child's eating habits and asked for a referral to a dietician, which was refused:

I remember being referred to the hospital and then the dietician came round to the doctor's surgery and said no, I can't see her. It was probably because of the MEND programme that was in place (PAR110 – non-completer MEND 7-13)

Another participant's family GP had recommended that his child should attend a MEND programme, and a further participant was recommended to attend by a school nurse.

5.1.2.3 Reasons for attendance

Participants were then asked about their motivation to attend a MEND programme. The majority of participants did not describe their child as overweight although some did explain that they had concerns about their child's weight which had led them to seek a place on a MEND programme:

... [son] is not really fat boy, it's only when [I] go to take more information what I doing wrong. I'm not worried about ... no problem (PAR101 – completer MEND 7-13)

I mean they weren't overweight (PAR113 – non completer MEND 7-13)

The terminology the parents often used to describe their child's weight was interesting, as they tended to avoid describing them as overweight:

She struggles a bit with her weight really, she was born chubby and likes her food and I just thought it would be something good for us to do ... There were also a couple of children that were on it that were under paediatricians for being really overweight, and it didn't really work for them because they were under a programme already and it didn't really work in the same way (PAR105 – completer MEND 7-13)

Because my child's quite big (PAR111 – completer MEND 7-13)

He's always been, right from a baby he was always the 99th percentile they call it so we were, we've always been worried about his weight, but it's got worse and worse (PAR114 – completer MEND 7-13)

Previous research has found that parents underestimate their child's overweight status, or do not view their weight as problematic (Towns and D'Auria, 2009). One participant explained that she had sought professional advice because she believed that her daughter had weight issues due to poor eating habits:

I didn't know whether or not she had some form of, I can't think of the actual correct wording for it, but some sort of psychological kind of issues with eating, and I still personally think she has got a problem. Because I've found it very difficult for [daughter] to get to eat things like vegetables and adequate sort of amounts of ... your five a day. I decided to seek advice, and that's how we obviously ended up on the MEND programme (PAR110 – non-completer MEND 7-13)

For other participants getting their children to engage in exercise was problematic and they thought that MEND could help with this:

Yeah, well it's mainly exercise he's got problems with, he's got problems with exercising anyway, and he's got dyspraxia which means that he sort of falls over a lot ... we know PM02 from the groups that we've been to over the last few years. So we just thought it would be a good idea for him to go there (PAR114 – completer MEND 7-13)

As noted in section 2.2 above, MEND 2-4 is designed as a preventative intervention for toddlers and their parents/carers. Another group of participants who attended MEND 2-4 were more concerned with their children's eating habits and wanted help and advice for coping with "fussy" eating, although one of these was a child with health problems whose medication had been responsible for weight gain:

He's always been underweight and he's not terribly food orientated. He doesn't really like eating, not particularly, he's always been quite difficult to feed ... physically I wasn't worried about him, in the fact that he is underweight and everything but he's quite

lively. But I was worried about his approach to food really (PAR103 – completer MEND 2-4)

She's an extremely fussy eater. That was the main thing. Also she had not long started chemotherapy so it was important that we kind of try and get over the fussy eating to help her eat the things that she needed to try and help her with her health as well ... her weight fluctuates because she has steroids every four weeks. She's just had some now and her appetite's just unbelievable and it's trying to kind of rein that in and control it somehow (PAR102 – completer MEND 2-4)

This parent and another commented that the majority of those who attended the MEND 2-4 group could not be categorised as overweight:

I wouldn't have said there were any children there that were overweight if I'm honest with you. I think all of them were either fussy eaters, which is what [son] is, or were okay at eating but they just wanted to make sure that they had a good understanding of what's a good food to eat and what food you should be careful with (PAR103 – completer MEND 2-4)

But there was recognition that the course content would also be suitable for those with weight problems:

It was definitely useful for children that are overweight and educating parents as well (PAR102 – completer MEND 2-4)

5.1.2.4 Family weight, diet and activity pre-MEND

A number of participants reported having issues with their own weight, or alternatively had family members who did, reflecting the findings of previous research on weight management in childhood and adolescence (Davison and Birch, 2001):

I have a weight problem myself, I know quite a lot about healthy eating but my weight problem isn't because I'm completely naïve to what's good and what's bad for you. My weight problem is mainly to do with stress so I'm a terrible comfort eater. The way I dealt with like [daughter]'s illness was by eating so it's not because I didn't know what I should or shouldn't be eating (PAR102 – completer MEND 2-4)

Her father's mother was very, very overweight, ended up dying of heart failure, and I've got a sister who is really overweight, and it sounds awful but [daughter] she is very like those two members of the family, so I suppose it's at the back of my mind I want to watch her weight, whereas her brother he's like, he went through a chubby stage at about ten but he was born long and thin ... and everybody says oh, she's the image of

those two people in the family who are very overweight, and I think I have that at the back of my mind as well, that I don't want to, better watch it really (PAR105 – completer MEND 7-13)

It is possible that parental/family issues or experiences of being overweight, or of attending weight loss programmes, may have an influence on adults' attitudes to, or participation in, childhood weight management programmes.

Nevertheless there were also some participants who did not perceive that other family members had problems with weight:

Not in the same way, no. I mean we've all, everyone carries a little bit too much ... I mean if you looked at his sister ... you can see her ribs (PAR114 – completer MEND 7-13)

When questioned about family diet pre-MEND some parents related difficulties that they had experienced in getting their children to try different or what they perceived as "healthy" foods:

The food side of things, again, I would say that both of them are quite fussy eaters. They like a traditional roast dinner, but things like salad, and they'll eat vegetables now and again but they won't eat it on a daily basis, vegetables, and salads they won't touch at all, so it is really quite hard, yeah (PAR106 – completer MEND 7-13)

The importance of the engagement of all family members in healthy eating habits as a crucial element in encouraging behaviour change was recognised by some who reported difficulties in gaining cooperation from wider family:

No. No, I'm afraid my husband won't embrace healthy eating at all (PAR112 – completer MEND 7-13)

Families were questioned about involvement in exercise and physical activities by their children or family as a whole before they joined MEND:

Well he does rugby and stuff at school. They ride their bikes, their dad rides a bike. The thing is you see I'm waiting for a hip replacement so it's very hard for me. So I will go everywhere in the car, which is a bit, I do feel a bit mean sometimes but. But he walks to school every day. He walks home or he'll get his bike out (PAR111 – completer MEND 7-13)

I wouldn't say we are the most active family but we're not couch potatoes either! (PAR105 – completer MEND 7-13)

I mean they do take the dogs for a walk with me, you know, and things like that, just to get them off; otherwise they would sit glued, but they don't, you know, I give them some time, they do their homework on the computer and, you know, they do their games. I mean they do sit for a couple of hours (PAR113 – non-completer MEND 7-13)

Some participants reported difficulties in coordinating physical activity with day to day life:

We did try before the programme to do that [exercise as a family] although both myself and my husband working full time meant that having really busy working lives it was quite difficult sometimes on the weekends because you just want to collapse and not do anything really ... and then what with homework and housework and everything else as well it wasn't really on a list of priorities, and also I think with us as well weather's a lot to do with it. You know, none of us like the cold, even wrapped up we don't like going out in the cold, so where the weather hasn't been brilliant and that last year and the year before, you know, we don't tend to do physical activities really, yeah (PAR106 – completer MEND 7-13)

5.1.2.5 Parental expectations

Parental expectations and requirements of participation in the MEND programme were discussed with respondents. Some parents who has signed up for MEND 2-4 reported that mealtimes were a big source of anxiety and conflict for them, so they hoped that the knowledge that they gained from attending would make mealtimes more relaxed. Others who had joined both MEND 2-4 and MEND 7-13 expected to learn more about healthy eating, or that MEND would provide their children with opportunities to take part in physical activity. A number of participants therefore appeared to have received clear information about what to expect from attending, whilst others reported that they were unsure, and even anxious about going along to the first session:

I think I had a pretty good idea. It was what I expected. There was a bit of physical activity and then sitting down as a group and talking through different topics each week, yes (PAR101 – completer MEND 2-4)

I don't really know what I thought it was going to be like. PM01 told me a little bit about talking about food and how it was all made up and the goodness of it in our bodies and how it would help our bodies ... and then also activity and looking at that, but I didn't really know what to expect really until I got there (PAR114 – completer MEND 7-13)

Some respondents were very clear about what they anticipated gaining from participation, although few mention weight loss as a specific expectation:

Just some help really. Techniques to try and combat it and deal with it. Well just basic healthy eating tips as well (PAR101 – completer MEND 7-13)

Well I wanted some tips on how to handle him, and how to handle my own emotions with it, and how to deal with other people's reactions to the fact that he won't sit and eat together in a meal or snacking, that sort of thing. (PAR103)

Well, I thought we would just learn about healthy choices of eating and sort of different things there are out there to do exercise-wise, you know, a combination of the two (PAR105 – completer MEND 7-13)

Well I thought they'd start to lose weight, you know, over a time (PAR113 – non-completer MEND 7-13)

In contrast to previous qualitative research the parents in this study did not report expectations with regard to increasing their child's level of self-esteem (Twiddy et al 2012).

5.1.2.6 Children's attitudes to weight and attending MEND

When asked if they were aware that their children had experienced problems due to their weight, for example by being bullied at school, at first parents generally reported that this was not the case:

No, they don't bother at all, they're not sort of shy and thinking oh I am overweight (PAR113 – non completer MEND 7-13)

I don't, I don't think he's ever been bullied about his weight, but he's quite, he's quite tall, so he's a big, as I say he's a big boy (PAR111 – completer MEND 7-13)

However some of the children were thought by their parents to be exhibiting potential psychological or body image issues:

No, not really any problems at school, but psychologically I think she noticed (PAR110 – non-completer MEND 7-13)

She said oh I hate my hips, my hips are really big, and I thought ooh, I don't like that really, her saying that (PAR105 – completer MEND 7-13)

Findings here reflect previous research, which has found that parents fear that they might trigger an eating disorder if they try to tackle their child's weight problems (Towns and D'Auria, 2009):

No, he didn't really feel that he had a problem with his weight, although now and again he would say something, you know, make a little statement or something about he couldn't run as fast as the others or that sort of thing, but we've always tried to sway away from that kind of discussion really and talk to, I don't want to get too much into the weight (PAR106 – completer MEND 7-13)

Despite initially denying that their child experienced bullying, later in the interview some participants mentioned the possible stigma of attending weight management interventions at the school that their child attended:

It was easy for me to make the decision because I felt that we needed something really or he needed something. It was difficult for him. He didn't want to go to the first one because none of his friends were going to go. He felt that, even though I explained, I tried to explain the programme to him in child terms I think he felt a bit like there was going to be a bit of a stigma about it and if none of his friends were there and all that kind of thing really ... so I had to really coax him and tell him that I was going to support him and it was just as much for my benefit as it was for his and that we'd learn some things from it. So yeah, so that was that really (PAR106 – completer MEND 7-13)

One parent also related the resistance that she had encountered in trying to persuade her child to take "healthy" food in his school lunch box. Some participants described how they had encountered resistance from their child to attending MEND. One had made arrangements with programme leaders so that she could drop off her son and collect him at the end of sessions in order for him to agree to participate:

[daughter] didn't want to go, I have to say, to start with, and she was quite oh well I'll go and see what it's like, but she really enjoyed it once she got there (PAR112 – completer MEND 7-13)

Fine actually, I was quite surprised that he was very yeah, okay then. And that's when I said to him I'd give him the choice, did he want me to come or would he actually go on his own, and that's when he said I'll go on my own (PAR111 –completer MEND 7-13)

5.1.3 The MEND programme

This section of the report details families' experiences of attending MEND and their opinions on the course content and information and advice provided. Engagement with the programme, behaviour change techniques – in terms of goals and targets set - and experiences of implementing change at home are explored. Practical issues related to attendance and programme results in the short and long term are also considered.

5.1.3.1 Starting MEND

Previous qualitative research has found that parents may fear being blamed for their child's situation (Turner et al., 2011) and this was reflected in study interviews. Some parents explained that they did have concerns about this when starting MEND but this they reported being made to feel welcome and put at ease by session leaders when they first attended:

I felt then that it was my problem, and so I felt quite bad about it and it was making me feel quite depressed ... And so the fact that there's somebody out there taking an interest, recognising that these aren't huge medical problems but they're quite family problems, especially when you have a fussy eater like this, he'll eat it one moment and then won't eat for three days. It was just really nice to have somebody to say I know how you're feeling and these are some ideas you could go away and try (PAR103 – completer MEND 2-4)

They were really good, and very welcoming ... I had to bring my little one along with me and they were very good at being accommodating about that, so that was really good (PAR112 – completer MEND 7-13)

It was a bit of a worry because, you know, when it's something new you don't know what it's going to be about, do you, but they were good, the people there were good at explaining what was going on. And then basically all the other parents were in the same position anyway (PAR114 – completer MEND 7-13)

Children attending MEND are usually weighed and measured at an initial session and parents reported differing attitudes to the weigh-in session, with some children happy to participate, whilst others appeared anxious:

She's very ashamed of sort of having herself weighed and bits and bobs like that. She didn't want to have that done because by that sort of time I think she did identify that she did have some weight problem. It's not that she's sort of obese, but she is classified

as slightly overweight. But it is, I think it is hard for her to acknowledge that there was a problem (PAR110 – non-completer MEND 7-13)

Every time we go to the hospital she is weighed and measured so that was no problem. (PAR102 – completer MEND 2-4)

He was fine with that. I know some of the other children weren't too, were a bit worried about that but ... he doesn't worry about things like that (PAR114 – completer MEND 7-13)

However one participant commented on a lack of feedback from the initial weigh-in session:

Although they weighed him at the beginning and at the end, it almost wasn't needed because they didn't give us any feedback on whether they were underweight or overweight ... they recorded it but they didn't judge, make any judgement on it (PAR103 – completer MEND 2-4)

but it should be noted that MEND 2-4 is primarily a preventative intervention.

Parents reported that in general they were happy with the information about the course that they received at the start of the programme, particularly those who were apprehensive about joining the programme, or unsure what to expect:

We had a folder and we'd have information each week from what we'd covered and with all the, yeah, and we had activities to do as well (PAR 102 – completer MEND 2-4)

Yeah, that was very good, yeah. Easy to read and there was children's sections as well as, yeah, so that was good (PAR105 – completer MEND 7-13)

We started off with a group meeting which gave us a little bit more information about what the programme consisted of (PAR106 – completer MEND 7-13)

We both, I got one and [son] got one as well, sort of various hand outs each week. Yeah, it was a bit of a worry because, you know, when it's something new you don't know what it's going to be about, do you? But they were good, the people there were good at explaining what was going on. And then basically all the other parents were in the same position anyway (PAR114 – completer MEND 7-13)

However one parent whose child did not complete MEND 7-13 was critical of the way that the information was provided, in instalments, to be added in a loose leaf folder as the course progressed. As the family stopped attending the course due to practical difficulties it meant

that they did not receive all the information that would have enabled them to continue with, in particular, implementing dietary changes in the home environment. PAR09 therefore suggested that information should be provided in a hard back format, at the start of the course. However this might deter attendance and increase drop-out and participants might suffer from information overload if all the information was given at commencement of the programme.

5.1.3.2 Content of MEND programme

During interviews parents were asked about the things that they found most helpful about MEND and that their children enjoyed. The sessions that explored the nutritional content of food were popular and parents reported that they gained useful knowledge that helped to inform them, and their children, in making food choices:

There were bits about, the menu bit I didn't really need, but I found the bit about the sugar and the fat content, how to read the label was very useful. Certainly changed my opinion on things that are pushed to parents as being "healthy", which are full of sugar or full of fat, like breakfast cereals. I mean I knew that things like *Frosties* would be full of sugar but I didn't realise that things like *Bran Flakes* would be full of sugar so high, and it's ridiculous. So that was a really useful session (PAR103- completer MEND 2-4)

When they were sort of looking at the sort of groups of food that they need to eat, what, how much of each group, that was really helpful. That helped make me and [daughter] aware really of how much of each group of food she should be eating ... Well I think certainly both of us got a lot of information about sort of food, healthy eating, the effects on your body, portion sizes. I was quite surprised, I have to say, that the amount that a child should have is a lot less than I thought, so that was quite a surprise. So that was really good. And I think for [daughter] it really did give her a good awareness of the effect that the food she eats has on her body, and, you know, that it's about her making choices about the food she eats and if she chooses to eat the junk then she needs to be aware what that effect will have on her (NS112 – completer MEND 7-13)

Nevertheless one parent reported that the information and advice she received did not meet her needs as it was too simplistic:

I was sort of going along and I just felt that I wasn't really getting enough out of it, really what I needed to be hearing. It's okay being told this is a vegetable and we should be eating these, you know, it was a case of like sometimes it was like being told bluntly how to suck eggs (PAR 110 – non-completer MEND 7-13)

Similarly, another parent who reported that although she had found the information useful, as her child was a “fussy eater” she had hoped that she would gain knowledge on how to cope with issues such as getting him to eat adequate calories to ensure growth, which she felt were not covered in the course.

The supermarket visit that was included in the MEND 7-13 programme was thought to be informative, with some parents reporting that in the longer term their children continued to look out for so-called *MEND friendly* foods when the family was out shopping:

That was excellent that was, yeah, because we went round and they looked at all the fruits and vegetables, and we were looking at the back of packets to look at if they were *MEND friendly*, and that was really good. And then we went out the back and they tried all different fruits and different products to get them sort of trying different things. That was a really good session (PAR105 – completer MEND 7-13)

We really enjoyed going along to the local supermarket and looking at the contents on the packets and trying to find *MEND friendly* food. That was really interesting and that’s something that he’s carried on doing since actually ... he does look a lot more now at the labels on the packets (PAR 106 – completer MEND 7-13)

He became more understanding, definitely, through going to the course and you were able to say to him no, don’t eat that because it’s, they called certain foods *MEND friendly* and other things *MEND unfriendly*. So for six months or so probably after that he was responsive to that, then he got sick of that and, every time we said it. So that went for about six months; that was all right (PAR114 – completer MEND 7-13)

Other sessions covering coping with difficult behaviour and looking at ideas for indoor play as part of the MEND 2-4 programme were appreciated:

We had a session where we had quite a few ideas of what we could do indoors if the weather was miserable. Some really good things came up there (PAR102 – completer MEND 2-4)

There was one I think that was about dealing with tantrums and that sort of thing, which is what we come up with quite a lot (PAR103 – completer MEND 2-4)

PAR103 explained how she was determined to attend this session, driving 15 miles through adverse weather conditions, demonstrating her commitment to attending. She also described

how she had recorded the session on her telephone so that she could share the information with her partner:

I mean I actually even recorded the session so that when I came home on my phone, and my husband could hear what we discussed (PAR103 – completer MEND 2-4)

The children were reported as having enjoyed the exercise and activities sessions:

The half an hour exercise was brilliant. We were the first ones to join in of the parents as well. We all did it with sing songs, going round the hall like loons and just it was really fun. Then the walk from the church to the children's centre was good as well. That was more exercise (PAR102 – completer MEND 2-4)

Some parents thought that being with peers of a similar ability or who were of a comparable weight meant that participating in exercise was less daunting for their child:

I think she really enjoyed, because what they did is they took the children off to do like fun exercise sessions, and she really enjoyed those because they were sort of in a group of children who were sort of a similar ability as herself. She wasn't always the one coming last, and they were really good at helping them all make sure that they sort of succeeded each week. So she found those sessions really good (PAR112 – completer MEND 7-13)

Yes, because they used to take them out on the sports field when the weather was good, and I can't remember, like half an hour or they did an hour, I think, but I don't think it was all outside. And it was okay, they enjoyed it. I think it's because all the children were the same, if you know what I mean. They were all, they needed the sport; they needed to, they were sort of all weight conscious. There were no sort of tiny, tiny ones; they were all sort of filling out children. And I think they were all there and mine liked the sport, you know, because everybody else was there, and they did make some friends there (PAR113 – non-completer MEND 7-13)

The opportunity to share ideas with families dealing with similar issues was valued by participants and appears to be an important aspect of taking part in MEND:

That was nice to share with the other parents, ideas and things ... It was really, really positive for us personally. It was brilliant (PAR102 – completer MEND 2-4)

We had like a parents chat and stuff, and that was really good because you compared and talked about lunch boxes and there was a different theme each week, you know, so that was really, really good (PAR 103 – completer MEND 2-4)

I mean to be honest I mean it was, I've, from being on calorie controlled diets and things like that in the past, I knew most of it, but it was good to talk about different things with

other parents there and with the children there as well (PAR114 – completer MEND 7-13)

5.1.3.3 Behaviour change techniques - targets and goals

Part of the MEND programme involves setting families targets in relation to diet and activity or sedentary time with the aim of facilitating behaviour change. In general the parents reported that these had been helpful, in particular with the younger children, however these had been less successful with older children:

Well like the cereal, having a week where you try and eat a healthier cereal and implement it for the whole family and change or one week you might have to try and get a bit more exercise as a family ... she gets very excited when she earns a sticker (PAR102 – completer MEND 2-4)

We had little targets to try and change. Our target might be to not give them juice anymore to drink, but to give them water so they'd fill up on water, or to try and introduce a different type of vegetable or a different piece of fruit with them, and that sort of thing. So we would have these little targets that we would have for them, and for the whole family, try and improve all of our eating (PAR 103 – completer MEND 2-4)

Yeah, I think every week we had something to do, and the children always had something to do ... I'm sure the first week they had to cut down on ... what they called the *MEND unfriendly snacks* ... so if they had 20 a week then to cut it down to perhaps ten, I think that was one of their first tasks they had to do (PAR112 – completer 7-13)

Another parent agreed that setting targets was important, however she explained that during the course that she attended the leader's child had fallen ill and she felt that this had impacted negatively on the experience for the course participants, for example, as targets were not followed-up:

They were supposed to set themselves targets to do, and that bit was never really followed through, which really I thought was a really important bit of it ... it's got to be done properly and as I say we didn't have the targets set and that, so the children weren't asked when they went in about the fact that, have you done your three lots of cycling this week or whatever, and that was actually one of the key points of it ... so the kids don't, they lose the challenge if it's not done properly (PAR105 – completer – MEND 7-13)

This participant emphasised the importance of good course organisation and back-up in case of staffing problems. A further parent of a child who failed to complete the course was unhappy with some elements of course delivery, describing the course as lacking in structure and discipline:

I think she needed a little bit more structured, where it was a little bit more disciplined. Not you will eat this, eat that, but it did seem a little bit too relaxed ... I think in [daughter]'s eyes it was all a bit of fun, you know, about filling out games and playing games outside (PAR110 – non-completer MEND 7-13)

A lack of responsiveness and experience demonstrated by course leaders was also raised by PAR110 and this will be further explored in section 5.1.6.

5.1.4 Engagement with MEND

On the whole parents reported that their children had engaged well with the MEND programme, although, as noted above, some also explained that it had been difficult for them to persuade their children to attend the initial session:

Oh no, he thought it was brilliant, he loved the environment we were in, he called it food school and he would say that he was going to food school, and he would love playing with the leaders there (PAR103 – completer MEND 2-4)

They did enjoy it. As I say, they liked meeting the people and they were lovely, they were approachable and I mean the children used to ask them questions and things like that, which was really nice. They did put them at ease and as I say, it was nice because they sort of, well they weren't better than the children, they mixed in with the kids, you know (PAR113 – non-completer MEND 7-13)

When he went along he was very, very good; sat there, answered the questions, sort of participated when he had to. When we came away from it he said he hated it and wasn't going back. And I was really a bit surprised and I had to sit down with him really and talk to him about it all and just say look after one session that's not enough and we need to give it a little bit more of a go. And I did promise him that if he didn't feel any better in six or seven weeks' time or whatever that I would then not make him do it all sort of thing but that we needed to give it a go really ... I had to really sell it to him (PAR106 – completer MEND 7-13)

MEND is designed as family-oriented intervention so parents and children are expected to attend together. However one participant, who had been concerned that her son would not

engage with the programme if she attended with him, had made arrangements for him to attend alone:

They said I had to go along, and the days they picked were like not good days for my work so I said well could he go on his own, I said, because I think he would, I think he'd participate more and learn more if I wasn't there (PAR111 – completer MEND 7-13)

She explained that when her son returned from sessions she discussed what he had been doing at MEND, demonstrating the importance of parental cooperation and engagement to successful child weight management detailed in existing research (Stewart et al., 2008):

I went and picked him up and dropped him off, they were really good, but still a bit late and they said no, I said how's he been, they said oh fine, he's done everything that he's had to do and he's participated and everybody gets on with him so ... he came back with his folder and I did all that and everything. I read through it with him and I said what have you done today, and he was like we've done this, we've done that and. But he is a very sociable boy so I didn't think he'd have problems that way. I think, because I think they were all quite big, he didn't feel, even though he was one of the oldest and I did think that was going to put him off but it didn't (PAR111 – completer MEND 7-13)

A parent of twin girls who did not complete the course due to wider family commitments suggested that if her daughters had been permitted to attend alone that they would probably have been able complete the course:

They wanted to go but it was just an impossibility, as I said to them, you know, we can't do it. So they did accept it. The only thing was it was me, if I could have dropped them off and then collected them, sort of gone back earlier and sort of stayed, you know, but I couldn't, I just couldn't do it (PAR – non-completer MEND 7-13)

Another participant explained that there had been some initial problems with what he described as bullying which had hampered his child's participation. However these had quickly been resolved by course leaders:

There was a slight problem in the first couple of weeks with what I would call bullying ... but we sorted that out (PAR114 – completer MEND 7-13)

One parent, who expressed concerns about the course content and delivery, explained that what she perceived as a lack of structure had had a negative impact on her daughter's engagement with MEND:

It was a big game to her ... it did seem to come over as oh this is just a bit of, oh this is a bit of a game ... it just wasn't taken seriously enough to be honest (PAR110 – non-completer MEND 7-13)

She went on to report that other parents on the course that she attended had found it difficult to engage with the course:

There were a few sessions that were okay and I did interact with other parents as well, but I think they kind of, some of them sort of struggled along as well (PAR110 – non-completer MEND 7-13)

These concerns had contributed to her family dropping out of the course. Other issues relating engagement with wider family, which are also important to the success of weight management interventions, are further explored in the following section.

5.1.5 Home life

This section will consider participants' experiences of implementing changes recommended as part of MEND at home and the impact of these changes on family life. All the parents interviewed had tried to make changes to the kinds of foods that their children consumed and some also reported that they had tried to become more active as a family, or encouraged their child to participate in physical activity:

We did put some changes into place. We did cut right back on the amount of juice that he was drinking. He was allowed as much water as he liked but no more juice because he was substituting food with drinks. And we also shared a lot of what we were learning at the session with my parents who do a lot of childcare for me, and with the nursery where he goes. So we were trying to have quite a united front (PAR103-completer MEND 2-4)

He'd say to me, I'd say like if we went shopping or something like and I'd say well are you allowed that, and he'd say yeah I've checked, it's *MEND friendly*, I can have this (PAR111 – completer MEND 7-13)

One of the tasks they had to do was to look at the packaging on stuff, so she'd started to do that a lot more. So she was getting more involved with shopping (PAR112 – completer MEND 7-13)

After the first session and that we talked a little bit about activity and perhaps making ourselves promises that we'd try and do something every week and that sort of thing, so yeah I did then become a little bit more aware of actually we're not doing an awful lot

with them and we need to do more and we need to get them out and doing activities and stuff (PAR106 – completer MEND 7-13)

Another participant who had failed to complete MEND related problems with implementing changes outside of the home, for example at school, or when going to parties:

But it is, but I mean at school it, I think it can be a bit of a problem at lunchtime ... they have to keep their food down, they know, like this weekend I'd love a chocolate ice cream, you can't have, you can have like a diet ice cream it is, and of course they don't sell things like that. It's all creamy and chocolate. (PAR 113 – non-completer MEND 7-13)

Participants were asked about any difficulties they encountered in trying to implement changes and the impact that this had had on their relationship with the child who was attending MEND, or with the wider family:

I know they were sort of saying about sort of doing extra activities, and which we'd always do as much as we could anyway, and obviously to do the food and sort of eating certain foods and so many foods a day. It was all very much yes, yes, I'll do that, but when it comes to it, it is a different matter. It is like you go along to these sessions and it's very, very easy to turn around and say yeah, I'll do that, I can do that, and your children say I can do that, we'll give it a go, but it's a completely different matter when you're at home. So I'm kind of, yeah, kind of after a while I kind of got, you know, this isn't working for us, this isn't the design we need, we need more one-to-one work that will really speak to [daughter] to understand where her problems lie. Does she have any issues with certain coloured foods or textured foods or, you know, so (PAR110 – non-completer MEND 7-13)

I think the biggest thing is the snacks between meals and sort of making her aware. She'll get slightly stropky sometimes if I just say to her, remember, we're not supposed to be having those snacks between meals and have a piece of fruit. So she'll get slightly stropky but she will do it. Because she sees her tall, thin brother and all her skinny little friends and as I say she's not fat, fat, but it's hard, isn't it? But she is aware so that's the main thing (PAR 105 – completer MEND 7-13)

The findings support those from previous research which has highlighted feelings of guilt experienced by some parents when restricting their child's diet (Owen et al., 2009).

PAR111 explained that despite completing the course her son still misunderstood some of the key nutritional aspects of the programme and this sometimes caused tensions at home:

So he's got in his head like I only want a little dinner, and I say well have more veg, no, no, I don't want more veg, yeah but veg will fill you up. And even now I still fight with him in that way. So perhaps if they'd have sort of said look, it doesn't matter if your plate was piled high, so long as it was a good food. He still thinks little, he thinks by eating something little, he's done good ... in a child's eye, that's how he looked at it. And that's the only thing I would have said, if they'd have perhaps said to him yeah, this is *MEND friendly* and that's *MEND friendly*, but you could have all that and not just have that little thing over there (PAR111 – completer MEND 7-13)

Furthermore her son refused to have what she described as “light” yogurts and snack bars due to fear of being ridiculed by his peers at school:

I said well try having those, they're nice, well yeah but, but then it gets to the point and he says yeah but they'll make fun at me at school if I got them. And I'll say well put ... a healthy bar, and I said put that in your lunchbox, oh no I can't have that, they'll make fun of me ... he'll eat half of his lunch when nobody's around so they don't see the good stuff (PAR111 – completer MEND 7-13)

5.1.6 MEND programme personnel

The parents generally provided positive feedback on the staff facilitating the MEND sessions and described them as welcoming and approachable:

Oh definitely yes. They were brilliant yes. Well we, PM02 wouldn't be there for the first half an hour. We had another lady and I can't remember her name because she always used to call herself 'caterpillar', which the kids absolutely loved. I can't remember her real name but she took the exercise part at the beginning in the church, and then we went and met PM02 at the children's centre. They were all wonderful (PAR102 – completer MEND 7-13)

Yeah, we know PM02 from the groups that we've been to over the last few years. So we just thought it would be a good idea for him to go there ... it was a bit of a worry because, you know, when it's something new you don't know what it's going to be about, do you, but they were good, the people there were good at explaining what was going on. And then basically all the other parents were in the same position anyway (PAR114 –completer MEND 7-13)

He got on wonderful with the leaders. Because that is another thing, I did worry, son's, because I did say to them he is dyslexic and they said no, fine, we won't make him do any writing or anything like that, because he would feel under pressure (PAR111 – completer MEND 7-13)

He was very young, but I think that helped the kids because they were able to sort of identify with him. But he obviously, you know, he knew his stuff and he was very approachable, so yeah he was good... and also I think part of their other role was they were all sports coaches as well, so when they went off and did the exercise stuff, they were really good to get the kids motivated and doing stuff, so that was really, really good (PAR112 – completer MEND 7-13)

Some parents also offered reports of the responsiveness of the leaders:

Yeah, she said if I'd got any trouble just to give her a ring and she'll help me sort it out, which she did ... I done it once but that was it (PAR104 – completer MEND 2-4)

They were very good. We had different ones every time. You know, there was, I think there was two or three and they took it in turns ... they were lovely, you could ask them anything (PAR113 – non-completer MEND 7-13)

However others some mentioned age and lack of experience as being detrimental to the course delivery:

No, they did give you the opportunity to ask questions, but again, you know, they were quite young and obviously I don't know just how experienced they were in that kind of field to be honest ... I don't think they really appreciated us as parents where we were actually coming from, because I kind of get the assumption, and I'm not going to just assume but I did get the assumption they don't have children of their own, they were only young, and I just don't think they actually really understood or really had the experience of dealing with children in this kind of field, to be honest (PAR110 – non-completer MEND 7-13)

This parent had found that the questions she raised were not answered adequately, in her opinion, describing the mode of delivery of some course material as “patronising” and the family consequently dropped out of the course:

The questions I kept raising to them, look, my daughter will not eat these foods, now how do you suggest that I can get these foods inside her? I'm not going to force feed her but what's the best way I can do this? But I could never ever get my questions answered. They were never answered (PAR110 – non-completer MEND 7-13)

As noted in section 1, NICE guidance recommends that behavioural interventions should be delivered by appropriately trained professionals (NICE 2006) and concerns regarding training were also raised in the interviews conducted with programme managers (section 5.2.1).

5.1.7 Practical issues

The impact of factors such as the length of the course and consequent level of commitment expected, timing, length of sessions, venue and group size were discussed with telephone interviewees. Some parents who had completed the course explained that they recognised that they would have to commit to the whole course, and that this was not easy, but that they believed this commitment was both necessary and worthwhile if they were to attain their goals:

Well I live in Yatton which is sort of halfway between Bristol and Weston, and it was a good 20 minutes, 25 minutes' drive. So it was a fair distance. I was happy to do it, I felt that we were getting a benefit from it; otherwise I would have not gone (PAR103 – completer MEND 2-4)

The two times a week I think was something that a lot of people, not everybody went to all the sessions and twice a week, I did send my mum once with her and I think her stepdad went with her once as well because twice a week was quite a commitment. It wasn't the length of time, it was the fact it was twice a week really, you know when you've got your busy schedules (PAR105 – completer MEND 7-13)

It was quite a big commitment, and it was, I'm sure we did, I think we did, I think it was five until seven we did, so, and they happened to fall on the days that I worked as well so it was quite tough going, to get home from work, get the kids sorted and then get back out (PAR112 – completer MEND 7-13).

There was recognition that the high level of commitment demanded to complete the course was too much for some families, in particular for those participating in the MEND 7-13 programme, perhaps due to the length of the course. Several parents remarked on the high drop-out rate:

When we first went, the first week, I'd say there was, there might have been about 12 or 13, 14 children with a parent each ... it was a big group. It got smaller afterwards but ... a few people did. I think there was probably maybe ten in the end (PAR114 – completer 7-13)

And there was one family that I knew actually from our church, and they went along and they'd got the wrong impression of it. I think they thought it was to do with sporty and active and this, that and the other, and they hadn't quite realised the implications that it was about changing your eating and this, that and the other, so it didn't quite fit in with them so they dropped out. There was quite a big dropout rate (PAR105 – completer MEND 7-13)

The rate of drop-out during courses had an impact on group dynamics. Some parents reported that in their opinion, their group had been too large initially and that smaller groups would facilitate more constructive debate with group leaders and other parents:

I think maybe if they did more, smaller groups like between sort of four and five children rather than big groups, because I mean our group was huge. I mean to be honest by the time, I mean we were still there, our group suddenly kept shrinking, people were dropping out by the week, you know, so I wasn't like obviously the only one to drop out. But I think they do need smaller structured groups and more structured kind of more of a, I'm not saying role play but more kind of intense kind of conversations between sort of maybe go around, get people into pairs, pair up with other parents. You know, something a little bit more structured than what it currently is by sitting in a big group. Because other people, some people were quite quiet, some people won't put their hand up and ask questions, so it's those people as well that need to be included (PAR110 – non-completer MEND 7-13)

Participants had differing opinions on the ideal timing of sessions, depending on their personal circumstances, for example, whilst some parents would have preferred sessions to run directly after school, others favoured having a break before attending:

I would have said straight after school, but then you've got the problem if parents are working, or, yeah, because really he never used to have tea until after. Because I couldn't get him there, give him tea, get him home from school, say if he's gone to homework club or rugby, get him there, I just couldn't do it (NS111 – completer MEND 7-13)

I think it was about half five, six or something like that ... it was all right. I think we ate before going because I can be a bit more flexible what time I finish work, but for some it was harder I think. Yeah, because you had the introductory bit and then the kids went off, it was just about right really (PAR105 – completer MEND 7-13)

I think the amount of sessions were enough but the timing for me was an issue a couple of times because of my working week and working full time. They were normally five until seven or five until six (PAR 106 – completer MEND 7-13)

For PAR110 getting to sessions after work proved difficult and this combined with her daughter's lack of enthusiasm for attending, in addition to perceived issues with the course delivery had led to the family dropping out of the course:

It was tight for me getting back from work to get the kids, you know, to get the children sorted and get down to Worle school ... sometimes [daughter] may not have wanted to go, sometimes I just sort of said to her look, if you don't want to go, we won't go. You

know, I'm not going to force her to go along to these sessions, and ... sometimes it just wasn't possible because by the time I got back it ... you would just walk in sort of five, ten minutes late because unfortunately that was, because of the time it started. You know, so it's a case of just get there as quick as we can, but I thought well I'm not going to force her to go along as well (PAR110 – non-completer MEND 7-13)

Another participant, who had arranged to drop her son off at sessions, explained that it had been difficult to get her son to the venue on time, as she had been unable to get a place on a course near to the family home:

That was my choice to send him out there, because there was nothing else around. Yeah, it did get to the point like, I was like dropping off, and I suppose with work as well, I was finishing work, dropping him there, dropping one somewhere else then going back and getting him, then going back, it was like oh my god I hate Tuesdays (PAR111 – completer MEND 7-13)

There were similar mixed opinions on the length of sessions:

The only thing was the time. It would have been nice to have had a longer session with PM02 because it would be a bit rushed, trying to fit everything in to the session, because of having to walk as well [to second venue] ... that ate into the time that we had (PAR102 – completer MEND 2-4)

I think some of the sessions were a bit too long especially the classroom sessions for the children and they were really chomping to get away to do the activity, the physical activity (PAR 106 – completer MEND 7-13)

I think it's enough. It's not too short, not too long, it's enough for we talk, we ask, she give you answers, yeah it's enough, not too much, it's good (PAR101 – completer MEND 7-13)

However practical issues had impacted upon some families being able to complete the course, for example PAR108, PAR109 and PAR113 all had problems with finding childcare for siblings during the allotted session time:

It was just silly hours for me, the baby was crying when I got home and it was just not a good proposition to do (PAR113 – non-completer MEND 7-13)

The venues utilised were generally thought to be suitable, despite some parents having to travel across the county to attend, although one parent mentioned difficulties encountered in finding the room where the initial session was held:

That was fine, yeah that was fine, no problem. It was in Worle School which was only, yeah, it was only like about quarter of an hour from me. (PAR113 – non-completer MEND 7-13)

The venue at the time was fine because I only lived quite local then, you know, obviously things changed with myself but obviously yes, venue wise it was absolutely fine. It was a bit difficult on the first session to find where it actually was being held; there wasn't really enough sort of signage like well where am I supposed to be? I kind of got lost, and Worle School had an open evening that particular day as well so it was busy, there were people everywhere (PAR110 – non-completer MEND 7-13)

As noted above two parents did report, however, that they were a little concerned about their children going along to MEND at the school that they attended, due to the possible stigma associated with being perceived as overweight:

It was at Worle School, which is where [daughter] had just started school. Which was a bit of an issue for her, but as I sort of said to her well nobody knows why you're here so, you know, you're not likely to see people in school and if you do, you don't have to tell them why you're here (PAR112 – completer MEND 7-13)

If it was just at a gym, I think a lot of them would go and I think he would go, because he wouldn't worry about how he looked or what other people would say (PAR1112 – completer MEND 7-13)

A further parent reported that another mother who attended her course had been concerned that the course would have religious content as it was being held in a local church:

She thought it was going to be religious as well because we started off in the church (PAR102 – completer MEND 7-13)

5.1.8 MEND results – short and long term

All completers were asked whether they thought the programme had been successful for their child, and about the knowledge they had gained and any changes they had made as a result of taking part. They were also asked if changes had been sustained in the longer term. Those who had dropped out of the programme were also asked if anything would have helped them to complete the course. Unfortunately due to the length of time since completion those who had participated in the MEND 7-13 programme found it hard to recall, or were vague about the results in terms of anthropometry, making it difficult to assess the effects of the programme on participants:

I know it sounds awful, I couldn't really tell you. I feel bad saying that ... I would have said little [impact] (PAR111 – completer MEND 7-13)

Well I think yeah, he's fine now. He's not got too more fat; I think he's the same, little bit less because he's grown, he's a big boy, yeah he's a tall boy (PAR101 – completer MEND 7-13)

I think it did, yes. The thing is he's two years older now and he's bigger (PAR114 – completer MEND 7-13)

Nevertheless a number of attendees of both MEND 7-13 and MEND 2-4 reported increased knowledge of the nutritional content of food for themselves and their child, and some claimed to have improved eating habits as a result of attending the course:

She'll say to me the other children [at pre-school] always have chocolate, you know, some of the other children have chocolate every day and it's not good to have chocolate every day is it and you've got to think about your teeth, you've got to be careful ... so it's kind of, she's taking it in (PAR102 – completer MEND 2-4)

I think we've got greater discussions about the correct things to eat. [Daughter]'s much more aware ... of the labels and things (PAR105 – completer MEND 7-13)

MEND 2-4 completers reported feeling reassured and supported with their children's issues with food, although their child's eating habits may not have changed greatly:

Yeah, I was enjoying it, I was getting less worried as the weeks went on, now I know what to do. Yes, before I was cooking different things, different meals, but now I just cook the same thing. That now I can read the back of the boxes and look at sugar and all that, so I can control how much sugar my boys are having (PAR104 – completer MEND 2-4)

In myself I feel a bit calmer about it, because I know that I'm not the only person with this issue, and ... I feel like there are other people out there, I'm not completely on my own. This isn't a weird freaky thing that's happening just to my family, but actually there's quite a lot of people in the same boat. I think it helped me relax around food, and I think in that he's relaxed a little around food (PAR103 – completer MEND 2-4)

Some parents reported an increase in physical activity and decreased sedentary behaviour following completion of MEND, for some this had continued, but for others sustaining this had proved more difficult without the motivation of MEND leaders:

The amount the television is on has definitely changed. I mean the telly always just used to be on, whether anyone was watching it or not to be honest in the background and I mean it's not on hardly at all now really, which is nice. We'll have the radio on instead. We have some music on and dance around a bit to that. That's definitely a really good improvement due to the course (PAR102 – completer MEND 2-4)

Unless somebody's there motivating her to get up and do something, she won't go and do it herself. So I don't think her exercise levels have significantly increased really. But maybe with the better weather again (PAR112 – completer MEND 7-13)

For those who did not complete the course they were also mixed reports:

Well I thought they'd start to lose weight, you know, over a time. I didn't give it a chance because they weren't there long enough, but they did enjoy it (PAR113 – non-completer MEND 7-13)

There was also some evidence of continuing misconceptions of healthy weight and lifestyle factors by parents and children and that changes made had not been sustained in the longer term:

Yeah, so I think it's made her want to be more active. I think she thinks if she's more active she can eat more, see! (PAR105 – completer MEND 7-13)

I thought he would have, because he'd been to it and he knows he is overweight, I thought he might have been a bit more like well do you know what, I'm not going to have that, I'm going to have something [healthy] ... it started but then ... (PAR111 – completer MEND 7-13)

Well I mean I think they swim. I don't really know if it helps the weight because I think it could build up the muscle (PAR113 – non-completer MEND 7-13)

Two of the families who had not completed the MEND 7-13 course and who still had concerns about their children's weight had gained referrals to paediatric weight management services, but they reported varying levels of success:

I've still got concerns, where I've gone back to the doctor and they're under the dietician now, only just, because they kept putting the weight on and it wasn't for what they were eating, so they're under her now at the moment. Well they've been on like three weeks on a diet and they haven't lost anything, and I don't really know why (PAR113 – non-completer MEND 7-13)

So she sees the paediatric dietician up there [hospital] now ... she sits and has one-to-ones with [daughter], sort of half an hour sessions, and she gets weighed, she gets measured. You know, she's constantly being evaluated sort of where she stands on her height and making sure that she's not going higher where she should be, and it just feels like she's more closely monitored (PAR 110 – non-completer MEND 7-13)

One of the parents had obtained a referral via the family GP but the other, who was unable to do this, had requested a referral when her daughter had attended a hospital appointment for other health related issues. These findings may indicate that for these participants the format of MEND did not provide sufficient, one-to-one, tailored support.

Some participants reported that their children had been disappointed when the MEND programme came to an end as they had enjoyed attending the sessions:

I mean from the second near enough that the course ended, he certainly wanted to go back on it again. And we have tried to get him back on it a couple of times since, but they only allow one cycle (PAR114 – completer MEND 7-13)

A number also believed that the input they had received ended too abruptly and there was therefore a lack of sustained support for the family in the longer term, which may have had a detrimental impact on their efforts to maintain lifestyle improvements. These parents therefore highlighted the need for follow-up and continuing support at the end of the intervention which is emphasised in national guidance (NICE, 2013) (see section 1.0):

But then when it ended we had a couple of bits through the post but that was it, so I wonder whether there should be some follow up or something or some every so often meeting or I don't know, something, because it ended and that was it ... because otherwise it's easy to get into your bad habits again and so on and it would keep you focused wouldn't it? I know it's all cost implications isn't it but that would be another recommendation really (PAR105 – completer MEND 7-13)

I think the only disappointment for me is that it sort of finished and that was it, and it finished, and I know the emphasis is on us then to carry on and keep doing it but it would be nice to have maybe twice a year or something an hour session to go along and update and just to get involved (PAR106 – completer MEND 7-13)

One participant suggested that the format should be changed slightly as she felt that it would be beneficial to provide families with support in the longer term:

I would have liked it to have been slightly longer, or maybe not all in one go but maybe like give it six months and then go again sort of thing almost. Because that would have been, to have time to put things into practice and then go back, because you've got different issues and different questions then, it would have been useful, or breaking it up maybe a little bit in the middle (PAR103 – completer MEND2-4)

Issues surrounding the coordination of service provision and integrated patient care were also raised:

The only thing I can think of is if I had any more issues I would probably have to contact PM02 directly, because I don't know any other way of getting in touch with anybody ... she told us how to contact her, but I don't know, I didn't know if they'd added another sort of programme or I didn't know how it fed through. Does the doctor know that I went to this? I didn't know if it was recorded on medical records that we'd tried this, or whether they'd even want to know (PAR103 – completer Mend 2-4)

Another parent expressed concern that the MEND programme could be curtailed as part of cuts in public services:

Well we were concerned, because we were told that the MEND programme was going to finish, and I think just about every mother who was there went but why because this is really useful. You can understand that children's services get hit quite hard when it's a recession but there are ways that, we didn't need some of the stuff that they gave out, we didn't need the t-shirts, we didn't need the cups and all the other bits and pieces. That would have saved quite some money. Maybe some of the information in the folder, well that could have been available on the internet or something, so that would have been, like material costs could have been lower if they wanted to cut. I'd rather they cut those than cut the whole service (PAR103 – completer MEND 2-4)

Finally parents were invited to suggest any improvements that could be made. In addition to providing continued support there were a range of ideas that covered the provision of incentives to decrease drop-out rate; improving the content so it was pitched at the right level for both parents and children with different levels of understanding; specialist clubs for children who are overweight; and increased tailored, one-to-one contact:

I think it's the right sort of thing, but if it's run correctly and I think you need to make sure you've got it as a challenge ... so a dangle, maybe some sort of membership or something might encourage people to do the whole course. That wouldn't particularly make me do it because we did all the sessions anyway because if we commit to something we will follow it through, but some families might require that sort of thing, some sort of dangle at the end (PAR105 – completer MEND 7-13)

I just think they need to make things as family friendly as they can really. I don't know how you do that exactly, but it's trying to get a balance, isn't it, of getting it at a level so that the adults can understand but also that the kids can understand as well (PAR112 – completer MEND 7-13)

Because he has got a problem, I just think it's a shame that there's nothing around that, I know it sounds awful, but like, not like a youth club for overweight children, but somewhere where he could go and everybody is a bit big (PAR111 - completer MEND 7-13)

5.2 Interviews with MEND programme managers

Telephone interviews were conducted with two of seven the programme managers involved in MEND in North Somerset. One programme manager had largely been responsible for recruiting participants to programmes so was a very useful source of information on the challenges of engaging families in child weight management programmes. This manager had also run one of the MEND 7-13 programmes in the area. The other programme manager had not been involved in recruitment to the programmes but had run several programmes and provided valuable information on course content and delivery.

5.2.1 Background and training of MEND personnel

One programme manager explained that she was currently working as a Healthy Schools Coordinator, a role that had developed so that she was involved in organising community and family activities, enrichment for students and targeting hard-to-reach groups. She has degree level qualifications in Health Studies which had included psychology elements. The second programme manager was a self-employed nutritional therapist who works in a private clinic but undertook work on MEND for NHS North Somerset on a freelance basis. Both participants had received some specific training on MEND. One of the managers had attended a one day course on obesity and some local networking meetings, which were both run by representatives from MEND, but reported that she had not attended the MEND programme manager course:

I went on a one day course talking about obesity ... it was really to enable us, we did role play and things, which enable us to talk about the subject with people over the phone and face-to-face ... so although I didn't go on the programme manager course – the

official one – we met up and we had training and she went through the MEND and any queries we had. She went through the programme, how to recruit (PM03)

She had also received some brief training on marketing and how to upload MEND data to MEND Central database and reported that she had found the training useful, but had not been prepared for the difficulties she would incur when trying to recruit (see section 5.2.2).

One programme manager had received training in MEND 2-4, MEND 5-7 and MEND 7-13, although she drew attention to the status of MEND as a commercial enterprise and questioned the need for undertaking all the elements of the training, for leaders with a relevant background:

You could see that they are a company, they have designed these programmes, selling the whole package to the council and just getting lots of money ... once you've done one form of training, you didn't need to do all three (PM01)

She was critical of some elements of the training she had undertaken and questioned the suitability of the staff being trained to recruit to and in particular deliver MEND, who did not have a background in nutrition:

When I went on the course what I found was so odd was that all these people who were doing the training ... they weren't nutrition based ... so I thought oh God what am I doing here (PM01)

This manager was therefore concerned that the information provided during the course was misleading and that it would be difficult for staff without a background in nutrition to accurately answer the queries of parents and children:

They talked about bread for example and their whole idea is about weaning a family off white, and they were using *Best of Both* ... well either go for it ... it contains 4% of a whole grain so it's not really worth it ... I was in nutrition, I knew how I could adapt that, but someone who's sat next to me and isn't, how can they adapt that ... it was from a manual and it was a bit prescriptive and what concerned me at the time ... if you didn't have that knowledge behind you it's quite hard to go off track (PM01)

In terms of the qualifications and suitability of other MEND personal one of the managers was enthusiastic about the exercise/activity coordinators who she believed were good at motivating the children on the courses. However she was critical of another staff member who had been

running a course she had taken over and the consequent negative impact on course participants:

On the one that I took over last year, bless her, the lady that was running it, she was a storyteller and she was really sweet, but she was just reading from the manual, and they were so bored and they felt really let down, it was a real challenge that one (PM01)

5.2.2 Recruitment and engagement with families

The majority of families taking part in telephone interviews had self-referred to MEND and programme managers confirmed that few MEND participants had been referred by health care professionals. The difficulties of recruiting families to the MEND programmes in North Somerset were described by PM03:

I mean I did feel well equipped until like I say I started it and you felt, not like out of my depth but I think it's really hard to recruit and you need to be out there. It takes a long time to build it up and I think for me it's like, a lot of it is networking and obviously speaking to the, you know, health professionals, doctors, school nurses and things like that, which I did as much as I could have but it just seemed more difficult than I ever imagined I guess (PM01)

PM03 had arranged for leaflets advertising MEND to be sent home in children's book bags, had attended an event at a local health centre, contacted GP practice managers, sent posters and contacted local dieticians. She was also in touch with other programme managers so that they could also refer to her:

So I did like quite a bit I think. Maybe there was more but I'm not really sure what else I could have done really ... it's knowing who to speak to because the problem is with the whole health professional thing is that you can speak to the practice manager and send them a poster but actually does that message get to the people who are going to be in contact with the families which is obviously the doctors or the practice nurses. Then the doctors obviously need to be on board with it because quite often some GPs aren't really kind of, they're happy but they're not like, they want to know that it's evidence based and that it's a trustworthy programme before referring someone to it, and some people lack confidence in some of those programmes unless they can see that evidence. It takes a little bit of trusting if that makes sense (PM03)

These comments reflect findings from previous research which had found that GPs lack confidence in childhood weight management interventions and are therefore reluctant to refer patients (Walker et al., 2007). PM01 also related difficulties of engaging health care

professionals, apart from a school nurse who had been very proactive in recommending programmes:

There wasn't a lot of support from health care professionals outside of the school which was a real shame (PM01)

The lack of an integrated approach in childhood weight management was highlighted, for example a failure to coordinate with staff implementing the NCMP in local schools. Interviewees felt that if children were identified as overweight they should be provided with details of an intervention to which they could sign up as a family at the same time that parents were notified. However, in their experience, this did not always happen:

In primary school they do the measurement checks but the timing of the information going out [to parents] didn't match up with our timing ... and also we kind of wanted them to share that data, but obviously with data protection they can't share any of that data, which is fair enough, but then I thought well actually we're doing this programme, it just makes sense to kind of let them know about it ... it would be really good way if they were to get leaflets [advertising MEND] ... if they're sending a letter saying your child is overweight then they need something to go with it. Because it must be really hard for a family if they receive a letter saying that and it would be great, even if it's not the MEND programme ... but they need something to offer the family to help them because you can't just send a letter like that and expect families to deal with it (PM03)

PM01 also suggested that if recommendations to attend came from someone known to the family it might be helpful and easier for families to accept that they needed help. However she also highlighted factors identified in previous research and reflected in the interviews with MEND families, that parents often do not admit that their child is overweight:

I think anything where the family's already involved, rather than it coming out of the blue ... would be much better, because otherwise it's just really, no he's not overweight, he's lovely, he's got a good appetite ... I think with the 7-13 especially you're targeting, because it's aimed at overweight children and their families, but parents are so reluctant to recognise that there's a problem anyway ... how do you recruit that ... how do you go up to a family? (PM01)

She also highlighted the difficulties in communicating advice to these parents:

That's where parents go wrong, they'll carry on feeding and feeding and thinking they're fine, they're playing football they've got rounders tomorrow and it's still too much fuel (PM01)

PM03 reported that it might be difficult for families living in certain areas, for example, those not defined as deprived, to ask for help:

Maybe in some areas it's difficult to say you need help. I don't know, that's just something that came into my head. ... if they are families from a particularly maybe deprived area where a lot of money goes in to different programmes, families are used to being signing up to free programmes and things like that so if they're in an area where, it's not even necessarily that but I think it's just yeah, putting themselves forward and saying we'll sign up to a programme that's going to help us (PM03)

This may have contributed to low take up for the course run in Nailsea, Backwell and Yatton (see section 2.2.1). She also noted that children who had not yet been categorised as overweight would benefit from attending as a preventative measure:

I think there's certainly a place for this type of thing, but also they have to be overweight to take part, whereas I think it would be quite good even if a parent was concerned about their child's weight that they would be able to take part in it (PM03)

PM03 further explained that the parents of overweight children often have weight issues themselves which might deter them from coming along to MEND, particularly those programmes where children are weighed and measured at the commencement.

Despite being provided with details of families who had agreed to be contacted following referral from a dietician PM03 experienced difficulties in getting in touch with families to sign them up to MEND:

So I did some calling out ... they weren't completely cold calls, if that makes sense, but they still didn't always ring back ... people just might not want to ring me because I'm based at a school – who knows? (PM03)

However she suggested another route for recruitment to MEND which might help with engaging in this population group:

There's a group within North Somerset, they're called *Sports for Schools*, and they work with these children all the time, and a lot of them are ... young men, and it's a really good way of recruiting, because they're hands on' they're working with these kids, it's a really good way, but they've not used them (PM01)

Due to problems with recruitment PM03 only managed to sign up four families to MEND, but she explained that in terms of retention the programme was successful as all had completed the course:

I wouldn't say the recruitment for me was successful. The retention was successful because the four, there was only one family that struggled but that was personal circumstances but they did finish so although they missed some sessions they did finish. It wasn't like they dropped out completely. So four out of four finished which I think was fantastic. Normally for other programmes what I've heard is that the retention isn't great (PM03)

As noted above in section 5.1.7 the level of commitment required for families attending MEND is high and may contribute to high drop-out rates:

I mean a big factor of the MEND ... is the fact that it was twice a week so it is quite a big commitment. And I think, I know there's a certain length of time you have to do these programmes over to see the improvement but, you know, even doing once a week for however many weeks, 20 weeks whatever, but they were doing I think twice a week for 10 weeks on my programme, and I think it's a lot to commit to when you've got other things, if people have got football, scouts, guides, whatever it might be, on another night, or it means cancelling something, it's a big commitment to cancel something, you know. And if for whatever reason, quite often it can happen, is that the families that would really benefit from it, perhaps disengage from programmes like this (PM03)

You'd get a really good turnout for the first one, then by week 3 that's when you'd get the drop-out (PM01)

PM03 recognised that if a family missed one or two sessions it might be hard for them to return:

If you've got a problem in one week, you know, I think missing two sessions can put you quite far back, and then it's having the confidence to come back again isn't it, you know, and re-join the group (PM03)

Offering drop-in support might therefore be helpful for some families. Problems encountered by researchers in attempting to contact potential participants to participate in telephone interviews is documented above. PM01 also reported difficulties in getting families to agree to participate in this evaluation:

They're just not bothered ... I don't know what it is, even the ones I worked with, they're quite reluctant to do it (PM01)

5.2.3 MEND programme content and practical issues

The programme managers provided opinions on both the successful and unsuccessful elements of the MEND programme. Successful sessions were thought to be those that provided information and advice in a proactive manner in order to engage both parents and children:

That was really valuable, the supermarket one, and then looking at the labels and stuff, yes definitely (PM03)

The parents ones were really good, because you could go off on a tangent with them, you could ... we were talking about internal and external triggers and you could get them to talk within the group, how it had worked for them ... but when you try to do it with the children, when they're thinking all I want to do is go and work out with [leader] you've got to make it snappy and quick and fun (PM01)

Some of the weeks are brilliant, they do a week where you say something nice anonymously about everyone in the group and we read them out at the end and it's really motivational ... because a lot of these children have got a lot of body conscious stuff going on (PM01)

Nevertheless PM01 believed sessions that the child-focussed looking at nutritional content of foods could have been more effective and PM03 agreed that some sessions could be improved by combining content:

I had one session when they were half asleep, it was half term, they didn't want to be there ... I mean they don't want to know what whole grain is, you know it's too much, it's bonkers ... so we'd do a game about food, or brainstorming, you know anything other than that ... there's a whole refined versus unrefined, which is just really bonkers, there's a whole session on it ...you could cut it right down, in half ... because it just goes on and on ... I think that's why the 5-7 didn't work, it was so prescriptive, too long winded, and again you've got 5 year olds after a long day at school, they need to be at home, it's too much (PM01)

I do think there are a couple of sessions that could be combined or shortened slightly (PM03)

PM01 believed that some of the sessions could be more interactive to improve engagement:

There was one where you could bring in a *MEND friendly* food, but what I did, we got them either to cook it, or cook it at home and photograph it ... it was from one of the MEND recipes. So that was really, really good. And I brought in some food and we made that session completely about trying things (PM01)

Issues concerning the course content were thought to be another factor contributing to drop-

out:

I think that's why the 5-7 didn't work, it was so prescriptive, too long winded, and again you've got 5 year olds after a long day at school, they need to be at home, it's too much (PM01)

Other practical issues concerned the timing of sessions which caused difficulties for some parents, particularly for those with younger siblings. However it was recognised that it is difficult to find a suitable time that fits in with different families' commitments. The venues for the courses were generally thought to be good, however PM03 did report that she felt that running sessions in school might deter some families:

People just might not want to ring me because I'm based at a school (PM03)

As noted above the potential stigma of attending a course on school premises was also raised during the interviews with MEND families.

5.2.4 MEND results and continued support

The programme managers were questioned concerning their opinions on the perceived success of the MEND programme for participants. Similarly to the parents interviewed PM03 found it difficult to recall details about anthropometric results due to the time elapsed since the courses concluded, but in contrast she did note improvements in self-esteem for both parents and children:

I think it gave some of, certainly I know some of the young people did, a couple of them did certainly lose some weight. It's also, it was a lot about attitude and confidence and things like that (PM03)

PM01 believed it was unrealistic to expect noticeable results within the time frame of the course and highlighted the lack of follow up for participants following course completion:

I think I had not the best weight loss, but I had the best, the least numbers lost ... you cannot, in 10 weeks, expect that kind of weight loss, when you're giving different advice every week. On one week you're not, they're not at *WeightWatchers*, we're not weighing them every week. We're not arming them every week, from week one with information. So I found that just a bonkers way of measuring the success of it ... it's stupid. Because it's not about ... it is about them learning and re-educating so that if they revisit them – and this is where I think they go wrong – so no one revisits these families. So we let them loose and we work really intensely (PM01)

She also commented that weight loss is not the aim of MEND 2-4, and further highlighted the need for continued support for families:

I mean on the 2-4 that we do, which is not about weight, but re-educating and putting them on the right track, we have tears when they leave, because they bond (PM01)

The programme managers offered their ideas for providing continuing support for MEND families including providing education in cookery skills for the family and more interactive exercise interventions involving the whole family, some of which appear to have already been implemented in the area:

Looking at family cookery and looking at you know, actually cookery skills in the home because obviously that isn't actually something that is included in the MEND programme ... but I think more cookery sessions or even a cookery programme that gets people to come along as a family and learn how to cook and how easy it is to cook healthy meals (PM03)

So they come on a Saturday as a family they work with a personal trainer, so you're working with your mum or your dad and then they come into us and they all cook. But it's all about healthy ... we're not focussed on weight ... which I know we need to target, but there's got to be clubs that you could run that could be more incentive driven ... to teach them how to cook, I think that's what's missing from MEND (PM01)

6.0 Discussion

This study has assessed the experiences and outcomes of families who joined MEND programmes in North Somerset in order to identify what motivates families to attend, complete or drop out of programmes and to identify what families require in a weight management programme. It has also identified what programme managers see as the key learning points for engaging and retaining families and programme delivery. This section will therefore summarise the main findings of the evaluation in the context of existing research and current guidelines on childhood weight management.

6.1 Experiences and outcomes of families attending MEND programmes

The families who participated in telephone interviews generally reported that they had enjoyed attending MEND and had found the information and advice they received useful. The nutritional advice was described as being helpful to parents and children in making food choices. The supermarket visit undertaken as part of MEND 7-13 was thought to be particularly informative, with some parents reporting that in the longer term their children continued to look out for *MEND friendly* foods during family shopping trips.

Nevertheless a minority of parents found fault in the way that some of the course content was delivered, viewing some elements as simplistic or not sufficiently interactive to engage their child. This was also reiterated by programme managers who agreed that the content of some sessions could be combined to improve engagement. The lack of flexibility of MEND programmes proved to be a barrier e.g. the prescriptive nature of the course content which made it difficult to tailor the intervention to the specific needs of the participants. Two participants who had not completed the course had since organised referrals to a dietician and were consequently receiving one-to-one support for their children's weight problems. As noted in section 1 above interventions should be tailored to meet individual participant (or family needs) (NICE, 2013). It is therefore important that programme content is regularly reviewed and that delivery is sufficiently flexible in order to satisfy families' expectations and requirements (NICE, 2006).

Parents were appreciative of the opportunities that MEND provided for their children to participate in physical activity, particularly with peers of similar ability. MEND programme leaders were generally thought to be welcoming and motivating. However there was also some criticism of the relative inexperience of some facilitators, as they might not have appropriate knowledge to enable them to answer parents' queries. There was also some criticism of the training provided by MEND. Guidelines recommend that programmes are delivered by appropriately trained professionals (NICE, 2006) and qualitative research has drawn attention to the importance of good relationships between the child and their trainer (Twiddy et al., 2012). Care should be taken therefore that staff running programmes have received suitable training and have relevant experience to aid the successful engagement of participating families.

Families who had attend MEND 2-4 programmes reported feeling supported and reassured concerning their children's issues with food, but others – both completers and non-completers – expressed a need for support and continuing engagement with weight management services in the longer term. National guidance emphasises the need for on-going support following programme completion (NICE, 2013) and previous qualitative research has highlighted the significance of continuous encouragement in working towards behaviour goals (Murtagh et al., 2006) which this study has confirmed.

Regarding outcomes, participants were vague about the success of the programme in terms of anthropometry due to the length of time that had lapsed since completion. Although families reported increased knowledge in relation to the nutritional content of food there was some evidence of a continued lack of understanding of both nutrition and perceptions of overweight that potentially impact upon successful weight management. This supports findings of previous qualitative research studies (Towns and D'Auria, 2009) and existing evidence from North Somerset (Caldwell, 2012) .

Those who completed the programme reported an increase in participation in physical activity following completion of the programme which was sustained by some in the longer term. One of the programme managers also reported what she perceived to be an increase in self-esteem and confidence for both parents and children. Nevertheless, unlike previous studies (Twiddy et al., 2012) parents participating in this evaluation did not report expectations of an improvement in their child's self-esteem as a reason for attendance.

6.2 Motivation to attend, completion and drop out

Parents who attended MEND 2-4 were motivated to attend the programme to gain advice and support with their child's eating habits, which they tended to describe as "fussy". Parents attending MEND 7-13 reported that concerns about their child's weight motivated them to attend, although they often compared their child favourably in terms of weight to other children. This confirmed previous research findings on parental perceptions of overweight status (Towns and D'Auria, 2009). Additionally there was evidence, as found previously, that parents feared being blamed for their child's situation (Turner et al., 2011). Families did not initially report that their child's experience of bullying had led them to seek a place on a weight management programme, as found in previous research (Olander, 2012; Stewart et al., 2008). However some parents mentioned the possible stigma of attending a MEND programme, and one mother drew attention to her child's refusal to take "healthy" snacks in his school lunch box, for fear of ridicule by his peers.

This study has found that recruitment to MEND in North Somerset was slow in areas that could be described as more affluent, so consideration should be given to both the way that programmes are advertised, and methods of recruitment and delivery in these areas, in order to improve participation and completion rates.

The importance of involving both the immediate and wider family in successful completion of the programme, and in weight management as a whole, was recognised, in particular for those completing the programme, underlining the findings of previous qualitative research (Stewart

et al., 2008) The majority of parents interviewed admitted to having issues with weight themselves and, as found previously (Twiddy et al., 2012) some expressed concerns about what might happen if they drew attention to their child's weight, fearing the development of eating disorders. Parents' own issues with weight and/or previous experience with attending weight management programmes may influence their motivation to attend or complete a programme with their children.

The difficulties of implementing changes in both diet and physical activity in the context of home life was related by parents, and the need for support with implementing these changes in the short and longer term was emphasised by both parents and programme managers as reported elsewhere (Owen et al., 2009; Stewart et al., 2008). The utility of goal setting as a behaviour change technique was recognised, but interview participants in this study highlighted the need for age appropriate targets and goals in order to successfully facilitate change, as well as following through to ascertain if targets were met.

Successful completion of MEND requires a substantial commitment from families and this was recognised by both completers and non-completers. Completers emphasised the importance of attending sessions despite the practical difficulties they encountered. Childcare issues or work commitments were the main reason given by non-completers for dropping out of the study. Practical arrangements for sessions, such as the timing, length of sessions and venues at which they are held are key to the facilitation of successful completion as reported elsewhere (Olander, 2012).

6.3 What do families require in child weight management programme?

Families require help and support from suitably qualified and knowledgeable practitioners for their child and family as a whole. This may be to help with poor eating habits or the child's weight but only a few had taken the step of seeking advice from health care professionals. It is therefore important that families are aware of opportunities to participate in interventions such as MEND if they are unwilling to seek help, for example, via their GP. However, it should be noted that GPs and other health care professionals, may lack knowledge of national

guidance on obesity (Turner et al., 2009) and they may also have little confidence in the effectiveness of commercial weight management programmes (Walker et al., 2007). NICE draft guidance on weight management services (NICE, 2013) indicates that staff conducting the NCMP are in an ideal position to direct families to programmes for advice and support, and the programme managers interviewed for this evaluation indicated that a lack of coordination locally may lead to missed opportunities for recruitment.

Child weight management programmes should provide nutritional advice targeted at both parents and children. The content of courses should be pitched at a level suitable to different ages and levels of pre-existing knowledge as well as being fun and engaging. Programme managers emphasised a need for opportunities to learn cooking skills and opportunities to participate in physical activity are also integral to child weight management.

Parents generally appreciated the opportunity to attend MEND as a family, but the need for flexible arrangements to take into account the practicalities of day-to-day life is key to successful completion of interventions. Sharing experiences with others can be helpful but one-to-one interventions providing tailored support are also needed. Families also emphasise that continuing support and advice is crucial in successful childhood weight management, and this appears to be something that is perceived as currently unavailable. NICE draft guidance (NICE, 2013) concurs that public health teams should dedicate long-term funding to support weight management services for children and young people and suggests employing a flexible approach, for example, using “rolling programmes” that could address families’ needs for support in the longer term.

6.4 Strengths and limitations of the evaluation

This qualitative evaluation has provided an opportunity for families to comment on the MEND programmes in their own words. Programme managers who recruited to and / or delivered the programmes were also able to relate their experiences and voice their opinions on the delivery of MEND in North Somerset.

The researchers were only able to contact a small number of MEND families and were unable to speak with any families who attended the one MEND 5-7 programme in North Somerset. Nevertheless the response rate for this study compares favourably with previous research in child weight management. Only a small number of families who had been referred by health care professionals were consulted, but programme managers confirmed that the majority of families in North Somerset self-referred therefore the study participants were representative of the majority of MEND attendees.

7.0 Barriers and facilitators

There are a number of barriers and facilitators to the provision of child weight management programmes that should be taken into consideration when planning future service provision.

7.1 Barriers to successful child weight management

The barriers to successful child weight management include families' lack of understanding of overweight status and parental concerns of being blamed for their child's situation. Parents may also fear that drawing attention to their child's weight may lead them to go on to develop an eating disorder. Another significant barrier is the potential stigma of attending weight management interventions. A lack of awareness of service provision and poor cooperation with health care professionals, for example staff involved in the NCMP, may lead to a loss of potential opportunities for engaging families. Additionally GPs perceptions of a lack of good quality evidence of the effectiveness of weight management interventions may impact on the number of referrals to programmes.

The practical difficulties of attending programmes can also act as barriers e.g. the level of commitment required, timing and length of programme sessions and a lack of suitable childcare for siblings. Similarly there are difficulties in implementing changes to diet and physical activity and a lack of cooperation from members of the immediate family, siblings or wider family. A lack of knowledge or suitable training of staff delivering interventions is an additional barrier and a lack of support for families in the longer term impedes continued success.

7.2 Facilitators of successful child weight management

The facilitators of successful child weight management include good programme publicity so that parents are aware of the services provided in their local area. Programmes should offer flexible tailored support that encompasses both prevention and treatment. Programme content should be suitable for different ages and pre-existing knowledge and provide practical knowledge: e.g. advice on reading food labels, supermarket visits, sport and exercise for children. Sessions should be facilitated by suitably qualified and experienced staff who make

participants feel welcome and appreciate the practical barriers that they face in attending. Participants should be coached in suitable behaviour change techniques and any tasks or targets set should be followed through by course personnel.

Delivering programmes in easily accessible venues (school, gym, children's centre etc) with good facilities helps to combat some of the practical barriers to attendance. Similarly flexible support with practical issues such as childcare should be considered. Coordination and cooperation with other healthcare professionals may facilitate increased referral to child weight management services.

8.0 Conclusion: Key learning points for engaging and retaining families, programme delivery and future provision

8.1.

Service providers need to ensure that families are made aware of the availability of child weight management programmes. Clear information about what parents and children can expect from such interventions is also important.

8.2

Increasing coordination and cooperation with health care professionals may improve engagement. Healthcare professionals need to be provided with evidence that interventions such as MEND are effective in order that they can understand the interventions and be confident in referring families to them.

8.3

Consideration should be given to ways to tackle parental misconceptions of overweight status which serve as a barrier to engagement with service provision.

8.4

Child weight management programmes need to provide nutritional advice targeted at both parents and children. The content of courses must be pitched at a level suitable to participants as well as being interactive and engaging.

8.5

Staff who deliver programmes need to be suitably qualified, knowledgeable and responsive to the needs of families attending.

8.6

Consideration should be given to the possibility of increased flexibility and tailoring for certain elements of the course in order to meet individual families' needs. Developing course content to cover additional opportunities for developing cooking skills and to the provision of crèche facilities for younger siblings should also be considered.

8.7

Child weight management programmes need to provide families with continued advice and support in the longer term possibly via on-going drop-in sessions or generic sessions within each new programme.

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**Appendix 1a: MEND Families invitation letter
(sent on headed paper)**

TO:

FROM: Dr Andrea Waylen
Lecturer in Psychology
Oral and Dental Sciences
University of Bristol
Lower Maudlin Street
Bristol BS1 2LY

NHS North Somerset MEND programme evaluation:

Telephone interviews

Dear Participant,

We are contacting you because you have spoken to xxxxx about taking part in this study. You have been invited to take part because you attended a MEND programme in North Somerset.

We would like to find out more about your experiences of taking part in the MEND programme.

Together with this letter there is also some '*Information for Participants*' to tell you more about the study and what you can expect to happen if you decide to take part.

A member of our team will contact you by telephone in the next few days to see if you want to take part and to tell you what will happen next.

If you take part in this study you will receive a £20 shopping voucher to say thank you. If you have any questions about the research you can contact us at the numbers listed below.

Thank you very much for your help.

Yours sincerely,

Andrea Waylen

If you require further information please contact one of our team members:

Dr Andrea Waylen: Tel xxxxxxxxxxxx
Dr Eileen Sutton: Tel xxxxxxxxxxxx
Laura Birch: Tel xxxxxxxxxxxx

Appendix 2a: MEND Families information sheet - completer

(sent on headed paper)

Version 1 – 14/02/2013

NHS North Somerset MEND programme evaluation

INFORMATION FOR PARTICIPANTS – telephone interviews

What is the purpose of this evaluation?

Healthy weight for children is an important issue for many North Somerset families. In 2011 NHS North Somerset commissioned North Somerset Council to deliver MEND (a child weight management programme) through the Extended Schools Partnership.

We would like to find out about the experiences of families who took part in and completed the MEND programme – what you found helpful and also any difficulties or problems you might have experienced. We would also like to speak with families who decided not to take part or who did not complete the MEND programme to find out about their experiences.

Who is funding and conducting the study?

The study is funded by NHS North Somerset and is being carried out by staff at the Nutrition Biomedical Research Unit, based in the University of Bristol. The Principal Investigator is Dr Andrea Waylen, a Lecturer at the University of Bristol, and the evaluation team includes Dr Eileen Sutton, an experienced researcher; Laura Birch, a Dietitian; and Professor Julian Hamilton-Shield who works with families in hospital weight management services.

How will the evaluation be carried out?

Parents of children who attend a MEND programme will be invited to take part in a telephone interview. The Programme Managers who ran the MEND programmes will also be interviewed by telephone. We will then write up the findings from the interviews in a report which will be sent to NHS North Somerset.

Why have I been invited?

You have been invited to take part in this study because you attended a MEND programme in NHS North Somerset.

Do I have to take part?

It is up to you to decide whether or not you take part. If you agree to take part in a telephone interview we will ask you to confirm this and record your agreement during the call. You are free to withdraw from the study at any time, without giving a reason. Taking part in this study will not affect your legal rights or your future care.

What will happen to me if I take part?

If you decide to take part in the study you will be asked to take part in a telephone interview which will last around half an hour. As a way of thanking you for your participation you will receive a one-off gift payment of a supermarket voucher worth £20.

At the start of the interview we will ask you to agree to take part in the study. We will ask you to answer a few background questions to help us to learn more about the families who completed a MEND programme and help us write our report.

We would like to record the interview with a telephone recorder. This will help us to make sure that we have recorded everything you have said accurately. You will be asked to agree to the interview being recorded at the start of the interview. Everything you say will be treated as confidential.

What are the possible risks of taking part in the study?

We understand that some of the topics around childhood weight management we will be discussing might be quite difficult or sensitive. However, the researchers who will be carrying out the telephone interviews are very experienced and have previously worked on similar evaluations dealing with sensitive issues. Also, you do not have to answer a question if you do not want to.

What are the possible benefits of taking part?

We cannot promise that taking part in this evaluation will help you personally, but we hope that the information you provide will help NHS North Somerset in designing its childhood healthy weight services in the future.

What will happen if I don't want to carry on with the study?

You can withdraw from the study at any time without affecting your legal rights or your future care.

Will my taking part in this study be kept confidential?

We will type up the recordings of the telephone interviews and write a report of the findings but we will not use your real names anywhere in the transcripts or the report. The transcripts will only be seen by the research team and will be stored securely according to the regulations of the University of Bristol and the Data Protection Act.

What if there is a problem?

If you have any concerns or queries about any aspect of this Study please do get in touch with one of the team at the Nutrition Biomedical Research Unit, Level 3 Education Centre, Upper Maudlin Street, Bristol BS2 8AE.

Dr Andrea Waylen: Tel xxxxxxxxxxxx
Dr Eileen Sutton: Tel xxxxxxxxxxxx
Laura Birch: Tel xxxxxxxxxxxx

Appendix 2b : MEND Families information sheet – non-completer (sent on headed paper)

Version 1 – 14/02/2013

NHS North Somerset MEND programme evaluation

INFORMATION FOR PARTICIPANTS – telephone interviews

What is the purpose of this evaluation?

Healthy weight for children is an important issue for many North Somerset families. In 2011 NHS North Somerset commissioned North Somerset Council to deliver MEND (a child weight management programme) through the Extended Schools Partnership.

We would like to speak with families who were given the opportunity to go to a MEND programme but who decided not to take part, or who did not complete the MEND programme, to discover any difficulties they may have experienced and find out why they did not attend.

Who is funding and conducting the study?

The study is funded by NHS North Somerset and is being carried out by staff at the Nutrition Biomedical Research Unit, based in the University of Bristol. The Principal Investigator is Dr Andrea Waylen, a Lecturer at the University of Bristol, and the evaluation team includes Dr Eileen Sutton, an experienced researcher; Laura Birch, a Dietitian; and Professor Julian Hamilton-Shield who works with families in hospital weight management services.

How will the evaluation be carried out?

Parents of children who were invited to attend but did not, and families who started the MEND programme but did not complete it will be invited to take part in a telephone interview. The Programme Managers who ran the MEND programmes will also be interviewed by telephone. We will then write up the findings from the interviews in a report which will be sent to NHS North Somerset.

Why have I been invited?

You have been invited to take part in this study because you were invited to attend the MEND programme in NHS North Somerset but did not take part or did not finish the whole programme.

Do I have to take part?

It is up to you to decide whether or not you take part. If you agree to take part in a telephone interview we will ask you to confirm this and record your agreement during the call. You are free to withdraw from the study at any time, without giving a reason. Taking part in this study will not affect your legal rights or your future care.

What will happen to me if I take part?

If you decide to take part in the study you will be asked to take part in a telephone interview which will last around half an hour. As a way of thanking you for your participation you will receive a one-off gift payment of a supermarket voucher worth £20.

At the start of the interview we will ask you to agree to take part in the study. We will ask you to answer a few background questions to help us to learn more about the families who did not complete the MEND programme and help us write our report. During the interview you will be asked about the reasons why your family either decided not to attend MEND or why you did not complete the programme.

We would like to record the interview with a telephone recorder. This will help us to make sure that we have recorded everything you have said accurately. You will be asked to agree to the interview being recorded at the start of the interview. Everything you say will be treated as confidential.

What are the possible risks of taking part in the study?

We understand that some of the topics around childhood weight management we will be discussing might be quite difficult or sensitive. However, the researchers who will be carrying out the telephone interviews are very experienced and have previously worked on similar evaluations dealing with sensitive issues. Also, you do not have to answer a question if you do not want to.

What are the possible benefits of taking part?

We cannot promise that taking part in this evaluation will help you personally, but we hope that the information you provide will help NHS North Somerset in designing its childhood healthy weight services in the future.

What will happen if I don't want to carry on with the study?

You can withdraw from the study at any time without affecting your legal rights or your future care.

Will my taking part in this study be kept confidential?

We will type up the recordings of the telephone interviews and write a report of the findings but we will not use your real names anywhere in the transcripts or the report. The transcripts will only be seen by the research team and will be stored securely according to the regulations of the University of Bristol and the Data Protection Act.

What if there is a problem?

If you have any concerns or queries about any aspect of this Study please do get in touch with one of the team at the Nutrition Biomedical Research Unit, Level 3 Education Centre, Upper Maudlin Street, Bristol BS2 8AE.

Dr Andrea Waylen: Tel xxxxxxxxxxxx
Dr Eileen Sutton: Tel xxxxxxxxxxxx
Laura Birch: Tel xxxxxxxxxxxx

Appendix 2c: MEND Families information sheet – programme managers (sent on headed paper)

Version 1 – 07/03/2013

NHS North Somerset MEND programme evaluation

INFORMATION FOR PARTICIPANTS – programme manager interviews

What is the purpose of this evaluation?

Healthy weight for children is an important issue for many North Somerset families. In 2011 NHS North Somerset commissioned North Somerset Council to deliver MEND (a child weight management programme) through the Extended Schools Partnership.

We would like to speak with programme managers involved with the MEND to discover more about their experiences of recruiting families to and of running the MEND programmes.

Who is funding and conducting the study?

The study is funded by NHS North Somerset and is being carried out by staff at the Nutrition Biomedical Research Unit, based in the University of Bristol. The Principal Investigator is Dr Andrea Waylen, a Lecturer at the University of Bristol, and the evaluation team includes Dr Eileen Sutton, an experienced researcher; Laura Birch, a Dietitian; and Professor Julian Hamilton-Shield who works with families in hospital weight management services.

How will the evaluation be carried out?

The Programme Managers who ran the MEND programmes will be invited to take part in a telephone interview. Parents of children who completed a MEND programme will be invited to take part in a discussion group. Parents of children who were invited to attend but did not, and families who started the MEND programme but did not complete it will be invited to take part in a telephone interview. We will then write up the findings from the interviews in a report which will be sent to NHS North Somerset.

Why have I been invited?

You have been invited to take part in this study because you are one of the programme managers involved with running MEND in North Somerset.

Do I have to take part?

It is up to you to decide whether or not you take part. If you agree to take part in a telephone interview we will ask you to confirm this and record your agreement during the call. You are free to withdraw from the study at any time, without giving a reason. Taking part in this study will not affect your legal rights or your future care.

What will happen to me if I take part?

If you decide to take part in the study you will be asked to take part in a telephone interview which will last around half an hour.

At the start of the interview we will ask you to agree to take part in the study. We will then ask you questions about your experiences of recruiting families to MEND. We will also ask you some questions about your experiences of running MEND.

We would like to record the interview with a telephone recorder. This will help us to make sure that we have recorded everything you have said accurately. You will be asked to agree to the interview being recorded at the start of the interview. Everything you say will be treated as confidential.

What are the possible risks of taking part in the study?

The researchers who will be carrying out the telephone interviews are very experienced and have previously worked on similar evaluations. Also, you do not have to answer a question if you do not want to.

What are the possible benefits of taking part?

We cannot promise that taking part in this evaluation will help you personally, but we hope that the information you provide will help NHS North Somerset in designing its childhood healthy weight services in the future.

What will happen if I don't want to carry on with the study?

You can withdraw from the study at any time without affecting your legal rights or your future care.

Will my taking part in this study be kept confidential?

We will type up the recordings of the telephone interviews and write a report of the findings but we will not use your real names anywhere in the transcripts or the report. However as there are only a few programme managers who have been involved with MEND in the North Somerset area it is difficult for us to guarantee complete anonymity. The transcripts will only be seen by the research team and will be stored securely according to the regulations of the University of Bristol and the Data Protection Act.

What if there is a problem?

If you have any concerns or queries about any aspect of this Study please do get in touch with one of the team at the Nutrition Biomedical Research Unit, Level 3 Education Centre, Upper Maudlin Street, Bristol BS2 8AE.

Dr Andrea Waylen: Tel xxxxxxxxxxxx
Dr Eileen Sutton: Tel xxxxxxxxxxxx
Laura Birch: Tel xxxxxxxxxxxx

Appendix 3a:
NHS North Somerset MEND Programme Evaluation
TOPIC GUIDE – TELEPHONE INTERVIEW - COMPLETERS

INTRODUCTION

My name is XXXX and I am a researcher at the University of Bristol. Thank you agreeing to take part in a telephone interview today. As I explained when we spoke last time you have been asked to take part in our study because you have taken part in one of the MEND programmes in North Somerset. Our team has been asked by NHS North Somerset to find out what families who came to the MEND programmes thought about them. They want to know what things you and your children enjoyed and thought were useful, and also what things weren't so good and you didn't like. They want to know this because they are reviewing their healthy weight services and the information you provide will help them decide what kind of services they might provide in the future. So I'll be asking you about your experiences of MEND.

Do you have any questions before we start?

We will be putting together a report based on what is said in the telephone interviews and to make this possible we would like to record what is said. We will of course treat this discussion as confidential, and will not use your real names anywhere in the transcripts or report. So I will just turn the recorder on if that's OK and then I will ask you again and record your answer

(TURN ON RECORDER)

Are you happy for the phone call to be recorded and do you consent to taking part in the study?

Thank you. I'd first like to ask you a few questions about yourself so that we know something about the people we are interviewing. This should only take a few minutes and what you tell us will be confidential at all times.

1. Could you tell me about who lives in your home?

Please fill in the grid below for ALL adults and children usually living at your address and put a tick in the column on the right next to the child who attended MEND

Person	Sex	Age	Relationship to you	MEND
1 Yourself			Not applicable	
2				
3				
4				
5				
6				
7				
8				

2. Could you tell me about what kind of accommodation you live in?

Please tick ONE only.

House - Detached	<input type="checkbox"/>	Flat - less than 5 storeys)	<input type="checkbox"/>	
House - Semi-detached	<input type="checkbox"/>	Flat - 5 storeys or more)	<input type="checkbox"/>	
House - Terraced	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	
Bungalow	<input type="checkbox"/>	Other (<i>please specify</i>)	<input type="checkbox"/>

3. How do you occupy this accommodation?

Please tick ONE only.

- Own outright or buying with mortgage/loan
- Renting from council or housing association
- Renting privately
- Other (please specify)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

.....

4. What is the highest level of qualification that you have received from school, college or since leaving education (including any work-based training)

- | | | | |
|--|--------------------------|---------------------------------|--------------------------|
| Degree level qualification (or equivalent) | <input type="checkbox"/> | O level, CSE or GCSE equivalent | <input type="checkbox"/> |
| Other higher education qualification | <input type="checkbox"/> | Other qualifications | <input type="checkbox"/> |
| A levels or equivalent | <input type="checkbox"/> | No formal qualifications | <input type="checkbox"/> |
| ONC/National Level BTEC | <input type="checkbox"/> | Still in education | <input type="checkbox"/> |

5. Last week were you:

- | | | | |
|--|--------------------------|----------------------------|--------------------------|
| Working (employed or self-employed) | <input type="checkbox"/> | Long-term sick or disabled | <input type="checkbox"/> |
| Unemployed (looking for work/not looking for work) | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Looking after home or family | <input type="checkbox"/> | | |

6. What is your ethnic group:

- | | | | |
|------------------------------|--------------------------|---------------------------------------|--------------------------|
| White | <input type="checkbox"/> | Black/African-Caribbean/Black British | <input type="checkbox"/> |
| Mixed/multiple ethnic groups | <input type="checkbox"/> | Other ethnic group | <input type="checkbox"/> |
| Asian/Asian British | <input type="checkbox"/> | | |

REFERRAL

Thank you. So now I'd like you to think back to before you came to MEND. Could you tell me how you first heard about MEND?

- How long ago was that?
- GP, school nurse, dietitian, health visitor, programme managers, know someone

What did you think if your GP or another health care professional told you about the programme?

- Did you think your child needed to go?
- Did you have concerns about your child/children's weight?
- What about the child themselves?
- Did anyone talk to you about your child's weight?
- Did your children experience any problems because of their weight? – bullying, name calling etc
- Do/did other family members' have issues about weight?
- Food, exercise before MEND (your child, family as a whole)

How were you signed up to take part in MEND?

If self-referral – what motivated you to ask for a place on MEND?

Was the decision to come along difficult?

What did your children think?

- agree, resist, persuade, actively want to come

EXPECTATIONS

So now I'd like us to discuss what you expected when you first started the MEND programme.

What did you think it was going to be like at MEND – yourselves, your child?

What did you think that you would get out of coming?

What about the first time you came for your child to be weighed/measured?

- Was that difficult?
- Information given by programme leader

FIRST SESSION

As a parent how did you feel before you came along to a MEND session for the first time?

- Worried, nervous, looking forward to it?
- Was your child looking forward to coming to MEND?
- How did you feel when you first came in?
- What about your child?

Did the leader make you feel welcome?

- Did the leader explain what was going to happen during the session and the rest of the programme?
- How did you feel about that?
- What about your child?

What kind of things did you do in the first session?

- Was it different for parents and children?
- What other things did you do in the session?
- Activities/exercise

Do you enjoy the session?

- Did you find it useful?
- How did you /your child feel at the end of the session
- Mixing with other children?
- Meeting other parents?

Did you decide to make any changes when you got home?

- Eating/shopping/exercise

OTHER SESSIONS

So now I would like you to think about the things that you did during the rest of the programme.

- Were there things that you particularly enjoyed or thought were really helpful?
- What about your child?
- Did you learn things e.g. nutrition, food labeling, shopping, cooking, exercise, activities
- What about activities/exercise for the children?

Was this what you expected?

Was it what you needed from taking part?

Were you set tasks to do at home?

Did you go to all the sessions?

- Reasons why/why not?
- Dip in and out?
- Same parent each session?

Did your attitudes change along the programme?

What about your child?

What about the graduation session?

HOME LIFE

I'd now like us to talk about the kind of things that you may have changed at home after you started to come to MEND. Did you make any changes?

- Impact on the way they ate, shopping etc
- Any cost implications?
- Exercise/activities – child/family (TV viewing, computer time)?
- How easy or difficult was it to stick to advice?
- Resistance from child?
- Difficult denying food?
- Difficult doing shopping/different meals for family/all eat same
- Impact on their relationship with child – tensions?
- Impact – other members of the family
- Different situations – meals out, parties, school, school holidays

PROGRAMME LEADERS

So now I want to spend a few minutes talking about the people who led the sessions.

How did you find the group leader?

What about your child?

- Same leader each week or different for different sessions?
- Easy to approach/ask questions?
- Were they understanding?
- What support did they give you/your child?
- Motivation – did you want to make changes?

What about the other trainers?

- Different trainers for specific activities?
- Easy to approach/ask questions?
- Were they understanding?
- What support did they give you/your child?
- Motivation – did you want to make changes?

PRACTICAL ISSUES

So, thinking about coming to the MEND sessions for the whole programme. Do you think it was the right number of sessions?

- About right/too many/ not enough?
- Commitment - difficult to go to all?

What about getting to the venue for sessions?

- Transport

Was the venue suitable?

- Right size?
- Accessibility
- School – having to come into school (seeing other pupils etc)?
- Leisure centre?
- Children's centre?

What about the time that the session was held?

- During school hours? (MEND 2 – 4)
- After school
- Fitting in with childcare responsibilities?

What about the length of the session

- About right/too long/ not long enough?
- Was it tiring for you/your child?
- If after school – fitting in with meal times

Anything else?

RESULTS

So now, thinking about when you had finished all the sessions. What do you think that you got out of MEND?

What about your child?

- Weight/general health/well-being/lifestyle – exercise, activity etc
- Knowledge gained
- Success
- Difficulties
- Changes made as a result of MEND – short term/longer term
 - TV watching
 - Computer time
 - Sports/exercise
- Have you kept it up since the end of the programme?

Anything else?

ENDING

So would you recommend MEND to other families?

- Any changes/improvements
- Best/worst

So if North Somerset wanted to know what kind of healthy weight services they should provide for families what would you tell them?

Anything else?

THANKS and confidentiality reminder

Appendix 3b:
NHS North Somerset MEND Programme Evaluation
TOPIC GUIDE – TELEPHONE INTERVIEW – NON COMPLETER

INTRODUCTION

My name is XXXX and I am a researcher at the University of Bristol. Thank you agreeing to take part in a telephone interview today. As I explained when we spoke last time you have been asked to take part in our study because you were offered a place on one of the MEND programmes in North Somerset and you:

- Didn't take up the place
- Started the programme but didn't finish it

Our team has been asked by NHS North Somerset to find out why families didn't:

- Take up the place they were offered
- Didn't complete the programme

They want to know this because they are reviewing their healthy weight services and the information you provide will help them decide what kind of services they might provide in the future.

Do you have any questions before we start?

We will be putting together a report based on what is said in the telephone interviews and to make this possible we would like to record what is said. We will of course treat this discussion as confidential, and will not use your real names anywhere in the transcripts or report. So I will just turn the recorder on if that's OK and then I will ask you again and record your answer

(TURN ON RECORDER)

Are you happy for the phone call to be recorded and do you consent to taking part in the study?

Thank you. I'd first like to ask you a few questions about yourself so that we know something about the people we are interviewing. This should only take a few minutes and what you tell us will be confidential at all times.

1. Could you tell me about who lives in your home?

Please fill in the grid below for ALL adults and children usually living at your address and put a tick in the column on the right next to the child who attended MEND

Person	Sex	Age	Relationship to you	MEND
1 Yourself			Not applicable	
2				
3				
4				
5				
6				
7				
8				

2. Could you tell me about what kind of accommodation you live in?

Please tick *ONE* only.

House - Detached	<input type="checkbox"/>	Flat - less than 5 storeys)	<input type="checkbox"/>
House - Semi-detached	<input type="checkbox"/>	Flat - 5 storeys or more)	<input type="checkbox"/>
House - Terraced	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Other (<i>please specify</i>)	<input type="checkbox"/>

3. How do you occupy this accommodation?

Please tick *ONE* only.

Own outright or buying with mortgage/loan	<input type="checkbox"/>
Renting from council or housing association	<input type="checkbox"/>
Renting privately	<input type="checkbox"/>
Other (<i>please specify</i>)	<input type="checkbox"/>

4. What is the highest level of qualification that you have received from school, college or since leaving education (including any work-based training)

Degree level qualification (or equivalent)	<input type="checkbox"/>	O level, CSE or GCSE equivalent	<input type="checkbox"/>
Other higher education qualification	<input type="checkbox"/>	Other qualifications	<input type="checkbox"/>
A levels or equivalent	<input type="checkbox"/>	No formal qualifications	<input type="checkbox"/>
ONC/National Level BTEC	<input type="checkbox"/>	Still in education	<input type="checkbox"/>

5. Last week were you:

Working (employed or self-employed)	<input type="checkbox"/>	Long-term sick or disabled	<input type="checkbox"/>
Unemployed (looking for work/not looking for work)	<input type="checkbox"/>	Other	<input type="checkbox"/>
Looking after home or family	<input type="checkbox"/>		

6. What is your ethnic group:

White	<input type="checkbox"/>	Black/African-Caribbean/Black British	<input type="checkbox"/>
Mixed/multiple ethnic groups	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>
Asian/Asian British	<input type="checkbox"/>		

REFERRAL

Thank you. So now I'd like you to think back and tell me how you first heard about MEND?

- How long ago was that?
- GP, school nurse, dietician, health visitor, programme managers, know someone,

What did you think if your GP or another health care professional told you about the programme?

- Did you think your child needed to go?
- Did you have concerns about your child/children's weight?
- What about the child themselves?

- Did anyone talk to you about your child's weight?
- Did your children experience any problems because of their weight? – bullying, name calling etc
- Do/did other family members' have issues about weight?
- Food, exercise before MEND (your child, family as a whole)

If self-referral – what motivated you to ask for a place on MEND?

Did you take part in MEND? - any sessions at all (including weigh/measure)

IF NO: GO TO SECTION "NOT COMING TO MEND" ON PAGE 10

IF YES:

Was the decision to come along difficult?

What did your child think?

- agree, resist, persuade, actively want to come

EXPECTATIONS

So now I'd like us to discuss what you expected when you first started the MEND programme.

What did you think it was going to be like at MEND – yourselves, your child?

What did you think that you would get out of coming?

What about the first time you came for your child to be weighed/measured?

- Was that difficult?
- Information given by programme leader

FIRST SESSION

As a parent how did you feel before you came along to a MEND session for the first time?

- Worried, nervous, looking forward to it?
- Was your child looking forward to coming to MEND?
- How did you feel when you first came in?
- What about your child?

Did the leader make you feel welcome?

- Did the leader explain what was going to happen during the session and the rest of the programme?
- How did you feel about that?
- What about your child?

What kind of things did you do in the first session?

- Was it different for parents and children?
- What other things did you do in the session?
- Activities/exercise

Do you enjoy the session?

- Did you find it useful?
- How did you /your child feel at the end of the session
- Mixing with other children?
- Meeting other parents?

Did you decide to make any changes when you got home?

- Eating/shopping/exercise

DID YOU GO TO ANY OTHER SESSIONS?

IF NO GO TO SECTION "HOME LIFE" ON PAGE 6

IF YES:**OTHER SESSIONS**

How many other sessions did you attend?

- Which sessions did you go to?
- Why these sessions?
- Did you enjoy them?
- What didn't you like?
- Same parent each session?

HOME LIFE

Now I know that you only came to one/a few sessions, but did you make any changes at home as a result of coming to MEND?

- Impact on the way they ate, shopping etc
- Any cost implications?
- Exercise/activities – child/family (TV viewing, computer time)?
- How easy or difficult was it to stick to advice?
- Resistance from child?
- Difficult denying food?
- Difficult doing shopping/different meals for family/all eat same
- Impact on their relationship with child – tensions?
- Impact – other members of the family
- Different situations – meals out, parties, school, school holidays

PROGRAMME LEADERS

So now I want to spend a few minutes talking about the people who led the sessions.

How did you find the group leader?

What about your child?

- Same leader each week or different for different sessions?
- Easy to approach/ask questions?
- Were they understanding?
- What support did they give you/your child?
- Motivation – did you want to make changes?

What about the other trainers?

- Different trainers for specific activities?
- Easy to approach/ask questions?
- Were they understanding?
- What support did they give you/your child?
- Motivation – did you want to make changes?

PRACTICAL ISSUES

So, thinking a bit more about the reasons why you didn't finish the MEND programme.

Do you think it was the right number of sessions?

- About right/too many/ not enough?
- Commitment - difficult to go to all?

What about getting to the venue for sessions?

- Transport

Was the venue suitable?

- Right size?
- Accessibility
- School – having to come into school (seeing other pupils etc)?
- Leisure centre?
- Children’s centre?

What about the time that the session was held?

- During school hours? (MEND 2 – 4)
- After school
- Fitting in with childcare responsibilities?

What about the length of the session

- About right/too long/ not long enough?
- Was it tiring for you/your child?
- If after school – fitting in with meal times

Anything else?

RESULTS

So I know you only came to one/a few sessions, but do you think coming along to MEND helped your child or your family at all?

- Weight/general health/well-being/lifestyle – exercise, activity etc
- Knowledge gained
- Success
- Difficulties
- Changes made as a result of MEND – short term/longer term
 - TV watching
 - Computer time
 - Sports/exercise

Anything else?

GO “STOPPING MEND” SECTION ON PAGE 9

STOPPING MEND

Why did you stop going to MEND?

- Your decision?
- Child?
- Any other reasons?
- Practical issues?
- Hard decision?

Were there particular things that you didn’t like? Your child?

Did you find anything helpful?

Did you feel that you learnt anything from going along? Your child?

- Reasons why helpful/not helpful
- Was it what you needed from taking part?

Would anything have helped you to finish the course?

CURRENT SITUATION

So since you made the decision to stop coming to the MEND programme how have you been getting along?

- Worried about child's weight?
- Your child?
- Joined any other programme/activity?
- Made any changes: eating/activity/ exercise

ENDING

So if North Somerset wanted to know what kind of healthy weight services they should provide for families what would you tell them?

Anything else?

THANKS and confidentiality reminder

ARRANGEMENTS FOR SENDING VOUCHER

NOT COMING TO MEND

Could you please tell me a little bit more about why you decided not to take part in the MEND programme?

- Your decision
- Your child?
- Any other reasons?
- Hard decision?

What did you think it was going to be like at MEND – yourselves, your child?

- Worried, nervous?
- What about your child?
- Did you think it would help?

PRACTICAL ISSUES

What did you think about the number of sessions you were expected to come to?

- About right/too many/ not enough?
- Commitment - difficult to go to all?

What about the venue for sessions?

- Transport
- Right size?
- Accessibility
- School – having to come into school (seeing other pupils etc)?
- Leisure centre?
- Children's centre?

What about the time that the session was held?

- During school hours? (MEND 2 – 4)
- After school
- Fitting in with childcare responsibilities?

What about the length of the session

- About right/too long/ not long enough?
- If after school – fitting in with meal times

Anything else?

CURRENT SITUATION

So since you made the decision not to come along to the MEND programme how have you been getting along?

- Worried about child's weight?
- Your child?
- Joined any other programme/activity?
- Made any changes: eating/activity/ exercise

ENDING

So if North Somerset wanted to know what kind of healthy weight services they should provide for families what would you tell them?

Anything else?

THANKS and confidentiality reminder

ARRANGEMENTS FOR SENDING VOUCHER

Appendix 3c:
NHS North Somerset MEND Programme Evaluation
TOPIC GUIDE – TELEPHONE INTERVIEW – PROGRAMME MANAGERS

INTRODUCTION

Thank you agreeing to take part in a telephone interview today. As I explained when we spoke last time you have been asked to take part in our study because you were involved with recruiting families to and/or running one or more of the MEND programmes in North Somerset.

Do you have any questions before we start?

We will be putting together a report based on what is said in the telephone interviews and to make this possible we would like to record what is said. We will of course treat this discussion as confidential, and will not use your real names anywhere in the transcripts or report, but as we explained in the information sheet we sent you, as there are only a few programme managers it is difficult to guarantee complete anonymity. So I will just turn on the recorder if that's OK and then I will ask you again and record your answer ...

(TURN ON RECORDER)

Are you happy for the phone call to be recorded and do you consent to taking part in the study?

Thank you

BACKGROUND

- 1) I'd first like to ask you a few brief questions about your professional background and how you came to be involved with MEND.

Probes:

Job title; qualifications; experience; length of time working on MEND;

- 2) What specific training did you receive on MEND?

- 3) How did you find the training?

Probes:

Quality; quantity; level; did you feel well-prepared;

RECRUITMENT

- 4) Were you responsible for recruiting families to the MEND programmes?

Probes:

Which programmes (age, location etc)?

- 5) How were families referred to you?

Probes:

GPs; school nurse; dietitian; health visitor; other health professional; self-referral;

- 6) How did you approach the families to offer them a place on MEND?

Probes:

In person; by telephone; write; other;

- 7) How easy or difficult did you find recruitment?

Probes:

Making initial contact; discussing child weight issues; providing information on MEND; following up;

- 8) Were there any specific barriers to recruiting or anything that helped?

9) **What was the success rate for recruitment?**

10) **Did most families who signed up come to the first session?**

11) **Anything else on recruitment?**

MEND PROGRAMME

I'd now like to ask you some questions about the content of MEND programmes and also about delivering the sessions.

12) **What is your general impression of MEND?**

13) **What about the level of commitment expected for families attending?**

Probes:

Too long; too short; too intense; just right; time commitment; age of child; anything else;

14) **Is the content appropriate for the age of the children attending?**

Probes:

Why? Any differences: 2-4; 4-7; 7-13;

15) **Which sessions (if any) did you lead?**

16) **Did you have other trainers/staff helping you?**

Probes:

What did they do? Did they interact well with parents/children? Any difficulties?

17) **Which sessions do you think were most successful?**

Probes:

Why? Adults? Children?

18) **Did you find any sessions problematic?**

Probes:

Why? Adults? Children? Any difficulties? Building rapport with families/children;

19) **How easy or difficult was it to motivate the families attending the sessions?**

Probes:

Adults? Children? Why? Influence of other family members;

PRACTICAL ISSUES

20) **What was the venue like for the sessions?**

Probes:

- *Was the venue suitable?*
- *Right size?*
- *Accessibility*
- *School – having to come into school (seeing other pupils etc)?*

- *Leisure centre?*
- *Children's centre?*

21) What about the time that the sessions were held?

Probes:

- *During school hours? (MEND 2 – 4)*
- *After school*
- *Fitting in with childcare responsibilities?*

22) What about the length of the sessions

Probes

- *About right/too long/ not long enough?*
- *Was it tiring for you/your child?*
- *If after school – fitting in with meal times*

23) Anything else?

RESULTS

Could you now briefly tell me about the results for the families who completed the programmes.

24) In what ways, did coming along to MEND help?

Probes

- *Weight/general health/well-being/lifestyle – exercise, activity etc*
- *Self-esteem*
- *Knowledge gained*
- *Success*
- *Difficulties*

25) Could you tell me a bit about the families that dropped out of MEND?

Probes:

Reasons for dropping out; particular difficulties; level of support from family; any improvements that could be made to MEND to help with drop-out;

26) Would you have any suggestions for preventing dropout?

27) Have you had any contact with any of the families since MEND?

ENDING

28) So if North Somerset wanted to know what kind of healthy weight services they should provide for families what would you tell them?

Anything else?

THANKS and confidentiality reminder