

**Evaluation of ‘Balance It! It’s Your Health’
A Programme to Reduce Adult Obesity /
BMI in Gateshead**

FINAL REPORT

August 2007

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Executive Summary

Introduction

This report details the findings from a qualitative study commissioned by Gateshead Primary Care Trust (PCT) and conducted by researchers at Northumbria University in Newcastle-upon-Tyne. The aim of the study was to evaluate the innovative 'Balance It! It's Your Health' programme by exploring the views and experiences of clients and other key stakeholders. Balance It was developed as part of a Local Area Agreement (LAA) with specific funding to deliver a weight management programme in an area of particular deprivation and low life expectancy in Gateshead.

The Balance It evaluation sought to explore the perceived impact of the programme on a sample of clients and also the potential impact on levels of overweight and obesity across Gateshead. Using focus groups with programme participants, the researchers examined clients' motivation to access the programme, their experiences of attending the sessions, ongoing support required, and factors that impacted positively or negatively on their attempts to lose weight. Using individual interviews with a range of key stakeholders, the evaluation also examined the process of establishing and operating the programme in order to inform future developments to the service.

Background

Obesity represents one of the most pervasive health problems in the country, with 24 million adults – more than half of the adult population in England – considered to be either overweight or obese (Joint Health Surveys Unit 2004). Public health concerns about obesity relate to its link to numerous chronic diseases, many of which are life limiting. Around 9,000 premature deaths per year in England can be attributed to obesity (6 per cent of all deaths) and the lifespan of an obese person is estimated to be nine years less than that of someone of lower weight (National Audit Office 2001). Being obese doubles a person's risk of all-cause mortality, coronary heart disease, stroke and type 2 diabetes, and increases their risk of some cancers, musculoskeletal problems, and loss of function (National Heart, Lung and Blood Institute 1998; National Audit Office 2001).

Obesity has overtaken smoking as the number one public health issue in England, and documents such as *Securing our Future Health: taking a long-term view* (Wanless 2002) and *Choosing Health: making healthy choices easier* (Department of Health 2004) have reinforced the urgency attached to addressing obesity.

There is strong scientific evidence to suggest that obese individuals who lose even relatively small amounts of weight are likely to decrease their blood pressures, blood glucose levels, blood concentration of cholesterol and triglycerides, sleep apnoea, risk of osteoarthritis of the weight-bearing joints and depression, and increase their self-esteem (Committee to Develop Criteria for Evaluating the Outcomes of Approaches to Prevent and Treat Obesity 1995). Clinical practice has targeted weight loss of 10 per cent as this has been shown to bring about substantial improvements in blood pressure, blood lipids and glucose tolerance (National Heart Lung and Blood Institute 1998).

The World Health Organisation has suggested that effective weight management for adults at risk of developing obesity should involve a range of long-term strategies that include prevention of weight gain, weight loss, weight maintenance and management of co-morbidities (WHO 2006). For the treatment of obesity in adults, the aim is generally to use diet, physical activity and behavioural strategies, in combination

where possible. Modest, regular bouts of physical activity can lead to weight loss and additional health benefits, such as improved cardiovascular function (Health Development Agency 2002).

A Body Mass Index (BMI) study conducted in 2004 found that 65 per cent of men and 54 per cent of women in Gateshead were either overweight or obese (SMS 2004). Further research was subsequently conducted with a sample of local people in order to gain insights into their attitudes to weight and the factors that might motivate or enable them to change (SMS 2006). Key findings of this research were that people welcomed the idea of a programme to help them lose weight, particularly with advice provided on both diet and exercise. Participants felt that programmes should be fun and social, helpful and supportive, tailored to individual needs, free, local, and accessible at different times of the day. The attitudes of staff were also identified as being a major influence on the likelihood of people committing to such a programme.

Based on the findings of this research, Gateshead PCT developed a Local Area Agreement (LAA) incorporating a stretch target to reduce levels of adult overweight and obesity within an area of particular deprivation and low life expectancy in Gateshead. The 'Balance It! It's Your Health' programme was developed in order to meet this target and involves a 13-week nutrition / physical activity / social programme, plus a further 13 weeks of support for participants. Each two-hour session comprises one-to-one weighing and support from a Community Nutrition Assistant (CNA) or dietitian, nutritional advice and education, cooking skills and physical activity sessions.

Methodology

The overall aim of this study was to evaluate the 'Balance It! It's Your Health' programme in Gateshead, by exploring the views and experiences of a sample of clients and key stakeholders. In addition, the evaluation sought to examine the process of establishing and operating the programme, with a view to informing future developments that may lead to a reduction in the prevalence of adult overweight and obesity in Gateshead.

The objectives of the study have been met using a qualitative evaluation approach, which has enabled the researchers to explore in depth the experiences of those implementing, delivering and participating in the programme. Multiple methods were also used in order to effectively capture the views of all relevant stakeholders and also to enhance the reliability of the study via the process of triangulation (Denzin 1978).

Two focus groups were conducted during week eight of the programme, one at each of the local community centres used as a venue for Balance It. Both focus groups were approximately one hour in duration. The aim was to explore the ongoing support required during weeks 14 to 26, and also to gather clients' general perceptions of accessing and participating in the programme.

A purposive sample of key stakeholders was invited to take part in a semi-structured interview at a mutually convenient date, time and location, part way through the delivery of the programme (between weeks 7 and 12). The aim was to ascertain their perceptions of the programme and how they would like to see it develop in the future. At the request of the Balance It steering group, the stakeholders were specifically asked for their views on the multidisciplinary approach of the intervention. Hence, it was felt that individual interviews, rather than focus groups, would be the most appropriate technique in order to capture any potential tensions or concerns regarding this approach.

An additional objective of the evaluation was to gather the views and experiences of those who had accessed the programme but then chosen to discontinue their participation at various points in time. However, none of the initial cohort of clients who had accessed Balance It subsequently chose to withdraw from the programme at the time of conducting the evaluation. Therefore, it was not possible or necessary to conduct any interviews with non-attenders.

Key Findings

In total, 18 clients took part in one of two focus group interviews as part of the evaluation of the 'Balance It! It's Your Health' programme. Eight female clients attended a focus group at the Bede Centre, and nine female clients and one male client participated in a focus group at Brandling Community Centre. The key themes arising from these discussions are detailed in section four of the main body of the report. Listed below are some of the main issues that emerged.

1. Accessing the Service

Participants had largely found out about the Balance It programme from staff involved with existing groups, from their friends and relatives, and / or by reading the promotional literature in various community venues. There was a general perception that Balance It had not been widely advertised and that this might have impacted negatively on recruitment rates.

2. Motivation for attendance

The most common reason given by clients for making the decision to attend the programme was a desire to improve their health, largely in order to look or feel better. A minority of clients had also sought to lose weight and improve their health for medical reasons. Others were keen to improve their cooking skills and understanding of nutrition, with some being motivated by a desire to make a more positive impact on the health of their children or grandchildren.

3. Health eating advice and education

In comparison with commercial slimming groups, the Balance It programme was felt to place less emphasis on dieting and weight loss, and more on lifestyle change and education. This alternative focus was viewed positively by all focus group participants, who perceived it to be a more acceptable and sustainable way of achieving their long term goals.

4. Cooking skills

The cooking skills sessions of the programme were rated very highly by the focus group participants, who enjoyed the 'hands on' aspect of preparing food and the opportunity to taste it afterwards. Participants valued the opportunity to experience different types of food, as some of the ingredients and recipes used were entirely new to them.

5. Physical activity

There were a number of positive comments about the educational aspect of these sessions, for example, participants found it valuable to learn how to breathe properly and how the various exercises were affecting their bodies.

6. Early Evidence of Positive Impact

The fact that, to date, no-one has withdrawn from the programme was felt by participants to strongly indicate its success. They were keen to be used in promoting the programme to other potential participants, and many reported making efforts to recruit their friends, colleagues and family members to future cohorts. Participants felt that, as a result of accessing Balance It, they were thinking more about what they eat and what foods they buy. They also reported significant changes in the food they cook for themselves and their families, suggesting that the messages delivered during the programme are having an

impact beyond its clients. The focus on lifestyle change was felt to have been successful and many participants reported generally feeling healthier as a result of attending the programme. Weight loss was often described as an added bonus to learning about health and subsequently making positive changes within their lives.

7. Facilitators

The main attraction of the Balance It programme as opposed to commercial slimming programmes is the fact that it is free to attend. This was felt to increase participants' adherence to the programme and to the key messages delivered.

8. Views on the Balance It Team

All comments about the members of the Balance It team were positive, with staff being described as friendly, supportive and encouraging. There was particular appreciation for the continuity in the team, which was felt to allow clients to build up a rapport and trusting relationships with programme staff.

9. Ongoing Support Required

In terms of the support required during the second half of the programme participants seemed happy to continue with the same format and session content they had received during the first half.

There was a great deal of concern about the support clients would receive after they complete the 26-week programme. Although this was felt to be an adequate duration for the weekly sessions, the participants were keen to continue to meet and be weighed on a regular basis, possibly monthly. They expressed a need for longer term support in order to maintain and reinforce their levels of motivation.

10. Suggested Areas for Improvement

Although participants were largely happy with their experiences of attending the Balance It programme, they had a number of suggestions as to how it might be improved for future cohorts. There was a perceived need to promote the programme more widely and in different places, for example, where people meet in groups or go with children. This might involve targeting schools, doctor's surgeries, community centres and libraries, and there was also a suggestion that signs could be displayed in shop windows. To this effect, participants felt that the Balance It promotional literature should be redesigned to be more eye-catching and clearly convey the basic messages of the programme.

Feedback from key stakeholders in the Balance It programme was gathered during one-to-one interviews with 11 members of the steering group. The main findings from these interviews are outlined in section five in the main body of the report. Listed below are important issues that emerged.

1. Implementing the Service

The planning and design of the Balance It programme was felt to have involved different levels of input from a wide range of key stakeholders. At the same time, the programme was perceived to have been driven and led by the PCT at quite a strategic level. Some stakeholders felt that frontline staff responsible for the delivery of the programme should have been involved in its planning from an earlier stage.

It was felt that a significant amount of staff time and effort had been required to develop the programme, against a background of limited capacity and existing workloads. Stakeholders felt that this additional work was not fully recognised by all of the organisations involved, as a result of the different priorities and targets that need to be met.

The stretch target set for the programme was generally felt to be rather narrow and ambitious, although not unachievable. Challenges to the success of the programme in meeting this target were recognised as coming from the relatively small size of the target population and the changes taking place locally in terms

of regeneration and housing. There was a suggestion that they should "widen the net" in order to generate the numbers needed and make the programme more viable.

2. Social marketing

In general, the stakeholders had little to say about the social marketing approach of the intervention, other than the fact that the programme was designed in light of previously conducted focus group research. The promotional literature was not felt to be particularly innovative or in keeping with the principles of a social marketing approach. It was acknowledged that greater emphasis should be placed on marketing the programme in order to enable them to compete with more established commercial providers.

3. Experiences of Delivering the Programme

Staff involved in the delivery of the programme felt that the service was meeting a need within the community and that the innovative approach taken was appropriate for local people. The target localities were perceived to be lacking in this kind of support and assistance.

4. Healthy eating advice and education

There was a perception amongst stakeholders that clients were getting a lot out of attending the programme, particularly in terms of new information and learning. Stakeholders were keen to see whether clients maintained the same level of effort and enthusiasm during the second half of the programme.

5. Cooking skills

With the cooking skills sessions, stakeholders reported anecdotal evidence of behaviour change amongst clients in terms of an increase in the consumption of 'healthy' foods and a decrease in the use of 'unhealthy' ingredients. These changes were perceived to be indicators of the success of the programme, regardless of whether there were any subsequent changes in clients' weight.

6. Physical activity

The Balance It groups consist of a mix of ages and abilities, and so the Physical Activity Development Workers must incorporate different types and intensities of exercise to meet the needs of all clients. This tailoring of the programme to individual need within a group setting was felt to be a successful technique for maintaining clients' motivation levels.

Stakeholders reported that clients seemed to enjoy the physical activity sessions and appreciate the variety of exercises covered within the programme. However, there was some concern as to whether the same levels of motivation and attendance would be sustained over the second half of the programme.

7. Early Evidence of Success

Although some felt it was too early to comment in terms of progress towards the stretch target, there was a general perception amongst stakeholders that the Balance It programme had been successful so far. The excellent retention rate was seen to be an intermediate indicator of success and also a positive reflection on the efforts of the staff involved in delivering the programme. Those involved in the delivery of similar local interventions reported that the dropout rate is usually far higher by the mid-point of the programme.

8. Facilitators

A key factor in the perceived success of the Balance It programme was felt to be its flexibility and responsiveness to client need. The sessions were reported to be tailored around the requirements and preferences of the particular groups, rather than taking a one-size-fits-all approach to the intervention. The programme staff actively attempt to engage clients and encourage them to have an input into the format and content of the sessions. However, the staff also take a pragmatic approach and appreciate that the flexibility of the programme has to have set boundaries. For example, the groups take it in turns each week to choose a recipe that is then prepared by both groups, in order to reduce ingredient costs.

9. Challenges

The biggest challenge to the success of the programme was felt to be the difficulties in recruiting sufficient numbers of people from the target communities. One practical concern was the fact that the programme involves staff from relatively small teams and so any extended period of training, annual leave or sickness leave might have a significant impact on delivery. The pressure on staff was anticipated to increase as the programme expands to whole days and is potentially rolled out into other localities.

Some stakeholders felt that the programme required a greater time commitment than had initially been expected, and that this needed to be balanced with their other commitments and responsibilities.

The final challenge involved finding ways to keep people motivated whilst on the waiting list for Balance It and during the second half of the programme. In order to address the former issue, a monthly appointment with the dietician is offered to clients on the waiting list in an attempt to maintain their interest in weight management.

10. Views on the Multi-disciplinary Team

Although a number of different partners had been involved in the design and implementation of Balance It, the PCT were strongly perceived to be have been driving the programme forward. There were a number of positive comments about the leadership and coordination to date, but also some concern about how this would be affected by the recent structural reorganisation within the PCT.

There was a perception that the programme had initially lacked coordination and that there had been some confusion with regards to exactly what role the different agencies would play. These tensions may have been fuelled by the fact that, historically, the various local organisations have had to compete with one another for external funding. Others saw the issue as stemming from conflicting priorities between different organisations

11. Sustainability

The sustainability of the Balance It programme in the longer term was felt to be heavily reliant on the successful recruitment of clients to future cohorts in order to meet the stretch target. Stakeholders were acutely aware of the fact that the funding attached to the Local Area Agreement is dependent on demonstrating clear benefits from the programme in terms of health gain. However, these benefits are defined solely in terms of physical health, with no acknowledgement of the potential wider impact on social and emotional health and wellbeing. This focus on numbers caused some concern amongst stakeholders about the future of the programme.

There was also an issue about whether the numbers of clients in the current groups would be maintained during the second half of the programme, as six months was perceived to be a relatively long time to commit to attending weekly sessions. Most similar local programmes were reported to have a duration of around eight weeks, with a relatively high dropout rate from weeks five or six onwards. However, stakeholders were optimistic about the fact that they had gotten beyond week eight with a 100 per cent retention rate in both of the Balance It groups. In fact, there was some concern that many clients would be so strongly committed to the programme that they would expect to receive the same level of support beyond the 26 weeks.

12. Suggested areas for improvement

The main areas suggested by stakeholders as being in need of improvement were the strategies used to promote the service and to recruit clients onto the programme.

Discussion

Overall, the findings from this evaluation have shown that the 'Balance it! It's Your Health' programme is considered to be a success by the clients and key stakeholders consulted. The fact that, to date, no clients have withdrawn from the programme was cited as a major indicator of success by both groups. This was felt to be particularly positive in comparison with the lower retention rate reported for other services targeting the same client group.

The views and experiences of clients who had accessed the first cycle of the programme were very positive, particularly in terms of their opinions of the staff involved in delivering the programme. Clients stated that they felt healthier and better within themselves, emphasising the fact that they perceived the focus of the programme to be lifestyle change rather than weight loss. As a result, the messages delivered and new skills learned during the programme were felt to have influenced not only the clients themselves but also their friends and relatives. Some clients gave a desire to improve the health of their families as a key reason for their attendance, highlighting the potential long-term impact of the programme on levels of overweight and obesity within Gateshead.

Recruitment and access to the programme were key issues that both clients and stakeholders felt needed to be planned more effectively in the future. Word of mouth and linking to existing groups or community initiatives were identified as being the most important modes of recruitment for this particular target group. Although many clients had seen the Balance It promotional literature, this was not felt to have been distributed widely enough or in the most appropriate locations. Clients and staff made a number of suggestions as to how these promotional materials might be improved for the future, as well as suggesting the use of more flexible and informal approaches. There was also a perception that greater efforts needed to be invested in encouraging other health professionals to refer into the programme. In particular, GPs and practice nurses were identified as being well suited to ensuring potential clients are made aware of and recruited to the programme.

The evaluation of the Balance It programme is consonant with many of the findings from the research literature, which identifies a combination of diet, physical activity and behavioural strategies as being important in the treatment of overweight and obesity.

The main limitation of this evaluation is the fact that it is based on a relatively small study sample, which therefore limits the ability to generalise the findings to the wider population. However, the aims of this evaluation were to inform action, enhance decision-making and apply knowledge to solve problems locally. Furthermore, the emphasis in qualitative research is on the quality rather than the quantity of the findings, and the methodology used in this evaluation allowed for the collection of data of sufficient depth to address the research aim and objectives. By recognising the complex and multifactorial nature of obesity as a disease, and by taking clients' social and economic circumstances into account, Balance It is therefore likely to be more acceptable and effective in the longer term than other weight loss programmes.

Recommendations

A fully comprehensive list of the study's recommendations can be found in section seven of the report. Below are some key recommendations.

- In terms of ongoing support required by clients, the request was simply for "more of the same" in terms of the combination of exercise, healthy eating advice and education, and cooking skills sessions. Therefore, it is recommended that the programme providers continue with the same format for future cycles of the programme.

- Programmes should be provided free of charge to attract clients on low incomes and also provide free childcare facilities to attract parents.
- The providers should consider offering an evening and / or weekend programme, if there is available staff capacity. They should also consider delivering the programme in different formats, shorter lunchtime sessions or weekend drop-in sessions.
- In the longer term, living within a particular postcode area should not be part of the criteria for selection to the programme.
- The attitudes and personalities of programme staff are important factors in ensuring compliance, and therefore this must be emphasised to any new staff joining the programme. Existing staff should be praised for their friendly, accessible and non-judgemental approach to the delivery of the programme.
- Clients who express an interest in continuing to meet as a group should be supported to do so beyond the 26-week period. The use of a community development approach should hopefully enable and empower these groups to eventually become self-sufficient, thereby limiting the pressure on staff time.
- Clients could potentially have an important role to play in promoting the programme and use should be made of their experiences in recruiting to future cohorts, where appropriate.
- The wider impact of the programme should be acknowledged and captured, for example, changes in emotional health and wellbeing, learning new skills, and building social capital. These are all key outcomes of the programme that are not currently being captured as a result of focusing on BMI and the requirements of the stretch target.
- Responsibility for exploring different avenues for recruitment to the programme should be a dedicated role for one person. However, in the development of an appropriate recruitment and publicity strategy, a wide range of stakeholders and clients should become involved. Group activity in the latter part of the programme could include clients and staff working together in the production of appropriate resource materials for use in promoting or delivering the programme.
- The steering group should make efforts to recruiting a representative from the first cohort of clients to become a member of the steering group. This will enable greater ownership of the programme by local people and potentially further enhance its accessibility to those from local communities. This would also allow other members of the steering group to learn from the service user experience of the programme.
- Programme providers should allow sufficient time for the planning and implementing of similar interventions in the future. Frontline staff should be more involved in this process, as their experience and insight would be beneficial. It is likely that this would have promoted greater ownership of the programme amongst these key stakeholders.
- There should also be some direct client input during the development of future programmes. This might involve the use of a social marketing

approach, but one that adheres more closely to the principles of the approach and involves potential clients at all stages of the process.

- It is important that the programme is able to integrate with other services and activities locally. Health trainers, for example, have the potential to be a valuable resource in promoting the programme, assisting with the development of recruitment strategies, referring clients, suggesting suitable venues, etc.

Further Research and Evaluation

Additional research is needed into methods for the prevention of weight gain and the maintenance of weight loss in the longer term. There is also a need for research into the broader implications of attendance on weight management programmes, beyond the effects on an individual's BMI and physical health status. In particular, proposals should be developed to explore the wider impact of weight management programmes that take a community development approach. This would involve attempting to explore the impact on local communities, social networks and families, particularly the health and wellbeing of clients' children and partners.

1.0 Introduction

This report details the findings from a qualitative study commissioned by Gateshead Primary Care Trust (PCT) and conducted by researchers at Northumbria University in Newcastle-upon-Tyne. The aim of the study was to evaluate the innovative 'Balance It! It's Your Health' programme by exploring the views and experiences of clients and other key stakeholders. Balance It was developed as part of a Local Area Agreement (LAA) with specific funding to deliver a weight management programme in an area of particular deprivation and low life expectancy in Gateshead. The pilot phase runs from April 2007 to March 2009, during which time the programme will be monitored closely to identify progress against the stretch target for a sustained reduction in body weight amongst participants.

The Balance It evaluation sought to explore the perceived impact of the programme on a sample of clients and also the potential impact on levels of overweight and obesity across Gateshead. Using focus groups with programme participants, the researchers examined clients' motivation to access the programme, their experiences of attending the sessions, ongoing support required, and factors that impacted positively or negatively on their attempts to lose weight. Using individual interviews with a range of key stakeholders, the evaluation also examined the process of establishing and operating the programme in order to inform future developments to the service.

Key findings from the evaluation are presented in two sections. The first describes the views and experiences of clients who attended the initial Balance It programmes at one of two community centres in Gateshead from April 2007. The second section explores the views and experiences of members of the Balance It steering group who were involved in the design and / or delivery of the programme. The findings are then discussed in light of the existing literature and a series of recommendations are made both for the future development of the programme and for further research to address the issue of adult overweight and obesity.

1.1 Acknowledgements

The research team wishes to acknowledge the help of the Balance It steering group who assisted in the development and operation of the evaluation, and in recruitment to the study. We would also like to thank all of the participants in the research who kindly gave up their time to take part in the focus groups or interviews.

2.0 Background

2.1 Public Health Context of Overweight and Obesity

Obesity represents one of the most pervasive health problems in the country, with 24 million adults – more than half of the adult population in England – considered to be either overweight or obese (Joint Health Surveys Unit 2004). This is not an isolated phenomenon but, instead, is considered to be one of the greatest global public health challenges of the 21st century. The World Health Organisation (WHO) have reported that obesity has reached epidemic proportions globally, with more than one billion adults overweight and at least 300 million clinically obese (WHO 2004). Public health concerns about obesity relate to its link to numerous chronic diseases, many of which are life limiting. Around 9,000 premature deaths per year in England can be attributed to obesity (6 per cent of all deaths) and the lifespan of an obese person is estimated to be nine years less than that of someone of lower weight (National Audit Office 2001). Being obese doubles a person's risk of all-cause mortality, coronary heart disease, stroke and type 2 diabetes, and increases their risk of some cancers, musculoskeletal problems, and loss of function (National Heart, Lung and Blood Institute 1998; National Audit Office 2001).

Levels of adult overweight and obesity in Europe and the USA are expected to increase further as a result of the rising prevalence of childhood obesity over recent decades (Troiano and Flegel 1998). A Public Service Agreement (PSA) target has been set by the Government to halt the year-on-year rise in obesity among children under 11 by 2010, in the context of a broader strategy to tackle the problem in the population as a whole (Department for Culture, Media and Sport 2004). Obesity has overtaken smoking as the number one public health issue in England, and documents such as *Securing our Future Health: taking a long-term view* (Wanless 2002) and *Choosing Health: making healthy choices easier* (Department of Health 2004) have reinforced the urgency attached to addressing obesity. In 2006, the National Institute for Health and Clinical Excellence published the first national guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children in England and Wales (NICE 2006). The guidance supports the implementation of the PSA target, *Choosing Health* white paper and existing national service frameworks (NSFs), and contains evidence-based recommendations for the management and prevention of overweight and obesity in both NHS and non-NHS settings.

2.1.1 Prevalence and distribution

The prevalence of overweight and obesity is commonly assessed using the Body Mass Index (BMI), which is defined as body weight in kilograms divided by the square of height in metres (kg/m^2). A person with a BMI between 25 and 30 kg/m^2 is defined as being overweight, and a person with a BMI of over 30 kg/m^2 is considered to be clinically obese (WHO 2000). Since the 1980s there has been a 50 per cent increase in the number of adults in England classified as obese, with 22 per cent of men and 23 per cent of women falling into this category (Joint Health Surveys Unit 2004). This increase in obesity has been particularly marked in men, among whom rates have tripled since the mid-1980s. Data from recent Health Surveys shows that the rate of overweight is currently around 43 per cent for men and 33 per cent for women. Figures 1 and 2 below show the current distribution of overweight and obesity amongst the adult population (Joint Health Surveys Unit 2006).

Figure 1: BMI status amongst men aged 16 and over in England

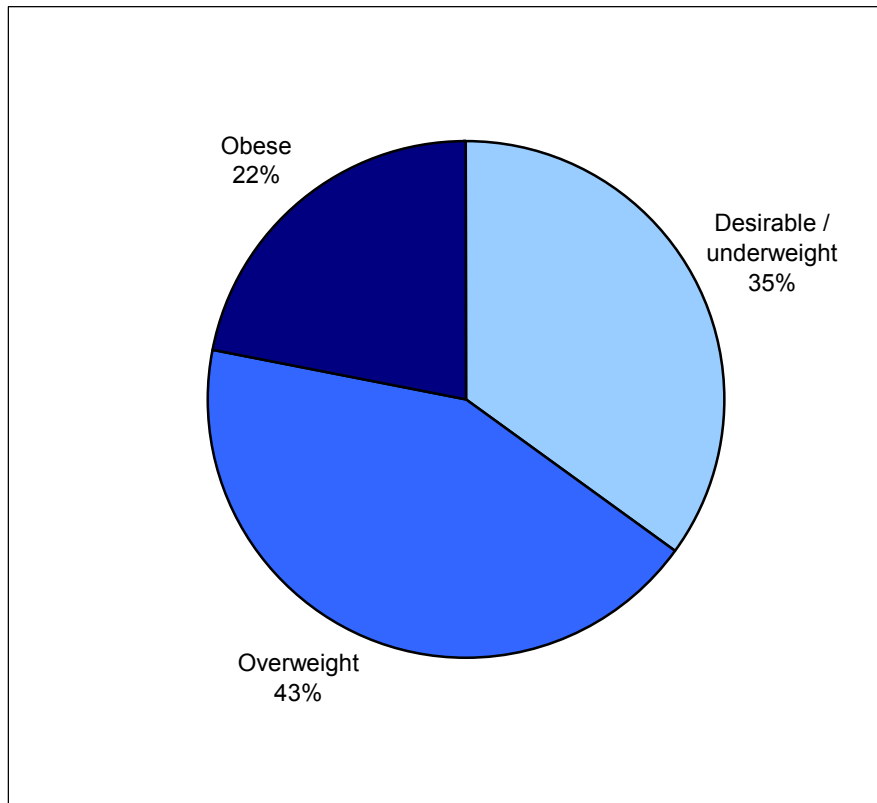
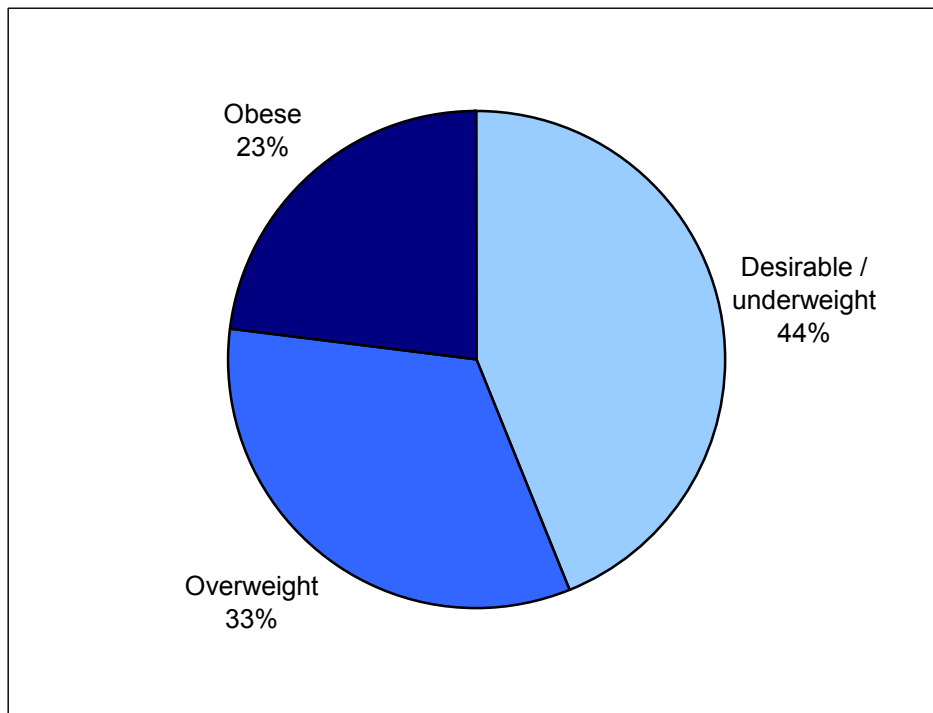


Figure 2: BMI status amongst women aged 16 and over in England



Obesity is not just about weight gain and BMI, but also concerns the nature of weight gain and differential distribution of risk factors. Epidemiological and metabolic studies have shown that complications of obesity are more closely related to the distribution of excess fat rather than excess weight (Despres et al 2001). Around a third of men and women in England have an elevated waist to hip ratio, which indicates abdominal obesity and is a major risk factor for diabetes, cardiovascular disease and mortality (Joint Health Surveys Unit 2004). There are major age and ethnic group differences in the accumulation of visceral adipose tissue, as well as confounding factors relating to the risk of coronary heart disease for women as opposed to men (Lean et al 1995; Lemieux et al 1996a; 1996b). Obesity is also known to be more common in adults employed in manual occupations, particularly women. One-third of those in semi-routine and routine occupations have a BMI of more than 30 kg/m², compared to around one-fifth of women employed in managerial and professional roles (Joint Health Surveys Unit 2004).

2.1.2 Social and economic costs

In addition to the physical effects of obesity, there are considerable social and psychological consequences, such as anxiety and mood disorders, as well as financial implications (Becker et al 2001). Between 1998 and 2004 there was a 17-fold increase in the use of pharmacological interventions to treat obesity, with annual expenditure on these drugs increasing from £812,000 to more than £30 million during this period (Department of Health 2005). It has been estimated that the cost to the NHS of treating obesity in England alone is around £500 million, although many believe the actual figure to be far higher (Lewis 2003). Obesity is now a major contributor to the global burden of chronic disease and disability, accounting for 2 to 8 per cent of health costs and 10 to 13 per cent of deaths across the European region (WHO 2006).

In 1998, over 18 million days of sickness were attributed to obesity and the total estimated cost of obesity for England was £2.6 billion (Mulvihill and Quigley 2003). Recent estimates state that the cost of treatment for diseases brought on by obesity in adults is currently £1 billion, the cost of sickness absence or loss of production directly attributable to obesity is £1.4 billion, and the cost in terms of state benefits is somewhere between £1 billion and £6 billion (Health Select Committee 2004). It is estimated that around £3.2 billion of direct costs to the National Health Service could be avoided each year if the population were at a healthy weight (Allender and Rayner 2006). National Audit Office figures also suggest that having one million fewer obese people in this country could lead to around 15,000 fewer people with coronary heart disease, 34,000 fewer people developing type 2 diabetes and 99,000 fewer people with high blood pressure (Department of Health 2007).

2.2 Findings from the Research Literature

There is strong scientific evidence to suggest that obese individuals who lose even relatively small amounts of weight are likely to decrease their blood pressures, blood glucose levels, blood concentration of cholesterol and triglycerides, sleep apnoea, risk of osteoarthritis of the weight-bearing joints and depression, and increase their self-esteem (Committee to Develop Criteria for Evaluating the Outcomes of Approaches to Prevent and Treat Obesity 1995). Clinical practice has targeted weight loss of 10 per cent as this has been shown to bring about substantial improvements in blood pressure, blood lipids and glucose tolerance (National Heart Lung and Blood Institute 1998). Figure 3 below outlines the potential clinical benefits

of this level of weight loss, in terms of mortality and improvements to the metabolic and cardiovascular systems (Jung 1999).

Figure 3: Potential benefit of a 10kg weight loss from initial 100kg weight in a patient with obesity-related co-morbidities

Event	Decreased risk of event (in per cent)
<i>Mortality</i>	
- Total mortality	30
- Diabetes and related death	30
- Obesity-related cancer deaths	40
<i>Diabetes</i>	
- Fasting blood glucose	50
- HbA1c	15
<i>Blood pressure</i>	
- 10 mmHg systolic	10
- 20 mmHg diastolic	20
<i>Lipids</i>	
- Total cholesterol	10
- Triglycerides	30
- LDL	15
- HDL	8 *

* This represents an 8 per cent increase, which is desirable.

2.2.1 Effectiveness of strategies for weight loss

The World Health Organisation has suggested that effective weight management for adults at risk of developing obesity should involve a range of long-term strategies that include prevention of weight gain, weight loss, weight maintenance and management of co-morbidities (WHO 2006). For the treatment of obesity in adults, the aim is generally to use diet, physical activity and behavioural strategies, in combination where possible. Modest, regular bouts of physical activity can lead to weight loss and additional health benefits, such as improved cardiovascular function (Health Development Agency 2002). Research has shown that those who achieve and maintain regular physical activity are more likely to sustain a higher percentage of their weight loss for several months after a weight management programme (Klem et al 1997). The type of exercise is not important but a gradual, step-wise approach seems to have the most beneficial long-term effect (Health Development Agency 2002).

A systematic review of the evidence revealed that increased physical activity is effective in producing a modest total weight loss, although diet alone was found to be more effective than exercise alone (Mulvihill and Quigley 2003). Evidence can also be found to support the effectiveness of low calorie diets (1000-1500 kcal/day), low fat diets (where 30 per cent or less of total energy is derived from fat), and low fat and low energy diets combined with energy restriction (NHS Centre for Reviews and Dissemination 1997; National Heart Lung and Blood Institute 1998; Astrup et al 2000; Pirozzo et al 2002). There is some evidence to suggest that clinically prescribed very low calorie diets (400-500 kcal/day) are more effective than low calorie diets for acute weight loss.

Behavioural interventions are based on the premise that behaviour is learned and reinforced by particular social circumstances. A systematic review found little reliable evidence that behavioural interventions used alone are effective at reducing obesity (Effective Health Care 1997). Most studies have explored the use of diet with behavioural interventions and found that this approach is more effective than diet alone (Wadden and Stunkard 1986; Wadden et al 1989). In a review of the literature from the United States, pharmaco-therapy or counselling interventions were found to produce modest weight loss (generally 3 to 5kg) over at least 6 or 12 months respectively (McTigue et al 2003). Counselling was more effective when intensive and combined with behavioural therapy. Selected surgical patients lost substantial amounts of weight (10 to 159 kg over one to five years). Weight reduction resulted in improved blood pressure, lipid levels and glucose metabolism, and decreased incidence of diabetes.

In some adults the additional use of anti-obesity drugs may enhance weight loss but it is recommended that these should only be used where patients have already lost a certain amount of weight by changing their diet and levels of physical activity (NICE 2001a; 2001b). In addition, NICE guidance emphasises the need to use these anti-obesity drugs alongside diet, physical activity and behavioural strategies. Surgery for obesity is rarely performed in the UK and is usually reserved for the extremely obese patient with life threatening comorbidities, although evidence of its effectiveness is good (Glenny et al 1997). There has been little research carried out into the efficacy and cost-effectiveness of commercial weight loss programmes. Although anecdotal evidence from clients is good, patients who self-select by paying for specialist slimming products or to attend slimming clubs may be different to those using primary care services for obesity management (Health Development Agency 2002).

It is now accepted that prevention of weight gain, as well as weight loss and improving health status, are important goals. However, the evidence on effective interventions for prevention and maintenance of weight loss is of poorer quality compared with that for the treatment of obesity. This evidence suggests that overweight and obese people should be encouraged to integrate changes to their lifestyle over an extended period of time to maintain the benefit of initial weight loss (Tremblay et al 1999). Maintenance strategies should include continued support; for example, self-help peer groups, relapse prevention strategies and continued therapist contact. Successful weight management to improve overall health for adults requires a lifelong commitment to healthful lifestyle behaviours, emphasising sustainable and enjoyable eating practices and daily physical activity. Patients or clients also tend to respond better to treatments that are directed towards their personal needs (Heffernan 2003).

2.2.2 Barriers to successful weight management

It is estimated that some 70 per cent of successful weight losers regain at least half of the weight they lost within two years (Heffernan 2003). A number of factors, such as having unrealistic weight goals, poor coping or problem-solving skills, and low self-efficacy (an individual's estimate of his/her ability to affect change) may have an important effect on the behaviours involved in weight management and relapse in obesity (Byrne 2002). A study by Tod and Lacey (2004) examined the factors that motivate or hinder people in taking action about their weight. Their findings reveal the vulnerability of people at the point at which they request help and the complex, fragile nature of their weight loss decisions. Participants reported that the decision to take action to lose weight was reached gradually and that triggers to action included embarrassment and humiliation, health concerns, critical events (e.g. weddings, holidays, birthdays), and image factors. Barriers to action centred on denial and previous bad experiences. An additional problem involved allegations of negative

attitudes of health professionals towards obese people, including a perception of personal responsibility and blame.

Health professionals working in primary care experience a number of problems working with overweight and obese people, including: resource constraints; lack of dedicated time; lack of staff training; high levels of non-attendance for some interventions; confusion regarding roles and responsibilities; and poor use of evidence-based protocols (Tod and Lacey 2004). A survey of 345 primary care organisations in the UK found that more than half had not organised weight-management clinics and a third of GP practices did not have direct access to a dietician (Dr Foster 2003). In 13 per cent of primary care organisations there was direct access to neither a dietician nor a weight management clinic.

Other barriers to effective obesity management may include: lack of access to appropriate support services; efficacy of treatments; and lack of awareness of the significance of obesity in health terms. Acknowledgement of excess weight and an understanding of its health consequences are essential first steps in tackling obesity. However, overweight goes largely unrecognised for reasons that might include denial, reluctance to admit a weight problem, or desensitisation to excess weight because being overweight has become 'normal' (Jeffery et al 2005). The layperson's perception of average weight now conflicts with the clinical definition, and a label of overweight from a health professional may be insufficient motivation for a change in lifestyle.

2.3 Balance It! It's Your Health

A Body Mass Index (BMI) study conducted in 2004 found that 65 per cent of men and 54 per cent of women in Gateshead were either overweight or obese (SMS 2004). Further research was subsequently conducted with a sample of local people in order to gain insights into their attitudes to weight and the factors that might motivate or enable them to change (SMS 2006). Key findings of this research were that people welcomed the idea of a programme to help them lose weight, particularly with advice provided on both diet and exercise. Participants felt that programmes should be fun and social, helpful and supportive, tailored to individual needs, free, local, and accessible at different times of the day. The attitudes of staff were also identified as being a major influence on the likelihood of people committing to such a programme.

Based on the findings of this research, Gateshead PCT developed a Local Area Agreement (LAA) incorporating a stretch target to reduce levels of adult overweight and obesity within an area of particular deprivation and low life expectancy in Gateshead. The 'Balance It! It's Your Health' programme was developed in order to meet this target and involves a 13-week nutrition / physical activity / social programme, plus a further 13 weeks of support for participants. Each two-hour session comprises one-to-one weighing and support from a Community Nutrition Assistant (CNA) or dietitian, nutritional advice and education, cooking skills and physical activity sessions. The programme, which is being carried out within six Lower Super Output Areas in the vicinity of Gateshead International Stadium, has the following targets:

- A mean reduction in BMI of 2kg/m^2 amongst 170 programme participants referred with a BMI of over 25kg/m^2 ; and

- A maintained reduction in BMI of at least 1kg/m^2 within 54 of these participants, for a further three months.

Clients can be referred into the programme by their GP, other health professionals or by those working or volunteering in the local community. They can also self-refer by completing a self-referral form or telephoning the Nutrition and Dietetics department at the Queen Elizabeth Hospital, where they are invited to a pre-assessment appointment with the dietitian. The pre-assessment is carried out to ascertain eligibility using the following criteria: clients must be over 18 years of age, have a BMI of more than 25kg/m^2 , and live within the central or east areas of the borough (in specific postcodes).

The pilot period will run from April 2007 to March 2009, during which time the programme will be monitored closely in partnership between Gateshead PCT and Gateshead NHS Foundation Trust. This involves the collection of biometric, socio-demographic and other quantitative data using the referral forms and various self-completion questionnaires issued during weeks one, 13 and 26 of the course. In an effort to complement and expand on the quantitative monitoring and evaluation of the programme, the PCT have commissioned a qualitative evaluation of the initial Balance It courses that will be used to inform future cycles.

3.0 Methodology

3.1 Aim and Objectives

The overall aim of this study was to evaluate the 'Balance It! It's Your Health' programme in Gateshead, by exploring the views and experiences of a sample of clients and key stakeholders. In addition, the evaluation sought to examine the process of establishing and operating the programme, with a view to informing future developments that may lead to a reduction in the prevalence of adult overweight and obesity in Gateshead.

More specifically, the objectives of the evaluation were as follows:

1. To assess what ongoing support clients in the first cohort wanted from the programme during weeks 14 to 26;
2. To evaluate whether or not the social marketing techniques utilised by the programme were perceived as being successful;
3. To investigate the multidisciplinary approach of the intervention, from the perspectives of both staff and clients;
4. To examine issues related to the establishment and operation of the programme, with particular reference to its sustainability in the longer term.

3.2 Methods

The objectives outlined above have been met using a qualitative evaluation approach, which has enabled the researchers to explore in depth the experiences of those implementing, delivering and participating in the programme. Multiple methods were also used in order to effectively capture the views of all relevant stakeholders and also to enhance the reliability of the study via the process of triangulation (Denzin 1978).

3.2.1 Focus groups with clients

Focus group interviewing is particularly suited for obtaining several perspectives about the same topic and allows for the collection of rich data in participants' own words. A key characteristic is the insight and data produced by the interaction between individuals that enables participants to ask questions of each other, as well as to re-evaluate and reconsider their own understandings of their specific experiences (Morgan 1997). The focus group also generates a framework of interpretation from participants' perspectives, thus avoiding inappropriate assumptions or generalisations (Kreuger 1988).

The researchers visited the two initial Balance It groups during week three of the programme to inform clients about the purpose of the evaluation and invite them to take part in a focus group discussion. They also distributed information packs, encouraged clients to read the enclosed information sheets and ask any questions before deciding whether or not to participate. Clients could either complete and return a reply slip to register their interest in taking part in the study, or simply turn up on the day of the focus group. They were also given the option of participating in an

individual interview if they would prefer not to take part in a group discussion, but this option was not taken up by any of the clients.

Two focus groups were conducted during week eight of the programme, one at each of the local community centres used as a venue for Balance It. Both focus groups were approximately one hour in duration. The aim was to explore the ongoing support required during weeks 14 to 26, and also to gather clients' general perceptions of accessing and participating in the programme. See Appendix A for an outline of the topics covered during the focus groups.

3.2.2 Individual interviews with key stakeholders

A purposive sample of key stakeholders was invited to take part in a semi-structured interview at a mutually convenient date, time and location, part way through the delivery of the programme (between weeks 7 and 12). The aim was to ascertain their perceptions of the programme and how they would like to see it develop in the future. With semi-structured interviews, the researcher asks certain major questions but is free to alter the sequencing and to probe for more information. This allows the researcher to talk around a topic, thus exploring more dimensions of the phenomenon being studied than would otherwise be possible (Fielding 1994).

At the request of the Balance It steering group, the stakeholders were specifically asked for their views on the multidisciplinary approach of the intervention. Hence, it was felt that individual interviews, rather than focus groups, would be the most appropriate technique in order to capture any potential tensions or concerns regarding this approach. Information packs, containing an invitation letter from Gateshead PCT, an information sheet and reply slip, were distributed by the researchers at a steering group meeting and then followed up two weeks later via email. The researchers made every effort to ensure that stakeholders understood that their participation was entirely voluntary and that opting out of the research at any time would not affect them in any way.

A total of 11 key stakeholders were interviewed, with representation from each of the following groups involved in the design and / or delivery of the programme: health promotion and public health staff from the PCT; community nutrition and dietetics staff from the NHS Foundation Trust; physical activity development workers and community health team staff from the local authority. The interviews were conducted at either the participants' workplaces or at one of the community venues used for the Balance It programme, and were between 20 and 45 minutes in duration. See Appendix A for an outline of the topics covered during the interviews.

3.2.3 Telephone interviews with non-attenders

An additional objective of the evaluation was to gather the views and experiences of those who had accessed the programme but then chosen to discontinue their participation at various points in time. The intention was that this would allow for an exploration of any perceived barriers to accessing or attending the programme and any features of the intervention that might have been perceived negatively by these former clients. Information packs were passed to the dietician for distribution as part of the routine follow-up of those who fail to attend the programme on two separate occasions.

A maximum of 10 non-attender interviews were to be conducted, either at a mutually convenient location or over the telephone. It was hoped that offering individuals the option of being interviewed within their own homes, at another preferred venue or over the telephone would enhance the chances of success in recruitment to the study. However, none of the initial cohort of clients who had accessed Balance It

subsequently chose to withdraw from the programme at the time of conducting the evaluation. Therefore, it was not possible or necessary to conduct any interviews with non-attenders.

3.3 Data Analysis

The stakeholder interviews and client focus groups were tape-recorded with participants' consent and transcribed verbatim, with any identifying information removed. Trustworthiness of data interpretation has been addressed by having both members of the research team independently analyse the transcripts to draw out the key themes (Denzin 1978). The main concepts within the data were identified using a thematic content analytical approach, whereby each phrase is examined, coded according to the themes within it and considered in terms of its context in the discussion (Boyatzis 1998).

Evaluation research has a strong practical orientation and often involves the collection of data during the delivery of interventions (Lincoln and Guba 1986). The feedback of interim findings, rather than withholding all information until the end of an evaluation, should be used to enhance the quality and effectiveness of an ongoing intervention. In the present study, the processes of data analysis and data collection have taken place concurrently, with key findings being fed back to the programme steering group where possible.

3.4 Ethical Considerations

Potential participants received an information sheet that clearly explained the purpose of the evaluation and what would be expected from them if they decided to take part. They were then given sufficient time (at least one week) to consider this information, speak to the researchers if they had any questions about the evaluation, then accept or decline the invitation to participate. Clients and stakeholders were made aware that there would be no penalty for those that decided not to take part and that participants were free to end their involvement in the research at any time.

All data from the participants has been treated as confidential by the researchers and kept secure at all times in compliance with the Data Protection Act (1998). No person's name or any information that could identify a particular individual has been or will be used in published material from the study. Participants were asked for their written consent to take part in the interviews and focus groups, have the discussions taped and for the (anonymised) information to be used in published material from the study. Tapes will be kept secure in a locked cabinet at the university for one year after the end of the study and then erased. Transcripts will be kept for three years before being destroyed, in line with university policy.

Due to the nature of the study (i.e. the fact that it represents a service evaluation, rather than a research project), there was no need to apply for approval from a Local Research Ethics Committee or the relevant NHS Trust Research and Development department. However, the study proposal and all associated documentation underwent a double peer review within Northumbria University and were subsequently granted approval by the School of Health, Community and Education Studies (HCES) Research Ethics Sub-committee.

4.0 Findings from Client Focus Groups

In total, 18 clients took part in one of two focus group interviews as part of the evaluation of the 'Balance It! It's Your Health' programme. Eight female clients attended a focus group at the Bede Centre, and nine female clients and one male client participated in a focus group at Brandling Community Centre. The key themes arising from these discussions are detailed below, illustrated with the use of direct quotations from focus group participants.

4.1 Accessing the Service

Participants had largely found out about the Balance It programme from staff involved with existing groups, from their friends and relatives, and / or by reading the promotional literature in various community venues. There was a general perception that Balance It had not been widely advertised and that this might have impacted negatively on recruitment rates. A number of suggestions were offered as to how the programme could be promoted more effectively, which are detailed in section 4.6 below. However, the following quote suggests that the situation might have changed between recruitment to the first and second cohorts of the programme.

Now that you've joined you notice there's loads of leaflets everywhere about this but you didn't notice beforehand, do you know what I mean? But you see them all over now.

[Bede group, participant 3]

None of the clients reported experiencing any difficulties in attempting to access the service. Although there was an inevitable delay between attending the pre-assessment appointment with the dietician and commencing on the programme, this was not viewed as problematic and instead provided clients with an opportunity to prepare for change.

It did give me a start date to think "right I'm going to prepare myself for that date and that's when things are going to change."

[Brandling group, participant 8]

4.1.1 Motivation for attendance

The most common reason given by clients for making the decision to attend the programme was a desire to improve their health, largely in order to look or feel better. A minority of clients had also sought to lose weight and improve their health for medical reasons, for example, in preparation for a surgical procedure. Others were keen to improve their cooking skills and understanding of nutrition, with some being motivated by a desire to make a more positive impact on the health of their children or grandchildren.

I had done walking before and it was that I needed the other side of it. The how to eat properly and cook.

[Bede group, participant 8]

Losing weight as a result of accessing the programme was suggested as a reason for clients' continued attendance and motivation to continue with their weight loss efforts outside of the sessions. Participants reported feeling supported and encouraged in their weight loss efforts by the programme staff and by other members

of the group, even on weeks when they had gained or not lost weight. A desire to avoid disappointing their peers was given as an additional motivating factor, illustrated by the following quote.

I just think you don't want to let yourself down and you don't want to let these down when you... like the rest of the group down when you come by putting weight on. And then you can go home and "Eee, I've lost this, I'm doing well"

[Bede group, participant 3]

4.2 Experiences of Attending the Programme

All comments about the overall structure and content of the Balance It programme were positive. Participants appreciated the variety of topics covered and the fact that they were learning something new each week that they could then take home with them. It was felt to be relatively simple to incorporate the recommended lifestyle changes into their everyday lives, which made the changes easier to maintain.

... they've structured it well where I feel like I'm learning and I am actually taking it home. Like [name of client] says, we go home and we're incorporating it into what we do normally and that to me feels so much better than saying "oh well, it's me who wants to lose weight – I'll eat this. They'll [her family] eat that."

[Brandling group, participant 2]

As a result of being encouraged to have an input into the content of the sessions by programme staff, clients seemed to feel more engaged and have greater ownership over the Balance It programme than they otherwise might. The combination of different subjects and activities was felt to be suitable for clients' needs, and the flexibility within the programme was seen as providing the opportunity to tailor it to their individual preferences.

...we've all got our own agendas and ambitions with this, you know. Some people might say they enjoy the keep fit better than the education bit or some people might enjoy the cooking better than the keep fit or whatever. But the fact is you've got a choice and you take out, I take out what I need to take out. It's going to be for my benefit whereas other people might be different

[Brandling group, participant 7]

4.2.1 Health eating advice and education

In comparison with commercial slimming groups, the Balance It programme was felt to place less emphasis on dieting and weight loss, and more on lifestyle change and education. This alternative focus was viewed positively by all focus group participants, who perceived it to be a more acceptable and sustainable way of achieving their long term goals.

We're not just coming and getting weighed and spending £5 getting weighed. You're learning a lot more than what you do in an actual Weight Watchers or whatever because you're learning about all the different, like you're saying, you're getting your recipes and stuff. Fair enough, you get most of those at like slimming clubs, but they're not explaining them to you like they're explained here.

[Brandling group, participant 3]

Participants appreciated the use of visual aids and practical demonstrations to highlight the nutritional content of foods. These methods were believed to be more

effective than written or verbal explanations in terms of delivering the key messages about 'unhealthy' foods, particularly those that contain 'hidden' salts and sugars.

I don't think they realise when they were on about, you know, the coke? When they tell you "don't drink that, there are so many spoons of sugar in". But when she brought the stuff in and you saw it in the flesh [...] it was shocking, wasn't it?

[Bede group, participant 4]

4.2.2 Cooking skills

The cooking skills sessions of the programme were rated very highly by the focus group participants, who enjoyed the 'hands on' aspect of preparing food and the opportunity to taste it afterwards. Again, the use of participatory methods was felt to provide a more effective way of educating clients about healthy eating. Participants valued the opportunity to experience different types of food, as some of the ingredients and recipes used were entirely new to them.

It's alright saying, "there's a recipe" but when you're getting shown and that you haven't really got to put salt and you haven't got to put flour in to make it thicker. You haven't got to be putting sugar in. And when you're seeing and then tasting the results afterwards, you think "well, that's alright that."

[Bede group, participant 5]

Allowing participants to have an input into the content of the cooking sessions meant they were able to select foods they enjoy eating and then learn how to prepare them in healthier ways. Hence, participants did not feel they were 'missing out' as they might on other weight management programmes or diets.

And we get the choice of what we want to cook so it's not as if they are dictating to us "you must eat this". We can look through it, like today, is it chow mein today? [...] I'm like "chow mein on a diet, how cool is that?" [...] But they're teaching us to do it the right way, do you know what I mean? So it's like, again, you're not missing out on your nice stuff.

[Brandling group, participant 8]

4.2.3 Physical activity

Although the focus group participants placed more emphasis on the healthy eating advice and cooking skills, they did seem to appreciate that the physical activity sessions were an integral part of the programme. There were a number of positive comments about the educational aspect of these sessions, for example, participants found it valuable to learn how to breathe properly and how the various exercises were affecting their bodies.

...it actually tells you which exercises, what affects what part of your body. Because I mean you could be doing exercises that could be harming... But she's showing you exactly what's going to benefit from the exercises that you're doing.

[Bede group, participant 3]

Participants reported that the exercises were initially of relatively low intensity and had gradually increased in intensity over time, which were perceived to make them more manageable and enjoyable. Offering the option to take part in seated exercise was felt to increase participation in the physical activity sessions by allowing clients to tailor the exercises to their individual capabilities.

I think it's good that it shows you exercises that you can just do sitting down without always going... you don't feel like "oh, I don't really want to do that because I'm always going to be knackered at the end of it."

[Bede group, participant 6]

Having the opportunity to take part in group sessions, as opposed to exercising on their own, was reported to enhance clients' motivation to engage in physical activity. Participants expressed a strong desire to continue exercising as a group after the end of the Balance It programme, which is discussed in section 4.6 below.

I think with doing it in a group as well, here you do try that bit harder. Whereas if you were doing it at home, on the telly with a video or DVD, you would think "oh, I'm shattered" and you would just switch it off, or if the phone rings you would go and do it.

[Brandling group, participant 4]

4.3 Early Evidence of Positive Impact

The fact that, to date, no-one has withdrawn from the programme was felt by participants to strongly indicate its success. They were keen to be used in promoting the programme to other potential participants, and many reported making efforts to recruit their friends, colleagues and family members to future cohorts.

I think it needs to be said that if people didn't enjoy they wouldn't be coming up for it, because you can't say the commitment of this group hasn't been spot on.

[Brandling group, participant 7]

Participants felt that, as a result of accessing Balance It, they were thinking more about what they eat and what foods they buy. They also reported significant changes in the food they cook for themselves and their families, suggesting that the messages delivered during the programme are having an impact beyond its clients.

And also you're taking it home. I find I take it home to the family, so as a family we're kind of going step-by-step slowly and we are eating better than what we did.

[Brandling group, participant 9]

Conscious attempts were being made by many to prevent younger family members from experiencing similar weight problems. This was done largely by preparing healthier foods for all the family rather than encouraging them to be more active.

The thing is, we've all got food issues, you know. As an adult I don't believe anybody doesn't have an issue with food of some kind, and it's nice to go home and try and get your own children to grow without those issues [...] it's nice to go back and think "well, at least if I can give them that as a legacy and they can know they can have these little things, but just in moderation."

[Brandling group, participant 4]

A number of participants had increased their physical activity levels through activities such as attending exercise classes, swimming, playing badminton or golf. The preferred activity for most participants was walking as this seemed to be something that could be easily incorporated into their everyday lives, for example, by not using their cars for short journeys or getting the bus less often.

Well I haven't been keeping the exercises up but I have been walking [...] And sometimes I can't be bothered but I think, "God, I better make the effort here" [...] I really have to push myself. And I'm enjoying it. Once I've done it, I think "I'm glad I've done it", otherwise I would have just been sitting on the bus.

[Bede group, participant 3]

The focus on lifestyle change was felt to have been successful and many participants reported generally feeling healthier as a result of attending the programme. Weight loss was often described as an added bonus to learning about health and subsequently making positive changes within their lives.

I think we've all said the same thing, we all feel different. We feel better within ourselves.

[Brandling group, participant 10]

4.3.1 Facilitators

The main attraction of the Balance It programme as opposed to commercial slimming programmes is the fact that it is free to attend. This was felt to increase participants' adherence to the programme and to the key messages delivered.

I do feel privileged to be on this programme because I know people who are going to Weight Watchers and Slimming World have to pay £5. But the thing about this is each time I've come I've looked forward to coming and the thing about it is it's such a nice group [...] you're not saying oh, when you're going to Weight Watchers, "I didn't lose anything so I'm not going to go back anymore."

[Brandling group, participant 10]

An additional perceived advantage of the programme is that it involves convenient access to free childcare and exercise facilities, making it attractive to people living within the target communities. There was concern that some local people might not have the confidence to attend facilities on their own and so participants appreciated the fact they could attend the sessions with friends or family members.

...that's very important for local people because, you know, the transport needs, the childcare needs and everything else. If you can get a venue that's easy and is accessible and has childcare, you're going to win every time aren't you? Because it all helps with that comfort, confidence

[Brandling group, participant 7]

The fact that the programme emphasises lifestyle change over weight loss was felt to make it more appealing and the messages more sustainable in the longer term. Participants enjoyed being taught messages about healthy eating and exercise that could easily be incorporated their everyday lives, whereas other weight management programmes were perceived as being more restrictive. Rather than being told to cut out certain foods, participants felt that Balance It encourages personal choice and eating unhealthy foods they enjoy in moderation.

...it's not a restrictive diet, the way the likes of Weight Watchers and Slimming World and that, which I think they are restricted. It's just re-educating people and that's really why I like it and that's why I joined.

[Brandling group, participant 5]

The lifestyle changes recommended during Balance It were felt to be relatively easy to implement and maintain, particularly in terms of the new cooking skills learned. The recipes were described as being quick and convenient to prepare, with less emphasis on weighing out portions and counting calories than other 'diets'.

But what's nice is you're not weighing it, you don't have to weigh anything so it's not a chore to do it. It's just there's your tablespoon and there's your portion of whatever, so you can do it without the hard work of weighing and counting calories.

[Brandling group, participant 2]

The process of being weighed each week in a relatively formal setting was felt to be a motivating factor for clients to continue in their weight loss efforts. As Balance It is free to clients, participants felt they had no incentive to 'cheat' by starving themselves before a weigh-in in an attempt to achieve value for money from the sessions.

...it's just an incentive to come and try and lose the weight. And you know you shouldn't be cooking the way you are cooking at home normally, and if you do it their way you're bound to be doing something right, you know. It's just everybody knows what to do, it's just doing it. But when you've got to come to places like this you think "I've got to get weighed", you think "I better behave myself"

[Bede group, participant 6]

Having group sessions was felt to make the programme more enjoyable and beneficial, in terms of clients being able to support and encourage one another, and also share their knowledge and ideas. This is illustrated by the following two quotes.

I like coming for the group as well, like, I look forward to a Wednesday because you think "oh, I'm going to meet, like, friends now really". You come down to meet your friends and find out how they've done that week and what they've been doing differently.

[Brandling group, participant 9]

Well the thing is, I think if you did it on your own when you come to that little issue of "what should I do with this? How much should I... you know, I'm not sure". There's somebody you can ask and you can talk to and they'll tell you "well, I did this" or "I did that" and it kind of helps you that way.

[Brandling group, participant 2]

4.3.2 Challenges

The only complaint from participants about the programme related to a problem with the equipment used during the pre-assessment, which was reported to have discouraged a number of individuals from attending the course.

...there is three others I think, isn't there? That were weighed wrong and they never came back because they thought "well if she can't even weigh us right on that first day". They totally lost confidence in that. So that initial interview that you do needs to be right and needs to kind of give you confidence that they know what they're doing.

[Brandling group, participant 8]

Due to the long-term commitment to lifestyle change required by Balance It, some felt it could be difficult to recruit people with serious weight problems to the programme. There was a concern that it might not fulfil the needs of those seeking hoping to lose

weight quickly, even though participants were aware that gradual weight loss is more likely to be maintained in the longer term.

I think trying to persuade somebody that's really, really big, saying "come along" and they say "no, because I'm too fat" [...] They feel as though they're too big to come to these places.

[Bede group, participant 8]

Participants mentioned local culture and cooking habits as potential barriers to the successful recruitment of clients to the programme. There was a perception that people from the target communities for Balance It tend to come from overweight or obese families, where the emphasis is on large portion sizes and "finishing everything on your plate". Living in this environment was felt to present a challenge to individuals attempting to make and maintain positive lifestyle changes. Participants were also concerned more generally about the temptation offered by the wide availability of takeaways and junk food.

That's the problem. It's okay being on your healthy eating in the house, it's when we leave the house and I'll go down to my sisters and their fridges are full.

[Bede group, participant 4]

A final challenge to the success of the Balance It programme was felt to be the ongoing difficulties experienced in attempting to recruit male clients from the target communities. Participants felt these difficulties would continue for as long as men were perceived to be in the minority on the programme.

Well, historically it's well known that men don't attend slimming clubs and, you know, I think it's more accepted that men just get on with it...

[Brandling group, participant 7]

I think when men see leaflets and things like that they just automatically assume it's just going to be like a woman kind of thing.

[Bede group, participant 3]

4.4 Views on the Balance It Team

All comments about the members of the Balance It team were positive, with staff being described as friendly, supportive and encouraging. There was particular appreciation for the continuity in the team, which was felt to allow clients to build up a rapport and trusting relationships with programme staff. This close relationship between Balance It staff and clients resulted in a concern from some focus group participants about disappointing the team when they failed in their weight loss efforts. At the same time, the staff were perceived to remain supportive regardless of the outcome of clients' efforts.

You're letting them [the programme staff] down really because they're telling you every week what you should be doing. And if you're just going home and saying oh, you know, they must be thinking "well they're not even trying".

[Bede group, participant 6]

...it's lovely, you've lost a pound or a half a pound. But even if you haven't lost she still says you're doing very well because they know you and they know you've tried, you know, and that you haven't given up and you've come

back again. So I think it's nice having the same people because they kind of get to know you individually.

[Brandling group, participant 8]

The number and balance of staff from different professional groups and backgrounds within the team was perceived as appropriate by participants. The fact that the programme is delivered by people with expertise in a range of fields was felt to inspire confidence and feelings of trust amongst clients. For example, the Physical Activity Development Worker was specifically mentioned as being aware of clients' limitations, and the dietician was appreciated as someone who can bring specialist knowledge around nutrition to sessions.

You feel more confident because you know everybody is from their own field of what they're doing.

[Bede group, participant 3]

Although participants perceived the Balance It staff to be professional and knowledgeable in their particular fields, they also appreciated the fact that they speak in "plain language" and don't talk down to them. As a result of being seen to be on the same level as their clients, the team were felt to be approachable and helpful in dealing with any problems or queries.

They answer any questions that we come up with, no matter how silly and irrelevant they might be. Or they'll find out and give us an answer then and, or if they don't know they'll go and get one of their colleagues and then they come in and they'll explain what things mean.

[Brandling group, participant 4]

4.5 Ongoing Support Required

In terms of the support required during the second half of the programme, participants seemed happy to continue with the same format and session content they had received during the first half. One participant suggested that the sessions could involve more fun activities, games and competitions within the groups.

I think fun things like maybe kind of quizzes, splitting us into groups and seeing what we have learnt, just like, not serious. Or like I say, put different tables of food and say "right, go and, like portion size – a healthy meal" and I just think that would be... Now that we know each other and we can giggle and laugh, kind of, at ourselves.

[Brandling group, participant 1]

There was a great deal of concern about the support clients would receive after they complete the 26-week programme. Although this was felt to be an adequate duration for the weekly sessions, the participants were keen to continue to meet and be weighed on a regular basis, possibly monthly. They expressed a need for longer term support in order to maintain and reinforce their levels of motivation.

We've learnt a lot more by being here but we all knew that we shouldn't be sitting in the house eating crisps and chocolate, do you know what I mean? But you really need somewhere to go to help you [...] Because after these 26 weeks we're just going to be lost really, aren't we?

[Bede group, participant 7]

A number of the focus group participants were confident that they could meet on their own and support one another in their weight loss efforts, whereas others felt strongly about having continuing professional involvement. There were some queries from the Bede focus group about whether they could continue to meet at the community centre and use the exercise equipment on their own.

Well, we may not need it [formal support] at the end of the 26 weeks. We should, as I say, know enough about cooking and what we've got to do and if we just support each other in this thing once a week and we do our exercises and we make our own little leaflets for us to get weighed.

[Bede group, participant 4]

Although many participants felt they would have sufficient information about healthy eating and exercise at the end of the programme, some were not confident that they could remain motivated without the support of the Balance It staff. Concerns were expressed about safety and the need for clients to be supervised if they were undertaking exercise in the community centres. Participants were also keen to be kept aware of any new developments in nutrition and exercise.

I would rather have somebody here like, somebody that knows what they're talking about. Because obviously you have slip-ups and stuff and new foods come along and different things come along. And you think that she would know about that sort of thing, so new exercise and different things like that.

[Bede group, participant 6]

There was a perceived need for a broker or facilitator to introduce clients to new activities and environments beyond the Balance It programme. This was particularly the case with exercise facilities such as gyms, where there was some concern that clients might feel embarrassed and out of place.

We'll be going out, it'll probably be the baths or the stadium. And if she gets us broken into the stadium, we'll be okay. It's just getting there

[Bede group, participant 4]

A final issue around the ongoing support participants felt they would require involved the perceived affordability of activities beyond the Balance It programme. Participants were aware that those on benefits could access some services at a reduced rate, but it was felt that these services should also be accessible to those on low incomes.

It's all money, all the way, and that's what puts me off. If there was something that was within reach of me, that I could do, afford... it probably would encourage you more but it's all money.

[Bede group, participant 3]

4.6 Suggested Areas for Improvement

Although participants were largely happy with their experiences of attending the Balance It programme, they had a number of suggestions as to how it might be improved for future cohorts. There was a perceived need to promote the programme more widely and in different places, for example, where people meet in groups or go with children. This might involve targeting schools, doctor's surgeries, community centres and libraries, and there was also a suggestion that signs could be displayed in shop windows. To this effect, participants felt that the Balance It promotional

literature should be redesigned to be more eye-catching and clearly convey the basic messages of the programme.

I think maybe you should just specify it on a leaflet, instead of having loads of tiny little writing. "Lose weight, healthy eating, free childcare", just the basic things that people need to know. "Oh, there's free childcare. Oh, I'm going to lose weight and healthy eating, learn to cook." Just big so people can look at it, have a meeting date and when they come to the meeting

[Bede group, participant 3]

The Bede group were keen to act as ambassadors for the programme and pass on their learning to the next cohort. However, the Brandling group felt that using professionals to promote the programme might have a more positive outcome, for example, using practice nurses to recruit clients during routine health consultations.

Because even then on the second group, the first group is coming in to get weighed and the second group could say "oh, what's it like?" and stuff.

[Bede group, participant 3]

I think people would accept it more from somebody official than a friend

[Brandling group, participant 9]

Participants perceived there to be a 'postcode lottery' for recruitment to the programme, as a result of the fact that the pilot phase involves targeting six particular Lower Super Output Areas within Gateshead. They felt this was unfair and that the service should be available to anyone who wants to attend, including people who do not meet the criteria of being overweight or obese but who could benefit from further education around healthy lifestyle choices.

I don't think it should be from a certain area of...as strict as this was, like. There were one or two people from [...] a little bit further afield want to come to this one and not wait for another one to start up. I think you should just let them come up.

[Bede group, participant 6]

I think it's a weight lottery as well for this group. A lot of our friends wanted to join this group with us but they are thin or of normal weight, as the saying goes. But a lot of them are a lot more unhealthy than the likes of me [...] They eat a lot more junk food

[Brandling group, participant 3]

Rather than delivering the programme in other community centres, participants felt the existing centres should be opened up for those living outside the Balance It target areas. This could not only increase recruitment to future cohorts but also enhance adherence to the programme, as it was perceived that clients would feel most comfortable and supported in an environment that is familiar to them.

...if they had one at my community centre at mine I wouldn't come because I wouldn't know anybody and I just wouldn't go because I feel stupid. Whereas at least down here I knew a few people.

[Bede group, participant 3]

Other suggestions included providing more information about exercise classes and facilities within the local area, and offering an evening session to attract more

employed and male clients. However, there were mixed views about whether people would have the energy and motivation to attend the sessions after a full day at work.

I think maybe, like, if they do work and it was on a night-time and you had just had a long day at work and everything, would you really be bothered?

[Bede group, participant 1]

A final suggestion from participants was that clients could be charged a fee to attend Balance It, which might be acceptable to those who have already commenced on the programme and therefore appreciate its value. However, it was acknowledged that a fee could be off-putting to new clients, particularly those on low incomes.

But it's like, people might not start coming. There would be nobody here if they had to bloody pay for it!

[Brandling group, participant 8]

5.0 Findings from Key Stakeholder Interviews

Feedback from key stakeholders in the Balance It programme was gathered during one-to-one interviews with 11 members of the steering group. The main findings from these interviews are outlined below, illustrated with the use of direct quotations from stakeholders.

5.1 Implementing the Service

The planning and design of the Balance It programme was felt to have involved different levels of input from a wide range of key stakeholders. At the same time, the programme was perceived to have been driven and led by the PCT at quite a strategic level. Some stakeholders felt that frontline staff responsible for the delivery of the programme should have been involved in its planning from an earlier stage.

... we brought on the team of people who would be delivering, once their own managers had decided who would be delivering. So that was probably a little bit of a gap which might have left the staff who were delivering a little bit kind of floating, rather than actually continuing to be kind of involved.

[Stakeholder 11]

It was felt that a significant amount of staff time and effort had been required to develop the programme, against a background of limited capacity and existing workloads. Stakeholders felt that this additional work was not fully recognised by all of the organisations involved, as a result of the different priorities and targets that need to be met.

Oh yes, now it's done, that's lovely, we're getting lots of ticks in boxes. But at the time it was "well, you need to start prioritising on your work" because it was all, it was absolutely on top of everything else.

[Stakeholder 9]

Working with and trying to accommodate a number of different organisations was felt to have slowed down the process of developing the programme. The structural reorganisation that recently took place within the PCT also caused the programme to lose some momentum. This resulted in the actual implementation of the service being perceived as "rushed", with not enough time devoted to effective promotion. The timing of the first cycle was not felt to have been ideal, as various celebrations taking place over Easter and the Bank Holidays made it difficult for people to follow the healthy eating and exercise advice.

I think we probably embarked on things very, very quickly – maybe too quickly – before publicity was actually ready to go out. I don't think people had realised the implications of all the Easter holidays we had when we embarked on it, the two Bank Holidays we're having in May.

[Stakeholder 4]

The stretch target set for the programme was generally felt to be rather narrow and ambitious, although not unachievable. Challenges to the success of the programme in meeting this target were recognised as coming from the relatively small size of the target population and the changes taking place locally in terms of regeneration and housing. There was a suggestion that they should "widen the net" in order to generate the numbers needed and make the programme more viable.

...the programme is in place to address a really quite ambitious and specific target so, yes, and there are benefits to having a very structured plan in place. But then the downside of that is where you get this where you don't meet your expectation in terms of how many numbers you are going to put through or how those people that you are working with actually react to the intervention, then that is where things can fall down, and there may be greater benefits in having a more flexible approach.

[Stakeholder 1]

There was a perception that the pilot phase of the programme should be focused on a specific area of identified need in order to make it more manageable and appropriate. However, it was correctly anticipated that individuals living outside the target areas might also want to access the programme, and these clients could not be counted towards the stretch target. The targeting of the programme had implications for the way in which it was initially promoted and advertised; for example, there was no promotion through the local media in order to avoid referrals from outside of the target areas.

...it's a continuing issue – to be able to target and focus it on the community. Not because we don't want other people to access it but because that is a community where a high proportion of people are not eating five a day, smoking more, and so I think they could benefit from lifestyle intervention.

[Stakeholder 7]

The stakeholders reported learning from experience and making changes to the programme as it progressed, for example, adding a question to the referral form about how people found out about Balance It. This example highlights the perceived need to devote more time to the initial planning stages of a new service. It was felt that this question should have been included from the outset so that the steering group could better understand which marketing and promotion channels work better than others, and where they should target future marketing and promotional efforts.

I just think we're going to struggle with the numbers and I'm wondering where we missed out on that and why did that number go in [...] So maybe it is around spending more time on the initial documentation that we put in.

[Stakeholder 9]

5.1.1 Social marketing

In general, the stakeholders had little to say about the social marketing approach of the intervention, other than the fact that the programme was designed in light of previously conducted focus group research. There was some suggestion that this might make the service more accessible and appropriate for overweight and obese adults living within the local community.

I think it is very much tailored to what it is they [local people] are looking for because it is free to begin with, it has got the crèche facilities, it is educating them on their health [...] I think it has taken into account what they need.

[Stakeholder 3]

The promotional literature was not felt to be particularly innovative or in keeping with the principles of a social marketing approach, suggesting that the programme providers have not fully embraced the concept. It was acknowledged that greater emphasis should be placed on marketing the programme in order to enable them to compete with more established commercial providers.

...it has been based on the views of people who were local and who were coming through who had experience of weight management programmes in terms of what they like and what they didn't like. And again, I suppose they are setting it in community, you know, in community centres rather than in surgeries or clinics, as part of that idea as well. Although the publicity to me seems to be fairly standard, usual health promotion-type publicity.

[Stakeholder 1]

In addition to the feedback arising from consultation with local people, the Balance It programme was perceived to have been informed by existing evidence of best practice, past experience of delivering similar local initiatives, and practical constraints such as available resources. There was believed to be ongoing reflection and analysis of whether the chosen approach is actually the most appropriate option for the specified target population.

...the health promotion specialists who are involved in delivering physical activity have looked at the evidence and said this, given the evidence of what is an effective intervention and the practical constraints of what we have in terms of resources available to us, this is the best and optimum. And also what people expressed that they wanted through the consultation.

[Stakeholder 7]

The Balance It programme was described as replicating some of the work conducted locally around childhood obesity, and building on these existing partnership arrangements. It was also felt to have incorporated learning from other local sources such as an exercise referral programme, a health impact assessment of Gateshead International Stadium and a BMI baseline study.

[The stakeholders] have had quite a significant role in the local paediatric obesity work and we saw this as an extension of that and tried to use some of the ideas that we thought had worked well for the paediatric work to put it into the adult pilot.

[Stakeholder 9]

5.2 Experiences of Delivering the Programme

Staff involved in the delivery of the programme felt that the service was meeting a need within the community and that the innovative approach taken was appropriate for local people. The target localities were perceived to be lacking in this kind of support and assistance.

I mean there has never been anything like this before and I think it is a very good idea because not only are people here who need to lose weight, but people on the verge, you know, BMI 25 you know. You are not that heavy really, but it is just giving them the information and educating them into what they can eat so that they don't go any higher, and I think there has never been a programme like it and I think it is excellent.

[Stakeholder 2]

The programme was felt to have worked well in both sites, although there were perceived cultural differences between the two communities. Both were reported to be areas of high crime, drug and alcohol misuse, and other social problems that need to be overcome in order to get the messages about nutrition and exercise across. The community centres are physically very different and it was reported that the

Bede Centre is historically not attended by people living on the local estate. Stakeholders felt that some time would be required to overcome these issues, as well as changing people's attitudes, shyness and lack of confidence in accessing this kind of service. An introductory session delivered by a Youth and Community Learning Worker was perceived to have helped in bonding the clients together as a group at Brandling Community Centre.

Brandling seems to have bonded more, they are more working as a group, whereas Bede you have got your separate pockets of friends that aren't really interacting that well with everyone else [...] I don't know if this [Bede] community centre is quite big as well considering the number of people, whereas Brandling is more a size that is cosier, it makes it feel nicer...

[Stakeholder 3]

...the difference between this [the Bede group] and Brandling is that the Brandling group is slightly bigger than this one and they see it as a sort of success of the group. They're quite enthusiastic whereas this group is very shy to show their enthusiasm. [...] And it should take a bit of time for this culture to change.

[Stakeholder 6]

5.2.1 Healthy eating advice and education

There was a perception amongst stakeholders that clients were getting a lot out of attending the programme, particularly in terms of new information and learning. Stakeholders were keen to see whether clients maintained the same level of effort and enthusiasm during the second half of the programme.

It'll be interesting to see in weeks 13 to 26 when, you know, they don't have to do sort of the Seven Steps. That'll be done so they'll have more time to do the cooking skills and more time to do physical activity as well. But I think, trying to cram in what we do in the short period of time, I think they do get a lot of the, they get a lot out of the sessions.

[Stakeholder 10]

The education sessions were perceived to be having some influence on clients' behaviours, but there was acknowledgement that it would take time before this behaviour change might be translated into any observable impact on levels of overweight and obesity.

And people have said this, that, you know, that "now, whenever I'm eating or buying a thing, you know I, oh I'm not allowed to. It's in my mind and it does prompt me that I should look at the label." So education is there, but we can't see the difference overnight. It's a long way yet.

[Stakeholder 6]

5.2.2 Cooking skills

Similarly, with the cooking skills sessions, stakeholders reported anecdotal evidence of behaviour change amongst clients in terms of an increase in the consumption of 'healthy' foods and a decrease in the use of 'unhealthy' ingredients. These changes were perceived to be indicators of the success of the programme, regardless of whether there were any subsequent changes in clients' weight.

I mean, they're drinking smoothies on a daily basis, they're... one girl said this morning "I put my fruit and veg in everything and the kids aren't even noticing it. And I've never had salt since I started this" [...] Now, this lady wasn't

massively overweight anyway and she isn't losing any weight, but she is making changes.

[Stakeholder 4]

Attempting to engage clients in the sessions and allowing them to have an input into the types of foods prepared were felt to be important factors in the success of the cookery sessions. This participatory approach was perceived to make the sessions more enjoyable for both staff and clients.

I think they are going really well, yes they are, because we give them the choice, we ask them to choose what they want to cook. It is not us saying you are cooking this this week. And I think people like to have the choice and I think they have proven really well [...] they all say that they do try some of the recipes at home, you know, for their families so that is good.

[Stakeholder 2]

5.2.3 Physical activity

The Balance It groups consist of a mix of ages and abilities, and so the Physical Activity Development Workers must incorporate different types and intensities of exercise to meet the needs of all clients. This tailoring of the programme to individual need within a group setting was felt to be a successful technique for maintaining clients' motivation levels.

...there's always an exercise that somebody can be doing. It makes them feel better rather than just thinking like "I can't do anything, I can't work that certain muscle because I've got this or that." It's good for them to know that they can be part of the group.

[Stakeholder 8]

Stakeholders reported that clients seemed to enjoy the physical activity sessions and appreciate the variety of exercises covered within the programme. However, there was some concern as to whether the same levels of motivation and attendance would be sustained over the second half of the programme. This aspect of the programme is being monitored and evaluated closely to ensure that it is promoting the kinds of physical activity that people actually want to engage in. As a result, clients were already reported to have been asking for opportunities to continue and increase their physical activity levels.

They were all interested in a walking-cum-jogging group, which is great because it's for all abilities. [...] So, there has been some sort of like longer term sort of views, from the groups, to actually want to be doing something past the Balance It scheme.

[Stakeholder 10]

5.3 Early Evidence of Success

Although some felt it was too early to comment in terms of progress towards the stretch target, there was a general perception amongst stakeholders that the Balance It programme had been successful so far. The excellent retention rate was seen to be an intermediate indicator of success and also a positive reflection on the efforts of the staff involved in delivering the programme. Those involved in the delivery of similar local interventions reported that the dropout rate is usually far higher by the mid-point of the programme.

I think those people that are on the programme are getting a lot out of it, they seem...you know, they are not dropping out, they are coming back even though the numbers are low. And, you know, I suppose the add-on benefit is that that group of people start to become a coherent group that for us, for that second phase, of doing more stuff with the group, it is a much easier platform to work from when the group already have that relationship.

[Stakeholder 1]

Stakeholders felt that there had been noticeable changes in clients' attitudes and confidence levels, particularly during the physical activity sessions. It was reported that clients had increased their levels of participation in physical activity not only within the sessions but also at home and in other local programmes or exercise classes.

I've seen the changes in people in this group from the very first week up to now. I mean, there were people who were not joining us in the exercise and, you know, not bothered. [...] I've seen changes in people's attitude, which is a good thing.

[Stakeholder 6]

As stated above, there was some anecdotal evidence of clients making significant lifestyle changes as a result of attending the Balance It sessions. These changes could have potential long-term implications for health and health inequalities, and were therefore seen by stakeholders as indicators of success even where clients have not lost weight in the short term.

Specifically we're aiming at reducing the BMI, the Body Mass Index, but it's a physical activity and healthy eating intervention so that should have spin offs as well for reducing the risk of CHD and many other conditions that effect a great number of people. And are some of the major causes of the health inequality between Gateshead and England, or even within Gateshead.

[Stakeholder 7]

It was felt to be important to capture not only these changes in behaviour, but also the less tangible benefits of the programme, in order to obtain a full understanding of its potential impact on clients and local communities.

...the aspect of social capital in health, which is often overlooked. And, yeah, comments such as "oh the group seem to be getting on really well together." I'm sure... well, I don't know, but I would imagine that might be an important aspect of the intervention for many of them. They're possibly making new social contacts. So we are measuring it on improving the healthy eating, reducing their BMI, health and aiding physical activity. Should we, well, is there a measure of emotional wellbeing?

[Stakeholder 7]

5.3.1 Facilitators

A key factor in the perceived success of the Balance It programme was felt to be its flexibility and responsiveness to client need. The sessions were reported to be tailored around the requirements and preferences of the particular groups, rather than taking a one-size-fits-all approach to the intervention. As mentioned previously, the programme staff actively attempt to engage clients and encourage them to have an input into the format and content of the sessions. However, the staff also take a pragmatic approach and appreciate that the flexibility of the programme has to have

set boundaries. For example, the groups take it in turns each week to choose a recipe that is then prepared by both groups, in order to reduce ingredient costs.

...they're starting to sort of swap the programme round a bit to suit them and individual people and different things. And it will change and flux and, again, one of the things we were trying to say to the people joining the group is "look, if you shout loud enough, we'll do it for you. Tell us what you want."

[Stakeholder 9]

Rather than taking a narrow focus on diet and weight loss, the programme was felt to take wider concerns into account, for example, the difficulties clients encounter when shopping and preparing healthy food for their children, their financial situations, and physical capabilities. The programme was perceived to be about more than the simple delivery of health education, requiring staff to remain supportive and understanding of clients' individual situations at all times.

...that's a good thing about looking at the positive side of things. So it's not more or less education, I think it's the counselling as well. You have to do it at the same time.

[Stakeholder 6]

The venues and timing of the programme were felt to make it particularly accessible to existing Balance It clients. The format of the weekly sessions was perceived to be highly appropriate and a potential factor in the success of the programme to date.

I think the duration is fine and I think that could be the success of retaining people every week because they are not sitting here for three or four hours. They are coming in for a quick two-hour session and I think that is what people want. It is very much full on... there is no sitting around.

[Stakeholder 5]

The first cohort of clients were felt to be supportive and comfortable with one another as a group, which meant that there were no issues with them knowing each other's weights or exercising together. There was also felt to be a good rapport between the clients and the Balance It team, as a result of them all being seen to be working towards the same goal.

I think that's the way it's run really because we all knew each other beforehand, all the people who work in, and we'll get together and have a bit of a chat if we can. [...] I think the staff getting on really well and all wanting it to be successful is making a big difference as well.

[Stakeholder 8]

In comparison with other similar initiatives, the Balance It programme was reported to be relatively well coordinated, with good relationships between the delivery team. It was felt to be particularly useful to have a dedicated dietician involved and taking an active part in the groups, and stakeholders felt that clients find her approachable.

It is nice to come together and see different people's points of view. And keeping it together. Quite often you embark on projects and you get, it gets lost, there's nobody still co-ordinating it and pulling it together. And when you've got a lot of different agencies working together, that quite often happens. But with this one [...] It's nice. Frustrating at times, but nice.

[Stakeholder 4]

The fact that Balance It is currently a pilot programme was anticipated to increase its chances of success in meeting the stretch target and its associated objectives, for example, engaging with and meeting the needs of the target communities. There was felt to be an element of trial-and-error involved, with learning from the first cycle of the programme being incorporated into subsequent cycles in order to make them more effective. Stakeholders reported that, unlike many similar programmes, the monitoring and evaluation requirements of Balance It would ensure the ongoing collection of evidence to demonstrate what has and has not worked well.

I guess we wanted more people and I guess we expected more people to be turning up to some of the groups. Although for this first group that has been running, it hasn't been such a bad thing because we needed to iron out some of the issues in terms of building capacity, what is a good number for people cooking in the kitchen, within the physical activity groups. So I think that target of 26 people per group was quite a lot anyway to manage, so we kind of learned from having smaller groups...

[Stakeholder 5]

...we've set out and we have done things as planned and we wanted to stick to that decision because it is a pilot, and next time, you know – depending on the outcomes – we'll decide whether we change it. But I have to say there isn't really too much at this point that I feel that we need to change.

[Stakeholder 9]

Finally, the stretch target itself provides the team with something tangible to measure and a clear goal to work towards, which, again, was perceived to be a relatively uncommon occurrence in public health and health promotion. This was felt to provide an opportunity to influence local agendas, commissioning arrangements and resource allocation decisions around tackling overweight and obesity. At the same time, the programme lead was perceived to be taking a very laid back approach to the target and reminding stakeholders that this is a pilot programme.

I think something like a Local Area Agreement stretch target gives us the evidence to either, to say "well, you know, 26 weeks is too long, we only need a 12 week programme", or "you can mix and match it in this way, but actually this is the ideal. Look what we're getting from it."

[Stakeholder 11]

5.3.2 Challenges

One of the Community Nutrition Assistants (CNAs) raised the same issue that as the clients, regarding a discrepancy between the scales used by the CNAs and the dietician for the weigh-in sessions. The group were outspoken about this issue and so it was quickly resolved by the team, but it was felt that care should be taken in future to avoid this kind of complaint.

I think at first there was issues with the scales for a start because we used two sets of scales. The dietician uses one, we use another. One day when the dietician couldn't come we used the set which the CNAs use and they weigh slightly heavier than the ones the dietician used, and people who usually got weighed on the dietician's noticed that. They weren't very happy about that so we are going to have to keep the scales separate and just use the same scales for each group of people.

The biggest challenge to the success of the programme was felt to be the difficulties in recruiting sufficient numbers of people from the target communities. This was

reported to be a particular issue at the Bede Centre, where numbers have been noticeably lower than the Brandling group. Some people may have been put off by having to ring the dietetics department to arrange a pre-assessment, and others were felt to be simply *"not bothered about their health"* [Stakeholder 6]. There was a suggestion that the team could promote the scheme by going door-to-door but that this might be difficult in the target communities. For example, there was a concern that people might be in bed all day or simply not answer their doors.

I think the recruitment might continue to be a problem and you know where it started slow, it puts you behind right from the very start. And even if we do get numbers on the second run then you are kind of running out of clients for your subsequent course, so there is a sort of finite number of people who will come through the programme.

[Stakeholder 1]

Primary care professionals were seen as a key avenue for recruitment of clients that had not been successfully exploited so far. Efforts were made and the promotional literature had been distributed but stakeholders were concerned that the messages about the programme might not have "filtered through" to frontline staff. There was some concern that GPs might not have been comfortable with the policy of recruiting from some communities and not others, as many practices in Gateshead have very mixed lists. It was also suggested that obesity was not being sufficiently prioritised.

...we did the right things and we tried the right places, we just haven't hit it yet. We just, for some reason... I think the GPs could probably be a lot more proactive and they're not. And I don't know if that's because they see it as a community programme or [...] I certainly know that obesity has, believe it or not, slipped off their agenda and they don't refer to us for obesity as much as what they did.

[Stakeholder 9]

These issues around recruitment have resulted in some concern amongst stakeholders about their chances of meeting the stretch target, which have been compounded by the lower than expected weight loss amongst clients due to the timing of the first cycle (i.e. over Easter and the Bank Holidays). There have been particular problems in trying to recruit people specifically from the target areas, and only these clients will count towards the stretch target. At the same time, it was felt to be ethically very difficult to turn people away from programmes that might benefit them. Stakeholders felt that the programme should focus on wider indicators of success and were concerned that an emphasis on weight loss could be demotivating for staff and clients.

...it's something I've queried from the beginning, that it should just be evaluated on weight. Because we're seeing an awful lot, especially in the Bede site where the ladies are making changes in their lifestyle. They're not necessarily losing weight, but they are doing different things to what they used to do.

[Stakeholder 4]

...they are learning each week and it is a shame weight is the only way it is getting evaluated, because you can hear them saying at times they have margarine spreads or they have more fruit [...] they are doing their arm exercises when they are watching telly and none of that is going to be reflected. It is just going to be "have they lost weight?" "No", "why not?"

[Stakeholder 3]

Particular difficulties have been experienced in attempting to recruit men onto the Balance It programme, although this was felt to be a common feature of other similar programmes and initiatives in the local area. However, having the option to attend single sex groups was not felt to be the solution to the problem.

... you're probably going to push it to get a male group, to get the numbers for just a male group. [...] you can get one individual that says "I'll only come to a male group" and then you get others that say "Well, I can't, I learn quite a bit from the women and I quite like it", you know? There's no, again, you know, with this group-work thing, there's just no right or wrong way. You just can't please everybody.

[Stakeholder 9]

The above quote also highlights the fact that the offering a group intervention rather one-to-one support might be off-putting to some people. Stakeholders accepted that the programme could not be a success for everybody but the challenge was how to identify those who are ready to change and in need of support.

I think there's also an issue – and I think it's common for this at any weight management or any physical activity intervention – that you're only going to get a certain success rate. Because some people might find it helpful, and some people don't, for whatever reason.

[Stakeholder 7]

Due to the timing of the sessions, the programme is not currently accessible to those in full-time employment or education, and therefore stakeholders felt they were excluding a significant proportion of their target population from attending. One suggestion was that people should have time off work, school or college to attend the sessions during the day. Another suggestion was that evening or weekend sessions could be provided, but there was some concern as to whether this might be feasible in light of existing contractual and practical arrangements.

...if you look at the learning from say Slimming World or Weight Watchers, the majority of the sessions are delivered after work, core work times [...] Certainly people I have talked to out and around the community, they have said "we are actually at work 9 til 5" or whatever, 9 til 6 or, so they can't actually access the programme even if they wanted to

[Stakeholder 5]

One practical concern was the fact that the programme involves staff from relatively small teams and so any extended period of training, annual leave or sickness leave might have a significant impact on delivery. The pressure on staff was anticipated to increase as the programme expands to whole days and is potentially rolled out into other localities. Some stakeholders felt that the programme required a greater time commitment than had initially been expected, and that this needed to be balanced with their other commitments and responsibilities. Delivering the programme also entails a financial commitment from the CNAs, who are required to purchase ingredients for the cooking skills sessions and claim the money back at a later date.

...we don't seem to have much of a back-up plan if things go wrong. Obviously all areas are stretched and I know you can't put off doing things, saying "well if that happens we couldn't deliver." But at the same time it does put pressure on you and if there's somebody working they're feeling that "I can't have any holidays then because I've got this."

[Stakeholder 4]

A number of minor issues to be resolved in time for the second cycle of the programme were identified by stakeholders. It was perceived that some of the clients were “over-familiar” with the centres and therefore felt able to do things like go out for a cigarette whenever they felt like it, answer their mobile phones during the sessions, or take food to children in the crèche before other clients had had the opportunity to taste it. Stakeholders felt these issues could easily be dealt with by being slightly firmer with the clients and setting ground rules from the outset of the programme.

...that's one of the challenges, is getting used to how people are. I think setting some ground rules a little bit more as well maybe for the people who are taking part. [...] Rather than just letting people think they can just do whatever they want, I don't know if that's really a good idea. You know, people need boundaries and rules and respect for each other.

[Stakeholder 8]

The final challenge involved finding ways to keep people motivated whilst on the waiting list for Balance It and during the second half of the programme, particularly in light of the forthcoming summer vacation period. In order to address the former issue, a monthly appointment with the dietician is offered to clients on the waiting list in an attempt to maintain their interest in weight management. Stakeholders felt that the potential negative impact of holidays and celebrations could never be fully addressed but that their role was to educate people about how to maintain a healthier lifestyle during these times.

I certainly think weeks 13 to 26 will tell the tale. I'm also concerned about how it's going to work in the six weeks holidays because I think again, and especially if we have a good summer, I think we'll see some big dropout rates

[Stakeholder 4]

5.4 Views on the Multi-disciplinary Team

Although a number of different partners had been involved in the design and implementation of Balance It, the PCT were strongly perceived to be have been driving the programme forward. There were a number of positive comments about the leadership and coordination to date, but also some concern about how this would be affected by the recent structural reorganisation within the PCT. These changes have also had a negative impact on other staff and support services that have made some contribution to the Balance It programme, for example, members of the health promotion, informatics and graphics departments.

I think the uncertainty about who is going oversee it [...] it is a shame that, you know, it was all in place and then suddenly it has been taken away really

[Stakeholder 2]

Stakeholders perceived there to be strong commitment to the Balance It programme from all partners, as demonstrated by the excellent attendance at steering group meetings. Youth and Community Learning Workers based within the centres used to deliver the programme were specifically mentioned as being very accommodating and able to “think on their feet”. Other members of staff were also felt to have demonstrated a commitment to the monitoring and evaluation of the programme, in terms of readily playing a role in data collection, administration and management.

Right from consultation through to delivery, and even right throughout the delivery, the [steering group] has been attended by people from the council, people from the PCT, people from the community centres, dietetics. [...] if

person A hasn't been able to make it person B will come along, so people have seemed to demonstrate a commitment to it, which has been quite good. And so those meetings have been productive.

[Stakeholder 7]

Many of the steering group members had previously known each other and worked together on local initiatives, and so Balance It was felt to be building on strong partnerships that were already in place. This was not the case with all staff involved in delivering the programme, who felt that it had taken some time to "gel" together as a team. These operational staff reported finding it useful to meet separately to discuss any issues with the groups and to learn more about each other's roles. The stakeholders seemed to feel comfortable in making suggestions and airing any concerns during the steering group or team meetings, in order to iron out any particular issues and help to make the programme more successful.

...it is part of a Local Area Agreement, it is down to other professionals in other groups to make sure that it does succeed. Everybody does what they can to actually contribute to, you know, getting the people in and keeping the programme going and keeping it a success.

[Stakeholder 10]

The balance of staff responsible for delivering the intervention was felt to be appropriate, as the disciplines were all felt to complement one another in supporting clients to make healthier lifestyle choices. There were also felt to be benefits to staff from working within a multi-disciplinary team and in community settings, particularly in the case of dietician. Those involved in delivery of the programme did not perceive it to be particularly "staff heavy", although they did acknowledge that this would be less of an issue if they were working with the full cohort of 25 clients, as anticipated. There was a suggestion that some stakeholders' time might be better utilised by actively promoting the programme and attempting to recruit additional clients to future cohorts, rather than attending the sessions each week.

...they each provide different services [...] I think it is a very good idea because exercise goes hand-in-hand with nutrition when you are wanting to lose weight or you are wanting to remain healthy.

[Stakeholder 2]

Yes, the client definitely benefits and everyone and that, but I don't think...I think some people's time is wasted by coming here each week when they could be going out promoting the project more.

[Stakeholder 3]

There was a degree of uncertainty as to whether the use of a multi-disciplinary team approach to the intervention has any real benefits for Balance It clients. Some stakeholders felt the clients "like to see different faces", but others felt it was relatively unimportant where those faces came from.

I don't know that it makes that much difference to people who actually access the service. I think, you know, they see a person or they see a team of people and they have service from that person. I don't know that people always make the connection with who you work for and any kind of broader service aims or how it is located in a wider context.

[Stakeholder 1]

There was a perception that the programme had initially lacked coordination and that there had been some confusion with regards to exactly what role the different agencies would play. There was a particular concern regarding the role of the Community Health Team and a perceived overlap with the activities of the PCT or Physical Activity Development Workers, which resulted in some staff feeling uncomfortable during the early sessions and steering group meetings. These tensions may have been fuelled by the fact that, historically, the various local organisations have had to compete with one another for external funding. Others saw the issue as stemming from conflicting priorities between different organisations and a perceived lack of valuable input from certain members of staff.

If I am honest, I can't see what some of the partners have actually given to the project at the moment. I think it could have ran the same way with maybe two partners [...] But I think that is a general partnership issue because you do get people who just turn up to meetings and don't deliver anything or don't take anything away, don't take any actions. They are just there to represent people on a group. So I think it needs more direction and more accountability.

[Stakeholder 5]

I think it's about, some people saw this as their priority and some people didn't. So, therefore... I personally think we could have done this with a smaller team. I just think some of the skills are transferable.

[Stakeholder 9]

There was a degree of optimism that bringing a range of partners together for the Balance It programme would eventually allow the various roles and services to achieve a better understanding of one another. However, it was acknowledged that this might take some time and a lot of sensitivity about boundaries for staff working in similar roles. There was a noticeable difference in culture between staff from clinical and non-clinical backgrounds or settings. For example, the nutrition and dietetics staff tend to work in a more structured way, with anticipated outcomes, and so experienced some frustration in working alongside others who take a more laid back approach and tend to deal with smaller groups. There was felt to be a general lack of confidence in the community development model that the Balance It programme had tried to incorporate. However, it was felt that these challenges could potentially be overcome if the programme is successful, as illustrated by the following quote.

...there is a growing interest I think in community development in the PCT from one or two offices particularly, but I think there is an amount of discomfort as well. I think some of the clinicians are much more comfortable in the room face-to-face with the clients and being in control of all the stuff, but, you know, hopefully this might give them some confidence or some increased confidence in how that does work well.

[Stakeholder 1]

A final issue relates to sustainability and the financial implications of committing to delivering the Balance It programme in the longer term. Stakeholders felt that, if it is decided that the programme should continue with the existing level of multi-disciplinary professional input, then significant additional funding would be required to sustain it. Furthermore, the costs would increase once the need for ongoing promotion and evaluation of the programme were taken into account. The alternative would be to re-evaluate the delivery of the programme and possibly streamline the team, which seemed to be the option favoured by a number of key stakeholders.

I think it's important to keep the staff ratio sort of down, as such. It's nice to have sort of other professionals keen to offer support but, really, if it's not needed and it has been flagged up, that can be a bit off-putting for somebody. I think it needs to be sort of quite clear who's got what role and who's necessary to be there.

[Stakeholder 10]

5.5 Vision for the Future

5.5.1 Sustainability

The sustainability of the Balance It programme in the longer term was felt to be heavily reliant on the successful recruitment of clients to future cohorts in order to meet the stretch target. Stakeholders were acutely aware of the fact that the funding attached to the Local Area Agreement is dependent on demonstrating clear benefits from the programme in terms of health gain. However, these benefits are defined solely in terms of physical health, with no acknowledgement of the potential wider impact on social and emotional health and wellbeing. This focus on numbers caused some concern amongst stakeholders about the future of the programme.

We will be sustainable if we get the people in, that is what we have got to do, we have got to get the people in through the door, we have got to do it. We have got to advertise it, word of mouth, you know, people have to go out and ask their friends do they want to join

[Stakeholder 2]

There was also an issue about whether the numbers of clients in the current groups would be maintained during the second half of the programme, as six months was perceived to be a relatively long time to commit to attending weekly sessions. Most similar local programmes were reported to have a duration of around eight weeks, with a relatively high dropout rate from weeks five or six onwards. However, stakeholders were optimistic about the fact that they had gotten beyond week eight with a 100 per cent retention rate in both of the Balance It groups. In fact, there was some concern that many clients would be so strongly committed to the programme that they would expect to receive the same level of support beyond the 26 weeks.

I think the difficulty that we'll have will be if the participants as part of the programme are enjoying it, we won't be able to get rid of them at the end. And that sounds really mean, but we won't be able to move them on to something else because what they'll do, they'll form a group. If they like the people that are delivering, it'll become part of their weekly routine.

[Stakeholder 11]

At the time of conducting the evaluation, there was felt to have been a lack of consideration given to the ongoing support that clients would need in their weight loss and weight maintenance efforts. Stakeholders reported that clients had already expressed some concern about what would happen at the end of the 26-week programme. They were keen to meet on a social basis but also to have their weekly weigh-in and engage in some form of physical activity, preferably at the centres used for delivery of the Balance It programme.

...there is plans to develop some sort of exit strategy so that support can still be there for people. How that's going to be done I'm still unsure about, but yeah, I think people still will need that support. I know 26 weeks is a long time, but it's still not a long time if you've got a lot of weight to lose.

[Stakeholder 4]

The general perception amongst stakeholders was that it would be the role of the Community Health Team to provide the necessary ongoing support to the Balance It groups at the end of the 26 weeks. This role would involve facilitating regular physical activity sessions and sustaining what has been learnt in terms of healthy eating and cooking, possibly on a monthly and then bi-monthly basis. There was also a suggestion that this might provide an opportunity to widen the range of topics covered in the sessions, for example, by addressing issues such as drug addiction and smoking. It was felt to be important to make best use of the social groups formed as a result of the Balance It programme, and appreciate the particular needs and requirements of these groups.

I know every programme has got an exit strategy but when you're talking about deprived areas you have to look at a different way of exiting. [...] You can't just leave them once they start getting their confidence and, you know, just pull out.

[Stakeholder 6]

There was a suggestion that the groups could potentially become self-sustaining, with relatively little staff input required, if this was felt to be appropriate by the clients and programme steering group. This would involve either training group members to run the groups themselves or getting a tutor to come in and deliver the sessions. However, it would remain the responsibility of the Community Health Team to assist the groups in becoming self-sustaining, for example, by helping them to develop a constitution and apply for funding.

I think it can [be sustainable]. It will depend to an extent on how successful the community development element on the end of the programme is because, again, if we can get the group to self-sustain and get agreement from the sort of programme management, the steering group, that that is the way they want to go with it

[Stakeholder 1]

If the groups were to require ongoing support from the Balance It team in the longer term, this would have obvious implications for staff costs and capacity. There was some concern that, once the programme is expanded and staff are required to devote full days to delivering the sessions, they might experience difficulties in managing their existing workloads. Providing additional support to those that have already completed the programme would increase this pressure, and may not be feasible in light of existing capacity. This highlights a need for careful monitoring of the whole Balance It service in terms of its costs relative to the benefits, and also its cost-effectiveness in comparison with other similar programmes.

But benchmarking is something, as the project progresses, we should be focussing on. Saying it's not just... I do think it's been successful, but is it more or less successful than other similar interventions? Because, at the end of the day, if you're doing one thing and someone else is doing another and they're more effective than you, then maybe we should be modifying the delivery of it.

[Stakeholder 7]

Additional comments regarding the sustainability of the Balance It programme concerned the possibility of franchising the service, based on the Seven Steps manual and nutrition training provided by the Community Nutrition Assistants. For example, practice nurses could be trained to deliver the key messages from the programme using the tools that have already been developed. Alternatively, there

might be the potential for practice-based commissioning of the programme. One stakeholder suggested that the Balance It programme should not be seen as a standalone intervention provided by a dedicated team, but that it should be delivered by a range of different providers who have been equipped with the necessary knowledge and skills to do so.

I suppose it's shifting like the surrounds from this being a one-off, to "why shouldn't more staff be delivering programmes in this way?" So, we have a huge public health workforce out there, you know, not just within health but within local authority and within the voluntary sector [...] I think it's about engaging the wider workforce that are there and increasing their knowledge and skills to be able to deliver appropriately on this agenda

[Stakeholder 11]

5.5.2 Suggested areas for improvement

The main areas suggested by stakeholders as being in need of improvement were the strategies used to promote the service and to recruit clients onto the programme. Although one individual thought the Balance It leaflets were very good and professional, the general perception was that they needed to be more attractive and eye-catching to attract clients from the target communities.

Leaflets and promotions are really things that we do struggle with. And it's getting the right wording and it's getting the right terminology not to offend anybody, and...I think it could maybe have been a bit brighter, I don't think it stands out very well. I think maybe some big posters, you know, where people are going to see them.

[Stakeholder 4]

Stakeholders felt that a leaflet drop to households within the target postcodes might help to increase recruitment from these areas, but there was also a perceived need for more flexible and informal approaches. This might involve visiting and presenting about the programme at a variety of different venues, including children's centres, schools, parents' groups, residents' associations, libraries and workplaces. It was suggested that using informal face-to-face communication might be more acceptable to potential clients in light of the levels of literacy and culture of the target communities. Other suggestions included providing incentives, such as shopping vouchers, to encourage existing clients to recruit people via word of mouth.

I, myself, think that in this type of area you need to speak to people on a one-to-one basis and persuade them, and say "look – come and observe. Come with your friends and observe. If you don't like it, just leave." You know, and that's the way to... it is a challenge for them, you know, you can't just change it overnight. And it's the area, the culture that they're living in.

[Stakeholder 6]

It was acknowledged that, due to timescales, recruitment to the initial Balance It cohorts was relatively ad hoc and that there needed to be a clear recruitment strategy for future cycles of the programme. Stakeholders generally felt that recruitment should be a dedicated role for one person, who would be able to champion the programme and explore different avenues for accessing potential clients. It was also suggested that a dedicated manager would be key to the ongoing success of the programme, but stakeholders were not optimistic that sufficient resources would be made available to support this role.

I personally believe if it goes much wider than it does, they will need to have a named manager and that could actually be from probably any of the localities.
[Stakeholder 9]

Finding a way to get primary care professionals on board was seen as being key to the continuing success of the programme, in terms of their potential to increase recruitment rates. Stakeholders felt that opening up the programme to those living outside the target postcode areas would be an important step in getting other professionals, particularly GPs, to value the programme. They also felt that this would be a more ethical approach than the current 'postcode lottery' perceived to be taking place. One stakeholder agreed with the clients' perception that there was a 'weight lottery' taking place and that the programme should not exclude people on the basis of their BMI. Their suggestion was that there should be two categories of Balance It clients – those who are overweight or obese, and those who want to improve their eating habits.

I think it definitely should be opened up. I think you shouldn't exclude anybody from anything, you know, because I know there has been a few people really interested. I know there are people who would have really benefited from it, but because they're outside the postcode...

[Stakeholder 8]

In addition to opening up the community centres currently being used to deliver the sessions to people from outside the target areas, it was also suggested that the programme should be expanded and delivered in other venues. However, there was a perceived need amongst some stakeholders for better local facilities within Gateshead, for example, having gym equipment available in all community centres. It was felt that some clients might feel too uncomfortable, frightened or ashamed to attend a leisure centre to use these facilities, although staff and managers might prefer to use larger centres due to concerns regarding personal safety.

I think one of the ways it could be spread further apart is we just leave one at Brandling, one at Bede and then we've got another two that we've already got funding for and they could go elsewhere. I think that's something that I know I can't do for the bloody pilot, but it's something they need to look at and look at quickly.

[Stakeholder 9]

Staff safety is an important consideration in any discussion about the possibility of delivering an out-of-hours service, which many stakeholders believed would increase recruitment to the programme. Although the format and venues used seem to be suitable for existing clients, there was a concern that other groups of potential clients were being excluded from attending the programme. For example, those in full-time employment, particularly men, were perceived to be more likely to attend an evening or weekend programme.

I do think we need to think about possibly changing how the programme is delivered. So that it might be at a different time of the day, a different length, to attract you know, if we're not getting men for example, if we're not getting people who are working. We're missing huge numbers of people who, you know, may want to be part of this and should be part of it.

[Stakeholder 11]

There was general agreement about the need for greater flexibility in the timing of the sessions, but some stakeholders felt that offering evening and weekend activities

might have a negative impact on the availability of staff to fulfil other responsibilities during the day. There was a suggestion that offering an out-of-hours service would enable the programme to focus more on primary prevention, as opposed to the acute problems that tend to be dealt with by the mainstream nutrition and dietetics service.

There is still a need for during the day but at the nighttime and possibly one Saturday morning would, to me, increase the numbers. But, for that, it is about shifting the culture of dietetics because they are very much rigid 9 til 5, Monday to Friday. But, again, it is not until somebody is massively obese and starts to have problems that they may be allowed out from work or they are actually off sick from work. And that is probably where we will actually pick them up.

[Stakeholder 5]

Another suggestion was to explore different models for delivery of the Balance programme, for example, offering shorter lunchtime sessions in workplaces for those in employment. It was felt that a lot could be learned from the experience of other health promotion services in developing innovative approaches, such as the use of large-scale 'Drop in to Quit' sessions at weekends for smoking cessation. Encouraging clients to explore and access other local services might also enhance the success of the programme, as well as reducing the amount of intensive professional input required.

I think it would be nice to have more than one session a week. I don't think it's necessarily that practical to have, to work with a small group of people and dedicate all that time, professional time. I think it's important to make the groups aware that there is other options there for other days of the week. To try to give them more information so that they can do something else

[Stakeholder 10]

The amount of staff time required to deliver the programme was given as a potential area for improvement by some stakeholders, who felt that it could be streamlined in order to make it less costly and more efficient. There was a perceived need to clarify the roles and responsibilities of the various stakeholders involved in managing and delivering the programme. This would ensure that there is little or no duplication of effort and that the maximum gain or benefit can be obtained from the existing capacity within each team.

...it is staff heavy, there are a lot of staff time. It is quite a commitment, I suspect, for all of the teams that are in there and delivering. It does take up a big part of the day and for some people it is additional to what they were already doing, they have had to try and fit it in. So maybe it needs to be streamlined in some way.

[Stakeholder 1]

Increasing community involvement in the planning of future programmes was given as a long-term goal of the Balance It project. It is envisaged that at least one member of the local community who has completed the programme will eventually feel empowered enough to sit on the steering group and have their say about how the programme should be delivered. The existing groups are already consulted about ways in which the programme might be developed to better meet their needs and preferences. This is linked with a key area for improvement, which is the concern that the clients might not be losing sufficient amounts of weight to improve their health or meet the stretch target for the programme.

It is meeting and getting together, as we feel, because as yet they're not really losing the weight that we would like them to lose. So it's how can we motivate them. [...] And we've met with the groups themselves to ask "right, what difficulties are you facing? How can we encourage you?"

[Stakeholder 4]

Stakeholders acknowledged that a group intervention such as the Balance It programme is unlikely to meet the individual needs of each client. However, a key factor likely to increase the success of the programme in achieving its aims was felt to be clients' willingness and readiness to change. A potential area for improvement would therefore be to target the programme at those who actually want and are ready to change their lifestyles and behaviours.

So maybe that's what we need to be doing around the recruitment is actually to just not identify where people are. It's actually identifying, you know, when people are ready to change.

[Stakeholder 9]

A final suggestion for the future of the programme was to explore the possibility of charging clients a fee for attendance. Stakeholders felt that this had not been discussed in detail so far due to the high retention rate of the initial Balance It cohorts. However, if retention became a persistent problem, it was felt that charging a nominal amount might make clients more likely to value the programme. Suggestions as to how this money could be used included re-investing it in the programme, donating it to local schools, or using it as prize money for the group that loses the most weight and then donating it to the winning community centre.

Sometimes I think if something is free they don't appreciate it [...] if they paid a nominal sum just so they are paying something I think they will appreciate it more [...] Sometimes it works, sometimes people can't afford it, but if it was a nominal sum I am sure people would pay it

[Stakeholder 2]

6.0 Discussion

6.1 Summary of the Key Findings

Overall, the findings from this evaluation have shown that the 'Balance it! It's Your Health' programme is considered to be a success by the clients and key stakeholders consulted. The fact that, to date, no clients have withdrawn from the programme was cited as a major indicator of success by both groups. This was felt to be particularly positive in comparison with the lower retention rate reported for other services targeting the same client group. The views and experiences of clients who had accessed the first cycle of the programme were very positive, particularly in terms of their opinions of the staff involved in delivering the programme. Clients stated that they felt healthier and better within themselves, emphasising the fact that they perceived the focus of the programme to be lifestyle change rather than weight loss. As a result, the messages delivered and new skills learned during the programme were felt to have influenced not only the clients themselves but also their friends and relatives. Some clients gave a desire to improve the health of their families as a key reason for their attendance, highlighting the potential long-term impact of the programme on levels of overweight and obesity within Gateshead.

The emphasis on lifestyle was felt to be one of the main advantages of Balance It over other similar interventions, particularly commercial weight management programmes. Clients reported learning more about exercise and nutrition than they would on a programme that focused on weight loss alone, and they felt that this knowledge and understanding would make any health improvements more sustainable in the longer term. The use of practical demonstrations and having the opportunity to prepare and taste new recipes were felt to be more appropriate methods for delivering health messages than receiving simple verbal or written information. Staff involved in the delivery of the programme also reported finding the sessions enjoyable and feeling as if the clients got a lot out of them. Although the emphasis during the focus groups seemed to be on the cooking and healthy eating aspects of the course, clients were keen to improve and maintain their activity levels in the longer term. Staff reported observing significant improvements in clients' confidence levels and in their self-efficacy to undertake exercise.

A suggestion from both clients and staff was that a fee could be charged for attending the programme in order to enhance motivation, although there was some concern that even a nominal amount might be off-putting to those on very low incomes. The fact that the Balance It programme is free to attend was given as one of the main facilitators of its success by clients, many of whom had previously attended commercial weight loss programmes. Another key facilitator reported by clients and stakeholders was the level of client input into the content of the cooking skills and physical activity sessions. This degree of flexibility and responsiveness to client need was felt to make the programme more appropriate and enjoyable for all concerned. Clients appreciated the fact that the programme takes their wider circumstances into account, rather than having a narrow focus on diet and exercise. The culture and characteristics of the target communities were felt to be key factors to consider in the way the programme is designed and delivered, highlighted by the fact that noticeable differences were reported between the two existing groups at different venues. A community development approach was therefore felt to be appropriate for this intervention, although there appeared to be a degree of tension between this model and the more clinical approach taken by some stakeholders.

Recruitment and access to the programme were key issues that both clients and stakeholders felt needed to be planned more effectively in the future. Word of mouth and linking to existing groups or community initiatives were identified as being the most important modes of recruitment for this particular target group. Although many clients had seen the Balance It promotional literature, this was not felt to have been distributed widely enough or in the most appropriate locations. Clients and staff made a number of suggestions as to how these promotional materials might be improved for the future, as well as suggesting the use of more flexible and informal approaches. Adherence to the principles of social marketing might have helped to avoid some of these issues. There was also a perception that greater efforts needed to be invested in encouraging other health professionals to refer into the programme. In particular, GPs and practice nurses were identified as being well suited to ensuring potential clients are made aware of and recruited to the programme.

The leadership and management of Balance It was felt to have been good but a number of issues have arisen that might have been dealt with more effectively if a dedicated project manager had been in place from the outset. These include practical issues such as the production of publicity materials, clarification of staff roles and responsibilities, development of a recruitment strategy and production of a clear action plan. The timescales meant that the development and implementation of the programme were perceived to have been rushed, and therefore created difficulties in recruiting sufficient numbers of clients to the initial cohorts. The perceived "postcode lottery" was an issue for both clients and staff, who understood why such restrictions were imposed but still found them difficult to accept. A number of clients were reported to have accessed the scheme from outside of the postcode areas, which has implications for the stretch target linked to the funding for the programme. This target was not perceived to be unrealistic in terms of providing a goal for weight management and maintenance. However, it was felt that placing the whole emphasis on BMI meant that the wider impacts of the programme, such as significant lifestyle changes and increases in social capital, were being lost.

The multidisciplinary nature of the Balance It team was felt to be one of the strengths of the programme, yet at the same time also presents a major challenge. Stakeholders identified the importance of being clear about each other's roles and seeking clarity about the rationale for various agencies being involved in the programme. Some were unsure about the need for so many disciplines to be involved in the delivery of the programme, although it was felt to be important to maintain this cross-sector approach at a strategic level. The sustainability of the programme in its current format needs to be given attention, as it is was felt by some to be quite staff-intensive and likely to require increasing amounts of professional input in the future. It may be more appropriate to train members of the wider public health workforce to deliver the programme or consider alternative modes of delivery. There was an acceptance of the fact that evening and weekend sessions might be more acceptable to some clients and potentially increase recruitment to the programme, particularly of men and those in full-time employment. It was also suggested that the programme should be expanded into other centres, although there was some tension between the timings and venues perceived as being most suitable for clients and for staff or their managers.

6.2 Comparison with Existing Literature

The evaluation of the Balance It programme is consonant with many of the findings from the research literature, which identifies a combination of diet, physical activity

and behavioural strategies as being important in the treatment of overweight and obesity. Weight management programmes based on a unidimensional weight-loss paradigm have tended to emphasise the importance of personal control, and little attention has been paid to environmental context (Senekal et al 1999). The long-term success rate for persons using this paradigm has been low and so a multidimensional paradigm has been proposed that focuses on all aspects of the prevention, treatment, and management of weight-related problems (see Appendix B). The lifestyle approach taken by Balance It addresses many dimensions of this paradigm. By recognising the complex and multifactorial nature of obesity as a disease, and by taking clients' social and economic circumstances into account, Balance It is therefore likely to be more acceptable and effective in the longer term than other weight loss programmes.

The literature states that changing sedentary behaviour is an integral part of successful weight loss interventions. Self-efficacy for exercise, or the individuals' judgement of his or her ability to successfully perform an activity, has been shown to be a strong predictor for the adoption and maintenance of exercise (Bandura 1977; Sallis et al 1986; Reynolds et al 1990). The Balance It evaluation has revealed that anecdotal evidence of increasing levels of exercise self-efficacy amongst clients was felt to be one of the key indicators of the programme's success. Eating self-efficacy, i.e. an individual's confidence in their ability to successfully follow a healthy diet, is also important to weight loss efforts (Clark et al 1996; King et al 1996). Furthermore, eating and exercise are interrelated in that data suggest that exercise appears to compliment dieting by increasing dietary adherence (Rodin and Plante 1989). This evidence supports the design of Balance It as a combined education and exercise programme, with the overall aim of encouraging clients to manage and maintain their weight.

The importance of providing social support to clients, in addition to healthy eating advice and opportunities to take part in physical activity, is also supported by the research literature. A study conducted in the United States found that participants recruited to a weight management programme with their friends or family members had significantly better outcomes than those recruited alone and given a standard behavioural treatment (Wing and Jeffery 1999). Both recruitment strategy and the social support manipulation affected the likelihood of treatment completion and weight loss maintenance. An innovative programme for changing health behaviours in Western Australia also found that fat and takeaway consumption decreased, fruit and vegetable consumption increased, and fast food intake was reduced where couples were able to attend the intervention together (Burke et al 2002). The fact that Balance It clients are able to attend with friends or family might therefore enhance the likelihood of them making and maintaining successful lifestyle change. Making efforts to target and recruit couples might also enhance the recruitment of men to the programme and increase the chances of achieving the stretch target.

6.3 Study Limitations

The main limitation of this evaluation is the fact that it is based on a relatively small study sample, which therefore limits the ability to generalise the findings to the wider population. However, the aims of this evaluation were to inform action, enhance decision-making and apply knowledge to solve problems locally. Furthermore, the emphasis in qualitative research is on the quality rather than the quantity of the findings, and the methodology used in this evaluation allowed for the collection of data of sufficient depth to address the research aim and objectives. As a result of the

programme's excellent retention rate, it was not possible to gather the views of those who might have experienced some barriers in attending the programme. However, the high levels of overweight and obesity in Gateshead and the low levels of recruitment to the programme indicate that a number of those who could benefit from accessing the service are not currently doing so. It would have been useful to attempt to recruit a sample of these individuals to the evaluation, but this was not possible with the allocated timescales and resources.

Additional limitations of the evaluation include the relatively narrow scope of the stakeholder consultation and the lack of any quantitative data to support the qualitative findings. It would have been useful to talk to other professionals and staff not directly involved in the delivery or management of the Balance It programme to explore their perceptions of the programme and the impact they perceive it has had or could potentially have within Gateshead. These staff might include GPs, practice nurses, health visitors, health trainers, youth and community workers, or volunteers. It was not possible to do this within the budget and timescale of the present evaluation. Furthermore, it might be more appropriate to conduct this wider consultation once Balance It has become more established locally and other stakeholders are more aware of the programme's aims. Finally, the lack of any quantitative findings within this evaluation results from the fact that the research team were commissioned solely to conduct a qualitative piece of work. Gateshead PCT and NHS Foundation Trust are collecting their own monitoring and quantitative evaluation data on an ongoing basis, and will consider this information in light of the qualitative findings presented here.

7.0 Recommendations

7.1 The Future of the Balance It Programme

- In terms of ongoing support required by clients, the request was simply for “more of the same” in terms of the combination of exercise, healthy eating advice and education, and cooking skills sessions. Therefore, it is recommended that the programme providers continue with the same format for future cycles of the programme.
- The only complaint received about the programme related to the use of different scales by the Community Nutrition Assistants and dietician. The delivery team must ensure that there is consistency in the equipment used to avoid causing distress and confusion to clients, which might result in some withdrawing from the programme.
- Programmes should be provided free of charge to attract clients on low incomes and also provide free childcare facilities to attract parents. However, the introduction of a nominal fee during the later stages of the programme might help to increase retention rates and the perceived value of the service.
- For the clients consulted in this evaluation, the timing of the programme was considered appropriate. However, it is acknowledged that others who might also benefit from attending the programme could find the timings restrictive. The providers should consider offering an evening and / or weekend programme, if there is available staff capacity. They should also consider delivering the programme in different formats, shorter lunchtime sessions or weekend drop-in sessions.
- Community-based venues were felt to be most accessible for the existing groups but staff might feel safer within a leisure centre setting, particularly at evenings or weekends. The possibility of using these venues should be explored, as the out-of-hours sessions might attract different groups who might be more comfortable with using these sessions.
- In the longer term, living within a particular postcode area should not be part of the criteria for selection to the programme. If the programme is rolled out across Gateshead then every effort should be made to ensure that a range of programmes are held at accessible venues located in different geographical areas.
- If the retention rate decreases in future cohorts, this might indicate the need for a screening process to identify those people who are ready and willing to attend the programme and make the necessary lifestyle changes. This process could assess the client's motivation to adhere to a programme of diet and physical activity, and would consequently serve to improve the chances of reaching the stretch target.
- The attitudes and personalities of programme staff are important factors in ensuring compliance, and therefore this must be emphasised to any new staff joining the programme. Existing staff should be praised for their friendly, accessible and non-judgemental approach to the delivery of the programme.

- Clients who express an interest in continuing to meet as a group should be supported to do so beyond the 26-week period. The use of a community development approach should hopefully enable and empower these groups to eventually become self-sufficient, thereby limiting the pressure on staff time.
- Clients could potentially have an important role to play in promoting the programme and use should be made of their experiences in recruiting to future cohorts, where appropriate. Clients could also be put in contact with those on the waiting list for the programme, to allay any fears, concerns or anxieties they might have about attending the sessions and give advice about ways they might prepare themselves to make lifestyle change.
- Social support should be seen as both an important outcome of the programme, and a tool used to increase motivation and facilitate lifestyle change. Clients should be encouraged to attend with their friends or family members in order to increase the chances of successfully maintaining lifestyle change in the longer term. Partners and children could attend particular sessions in order to increase their cooking skills, physical activity levels and knowledge of nutrition as a family unit.
- The wider impact of the programme should be acknowledged and captured, for example, changes in emotional health and wellbeing, learning new skills, and building social capital. These are all key outcomes of the programme that are not currently being captured as a result of focusing on BMI and the requirements of the stretch target.
- Responsibility for exploring different avenues for recruitment to the programme should be a dedicated role for one person. However, in the development of an appropriate recruitment and publicity strategy, a wide range of stakeholders and clients should become involved. Group activity in the latter part of the programme could include clients and staff working together in the production of appropriate resource materials for use in promoting or delivering the programme.
- The steering group should make efforts to recruiting a representative from the first cohort of clients to become a member of the steering group. This will enable greater ownership of the programme by local people and potentially further enhance its accessibility to those from local communities. This would also allow other members of the steering group to learn from the service user experience of the programme.
- Programme providers should allow sufficient time for the planning and implementing of similar interventions in the future. Frontline staff should be more involved in this process, as their experience and insight would be beneficial. It is likely that this would have promoted greater ownership of the programme amongst these key stakeholders.
- There should also be some direct client input during the development of future programmes. This might involve the use of a social marketing approach, but one that adheres more closely to the principles of the approach and involves potential clients at all stages of the process.

- The timing of programmes must be considered carefully. Starting the first Balance It cycle during the Easter holidays may have put some people off attending. Similar situations should be avoided if the programme is to be rolled out across the area in the future. This will allow more clients to access the service and thereby enhance the chances of fulfilment of set targets.
- It is important that the programme is able to integrate with other services and activities locally. Health trainers, for example, have the potential to be a valuable resource in promoting the programme, assisting with the development of recruitment strategies, referring clients, suggesting suitable venues, etc.

7.2 Further Research and Evaluation

- The collection of data on the wider impact of lifestyle change and capturing the intangible benefits of weight management programmes are essential for assessing the overall value and effectiveness of these interventions. This would allow the effectiveness of a broader lifestyle approach, as opposed to a restricted weight loss intervention, to be assessed.
- Additional research is needed into methods for the prevention of weight gain and the maintenance of weight loss in the longer term. There is also a need for research into the broader implications of attendance on weight management programmes, beyond the effects on an individual's BMI and physical health status. In particular, proposals should be developed to explore the wider impact of weight management programmes that take a community development approach. This would involve attempting to explore the impact on local communities, social networks and families, particularly the health and wellbeing of clients' children and partners.
- There has been little research conducted to date exploring the effectiveness of commercial weight management programmes, particularly in comparison with programmes offered by the statutory or community and voluntary sectors. Research is needed to compare the experiences and outcomes for clients on these different types of programme, in order to provide valuable evidence of the equity, acceptability, safety, effectiveness and cost-effectiveness of these services.

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Appendix A: Focus Group and Interview Topic Guides

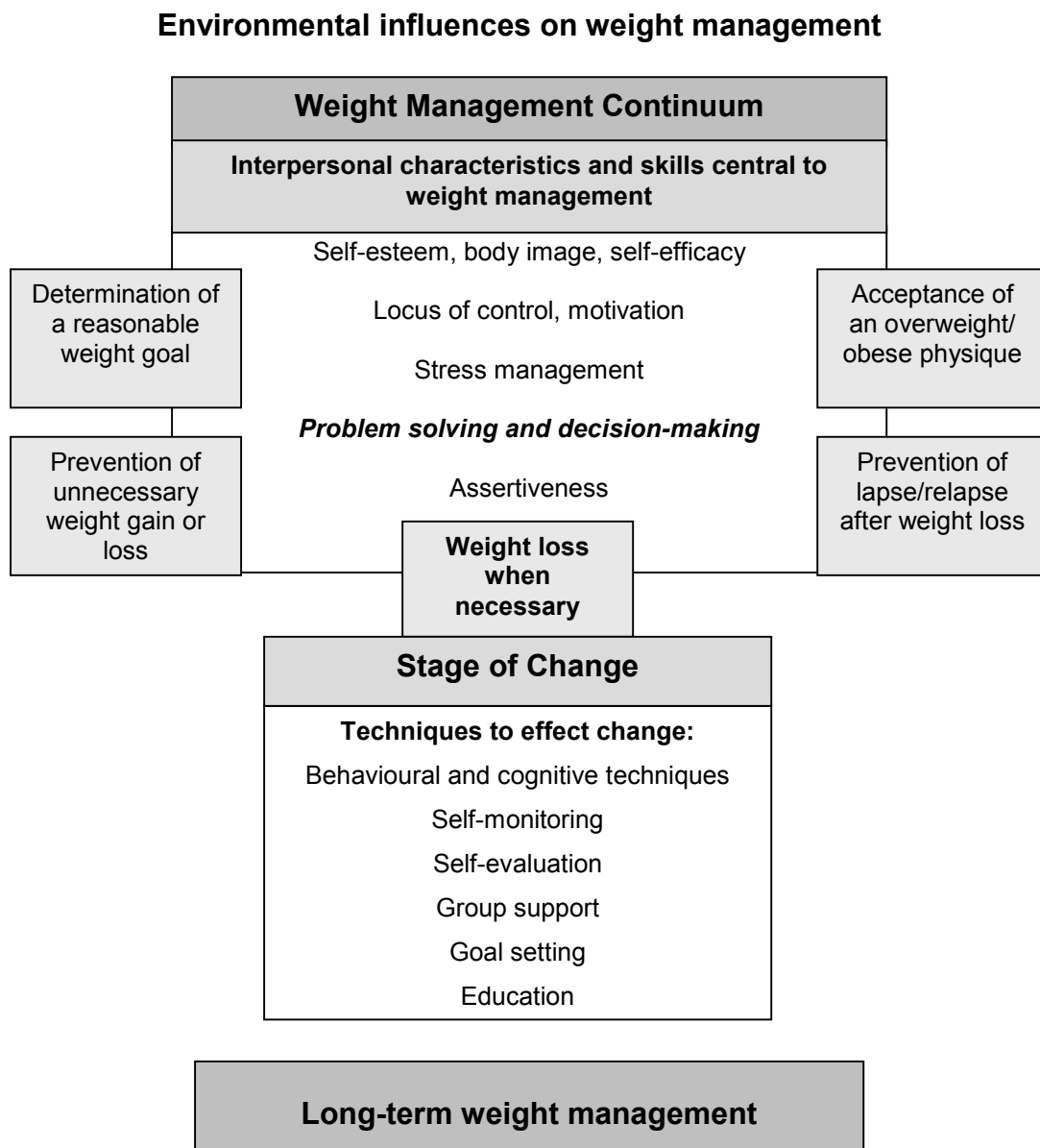
Client Focus Groups

- Experiences of accessing the programme
 - How they first heard about it
 - What motivated them to attend
 - Any concerns / barriers
- Experiences of attending the programme
 - Issues related to course content
 - Benefits / high points
 - Disadvantages / low points
- Views on the resources used (social marketing techniques)
- Views on the programme staff (multi-disciplinary approach)
- Ongoing support required after week 13 of the programme
- Potential areas for improvement

Stakeholder Interviews

- Details of their role in implementing / delivering the programme
 - Issues related to establishment / operation
 - Any development problems
- Outcomes of programme delivery to date
 - Early evidence of success or impact
 - Evidence of failure or particular areas for concern
- Views on the social marketing techniques utilised
- Views on the multi-disciplinary approach of the intervention
- Potential areas for improvement
- Sustainability

Appendix B: A Multidimensional Weight Management Paradigm*



* Adapted from Senekal et al 1999