# UNIVERSITY OF HULL

# AN ETHNOGRAPHIC EXPLORATION OF AN ADOLESCENT WEIGHT MANAGEMENT AND LIFESTYLE CHANGE PROGRAMME: EXPERIENCES AND PERCEPTIONS OF ADOLESCENTS, PARENTS, AND TRAINERS.

being a Thesis submitted in fulfilment of the

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by

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# Dedication

For my Big Fish. Always guiding me and forever in my heart.

# Acknowledgements

# Abstract

## Introduction

Adolescent obesity is complex yet little attention has been given to this age group. Adolescents experience dramatic biopsychosocial changes that affect their behaviours, attitudes, perceptions, and relationships. This period provides opportunities to shape health enhancing behaviours. For these reasons, it is integral to focus health interventions towards the adolescent age group in order to foster positive health outcomes throughout adolescence and into adulthood.

East Riding Leisure (ERL) was commissioned to deliver a weight management and lifestyle change programme for young people. The aim of this thesis was to conduct an ethnographic exploration of Young Live Well (YLW) in order to gain insight into the experiences and perceptions of clients, parents and trainers.

## Method

An ethnographic approach was taken. This involved 12 months of overt observations of clients, parents and trainers during YLW sessions, focus groups and semi- structured interviews with clients, trainers and mothers. Thematic analysis of data gathered was conducted.

## Results

Results highlight that the tailored approach of YLW provides clients with the knowledge, provisions and support to adopt healthy lifestyle changes. Furthermore, findings cast an interesting light on the effect of adolescent development on YLW experiences. Client success and progress differed as a result of a client's biopsychosocial development and developmental context. Alongside this, a lack of

trainer and parent understanding of a client's developmental capacity resulted in inappropriate and unsuccessful attempts at support and encouragement.

## Conclusions

YLW offers the opportunity for individual healthy lifestyle change. However, the intervention falls in conjunction with biopsychosocial changes that effect a clients' attitude and ability to manage their YLW journey. It is imperative for trainers and parents to understand a client's development needs, in order to provide effective support. Acknowledgement of developmental needs and transitions associated with adolescence can facilitate positive lifestyle change that works in conjunction with an adolescent's transition into adulthood.

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# Abbreviations

BMI     Body Mass Index

CNS     Central Nervous System

ERY     East Riding of Yorkshire

GnRH    Gonadotropin Releasing Hormone

NICE    National Institute of Clinical Excellence

PHER    Public Health East Riding

SLC     Springfield Leisure Centre

WHO     World Health Organisation

YLW     Young Live Well

# Chapter 1 Introduction

## 1.1 Background and rationale for the research

Increases in overweight and obesity in children, young people, and the general population has become a major world health crisis (Markward, Markward, & Peterson, 2009; World Health Organisation [WHO], 2000); one that imposes a profound burden on the lives of the individual affected, their families, and health care organisations (Ogden et al., 2006). Global obesity levels have risen over the last four decades across all age groups and gender but for children and adolescents (5-19 years of age), obesity levels have risen from five to 50 million in girls, and from six to 74 million in boys since 1975, with very high persistence particularly in obesity (NCD Risk Factor Collaboration [NCD-RisC], 2017; Patton et al., 2011).

Obesity in children and adolescents can be detrimental to one's physical health and emotional and social wellbeing (Reilly & Kelly, 2011; Sahoo et al., 2015). For example, overweight and obese young people can become victims of discrimination and social marginalisation as a result of the stigma associated with weight and physical appearance (Janssen, Craig, Boyce, & Pickett, 2004; Puhl & Latner, 2007; Schwimmer, Burwinkle, & Varni, 2003). The societal ideal to be slim and toned in western society can reinforce low self-esteem in overweight and obese young people during a period of development where societal acceptance and approval is of upmost importance (Abdel-Khalek, 2016; Erikson, 1963, 1968; O'Dea, 2005; Puhl & Latner). Furthermore, obese adolescents are more at risk of becoming obese adults; with a greater risk if BMI is high during adolescence compared to a high BMI during childhood (Baker, Olsen & Sørensen, 2007). It is evident that obesity and overweight effects all age groups. However, the rising levels of obesity prevalence among young people, and the increased risk of the trend continuing into adulthood, (Copp, 2005; Williams, Holmbeck, & Greenley, 2002) highlight the necessity to promote and maintain good health in young people to form a strong foundation for positive health trajectories across the life course

(Angbratt, Ekberg, Walter & Timpka, 2011 ; Association for Young People's Health [AYPH], 2017; Baker et al.; Guo & Chumlea, 1999; Ng et al., 2014; Rimm & Rimm; Sawyer et al., 2012; Singh, Mulder, Twisk, Van Mechelen, & Chinapaw, 2008).

There have been extensive efforts in research to determine the most effective way to treat and prevent obesity in youth. The treatment of childhood and adolescent obesity shares the same principles of treatment in adults: reduce calorie intake and increase energy expenditure. However, in practice, treatment and prevention is extremely complex and selecting the most effective method for treatment and intervention is a challenge (Spear et al., 2007). For example, the aims of treatment (in terms of weight loss or weight maintenance) and the types of approaches, vary depending on the age and level of overweight and obesity of the individual (Al-Khudairy et al., 2017). Unlike adult treatment, pediatric weight management is centered around the consistent role parents play in supporting their child's health and wellbeing (Kebbe et al., 2018).  In addition, current treatment for overweight and obesity in children and adolescents has proved difficult as a result of the consistently high numbers of weight regain post treatment (Jeffrey et al., 2000; Stice, Shaw, & Marti, 2006; 2004b; Royal College of Paediatrics and Child Health [RCPCH], 2003).

A number of different approaches have been taken to tackle obesity including bariatric surgery, pharmacology and lifestyle interventions that target diet, physical activity and behaviour change and will be reviewed in Chapter 3 (Blake & Patel, 2015; Gately, 2014; Sharma 2006; Spear et al., 2007). The causes of obesity are multifaceted and extensive, but one significant conclusion across literature is that the environment in which we live is conducive of sedentary behaviour and unhealthy eating habits; described as an obesogenic environment (see Chapter 3, section 3.2.2) (Al-Khudairy et al., 2017; Lake & Townsend, 2006; Sahoo et al., 2015). With this in mind, lifestyle change interventions are considered the first line of treatment as they aim to promote weight loss and maintenance through: educating individuals on healthy eating and exercise; incorporate strategies to implement positive,

healthy changes in a young person's lifestyle; and consider social support and family

involvement (Avenell, et al., 2004; Barlow, 2007; Kothandan, 2014;  Rachal, Pope, Kim, &

Erickson, 2015; Spear et al.; Swift, Johannsen, Lavie, Earnest, & Church, 2014; Whitlock,

O'Connor, Williams, Beil, & Lutz, 2008). The National Institute of Clinical Excellence (NICE)

recommend local authorities to refer overweight and obese young people to lifestyle change

interventions (Department of Health, 2009) in order to "create a supportive environment that

helps overweight or obese children and their families make lifestyle changes" (NICE, 2006, p.

34).

At least 375 lifestyle interventions are estimated to be in operation in England (NICE,

2013). Clinical trials go some way to highlight that lifestyle interventions can be effective in

improving short-term physiological and psychological outcomes; yet dropout rates are high

and there is little evidence to suggest that individuals maintain positive changes long-term

(Mead et al., 2017; Sacher et al., 2010; Spear et al., 2007). Furthermore, little is known about

the inner workings of such interventions. One explanation, highlighted across literature, is that

lifestyle change interventions differ greatly in terms of design, time frame, outcomes

measures, and setting. Furthermore, their approaches and internal practices are poorly

described in literature (Al-Khudairy et al., 2017; Luttikhuis et al., 2009; Moores et al., 2018;

Sodlerlund, Fischer, & Johansson, 2009; Spear et al.; Summerbell et al., 2003). This makes it

increasingly difficult to determine, specifically, which aspects of interventions are effective in

the treatment and prevention of adolescent overweight and obesity.

A number of reviews have highlighted several components of interventions that hare

of importance for the treatment and prevention of adolescent obesity. For example, including

diet, physical activity, and behaviour change techniques seem to show more promising results

to improving long-term weight and health status than those that focus on diet or physical

activity alone (Kebbe et al., 2018; Spear et al. 2007; Sutcliffe et al., 2018). Interventions that

focus on environmental factors have greater impact on adolescent obesity prevention (Kamath

et al. 2008; Spear et al.) Furthermore, family or parental involvement has been positively received and more beneficial when both the young person and family are encouraged to adopt lifestyle changes (Armstrong & Kinra, 2013; Spear et al.). However, the evidence base for adolescent interventions is not as clear cut with regards to the level and type of family integration needed for effective results (Lundin & Anderson, 2015; Spear et al.). There is a need for clarity with regard to specific components of such programmes in order to determine which elements are the most effective (The Royal Society of Edinburgh [RSE], 2017).

One key gap in literature is the limited understanding of how lifestyle change programmes are enacted and experienced by different stakeholder groups. Specifically, the complexities associated with the realities of lifestyle interventions (e.g., individual, social, and environmental factors) (Lachal et al., 2013); and they do not consider the qualitative data regarding experiences of the adolescent that offers the potential to inform intervention content (Visram, Hall, & Geddes, 2013). For an intervention to be successful, the needs of that particular cohort must be taken into consideration and understood. This is particularly apparent for adolescents, given the developmental changes that occur during this period of life and the challenges that can occur:

> To meet the needs of adolescents with obesity in weight management, it is imperative to gain a better understanding of their experiences in trying to change their lifestyle behaviours, especially with respect to the barriers and enablers that influence their ability to make changes (Kebbe etal., 2018, p. 2)

A number of qualitative studies have attempted to explore the realities of adolescent weight management and lifestyle change interventions by presenting the experiences and perceptions of key stakeholders: the obese/ overweight adolescent, parents, and practitioners (Jones, Al-Khudairy, Melendes-Torres, & Oyebode, 2019; Owen, Sharp, Shield, & Turner, 2009). However, the majority focus on the perspectives of practitioners alone, or amalgamate child and adolescent perspectives practitioners (Jones, Al-Khudairy et al.; Owen et al.). This is an injustice to the adolescent population given the dramatic biopsychosocial changes that occur

during this life phase, which distinctly separate them from their child counterparts (Feldman & Elliot, 1990; Holmbeck, 1994). Adolescence is a key developmental phase in the lifespan, which encompasses more biopsychosocial changes than any other life stage (excluding infancy) (Feldman & Elliot; Holmbeck). Adolescence involves rapid biopsychosocial changes that take place within a wider physical, social, socioeconomic, and cultural environment (Larsen & McKinley, 1995; McAteer et al., 2017). It is a period where individuals navigate their social and environmental context in an attempt to affirm their identity and place within society (Christie & Vaner, 2005) The biological and cognitive changes at play affect how adolescents interpret and manage their emotions, priorities and decisions (Erikson, 1958,1963,1968). Therefore, it is imperative to explore whether these developmental changes have an impact on this age groups attempts at lifestyle change and weight management.

There are a small number of adolescent specific studies that have gone some way to highlight this age group's perceptions, experiences, and attitudes towards weight management and lifestyle change treatment (Morinder, Biguet, Mattsson, Marcus, & Larson, 2011; Reece, Bissell, & Copeland, 2016). However, the voice of adolescents is underrepresented in obesity literature and a focus on young people from the age of 12 years and onwards is essential to understand how interventions can best support and meet the needs of this age group during weight management and lifestyle change attempts. Equally, the way in which adolescents perceive the importance of relationships and manage independence from others is distinctly different to children (Beckert, 2007; Kohlberg, 1984; McNeely & Blanchard, 2001). This may explain the discrepancies in the level and type of family integration needed (or desired) for effective lifestyle change in previous studies (Lundin & Anderson, 2015; Spear et al.2007). Therefore, it is integral to gain the perspectives of not only adolescents, but the family and practitioners supporting them to understand the complexities at play when navigating relationships and support during weight management and lifestyle change attempts.

## 1.2 Aims and objectives

This study contributes to the limited qualitative research on experiences, perceptions and attitudes of adolescents to weight management and lifestyle change interventions in an attempt to generate and increase understanding of the complexities and significance of this developmental stage. The primary aim of this research was to explore how one particular weight management and lifestyle change intervention (YLW) in the East Riding of Yorkshire (ERY) operates in the field. Specifically, what aspects of the programme are effective in promoting weight loss and positive lifestyle change; and those that have a negative impact on clients' weight management and lifestyle change journey. Secondly, to gather the perspectives of key stakeholders (i.e., trainers, clients, and parents), to determine their experiences and perceptions of YLW, weight management, and lifestyle change. The main topics of enquiry were based on: the approach, structure, and content of the programme; support and relationships in and out of the YLW setting; and key contributing factors that affect weight management and lifestyle change attempts both in and out of the YLW setting. Key questions that were used to inform engagement with each stakeholder are presented below.

YLW trainers:

- What aspects of YLW contribute to positive lifestyle change and weight management?

- What aspects of the programme contribute to negative client experiences and progress?

- What are the challenges faced when supporting and building relationships with adolescent clients and parents during YLW?

- What are the positive aspects of supporting and building relationships with clients and parents during YLW?

- What is important to consider when supporting and building relationships with adolescent clients and parents during YLW?

- What challenges do clients (and their families) face when engaging with weight management and lifestyle change outside of the YLW setting?

- What are the key contributing factors to positive lifestyle change and weight management outside of the YLW setting for clients and families?

YLW clients:

- What aspects of YLW facilitate their ability to manage their weight and adopt healthy lifestyle changes?

- What aspects of the programme contribute to negative experiences and prohibit their progress on YLW?

- Where/ who do they receive support from during their time on YLW? How?

- How do they perceive the support they receive from others during their time on YLW?

- What are the challenges they face outside of the YLY setting that negatively affect their experience and attitudes towards weight management and healthy lifestyle change?

- What are the key contributing factors to positive lifestyle change and weight management outside of the YLW setting?

Parents:

-  What aspects of YLW contribute to positive lifestyle change and weight management for their child?

- What aspects of the programme contribute to negative experiences and progress for their child (and themselves)?

- What are the challenges faced when supporting their child during YLW?

- What are the positive aspects of supporting and their child during YLW?

- What is important to consider when supporting their child during YLW?

- What challenges does their child face when engaging with weight management and lifestyle change outside of the YLW setting?

- What are the key contributing factors to positive lifestyle change and weight management for their child?

It was important to employ a longitudinal, multiple methods approach, rather than investigating a single moment in time, in order to gain a full understanding of the YLW process and client journey. Therefore, a methodology whereby I could gather data "in the field" and minimise the "distance" between myself and those being researched was deemed necessary (Guba & Lincoln, 1988, p.4). An ethnographic approach was best suited to meet the research aims as it adopts holistic methods of interviewing participants and spending time in the contextual setting to generate meaning and understanding of a particular situation and the people within it (Bogdan & Biklen, 2007). I did not make any assumptions or hypotheses as to what to expect from data collection; instead, I allowed the experiences and voices of the individuals involved to direct my enquiry. Generating specific research questions may have skewed or cloaked the materialisation of emerging themes, resulting in a surface level outlook on the multifaceted realities of YLW. This was facilitated by the ethnographic approach utilised as a result of the inductive nature of ethnographic enquiry, allowing theories and assumptions to emerge from my immersion in the field and the voices of the people within the setting (Clark, 2005; Glaser, 2001; Shepherd & Sutcliffe, 2011). A comprehensive rationale for the use of an ethnographic approach is provided in chapter 4.

The focus of the final thesis emerged naturally throughout the field work, the analysis and the write up, as the most pertinent and significant observation in the field: understanding the client. What started out as an evaluation of YLW as a weight management and lifestyle change programme, became an understanding of the intricacies of adolescent development and how this period of life can affect an individual's perceptions, behaviour and attitudes towards weight management and lifestyle change interventions like YLW. It became clear that adolescent development and the biopsychosocial changes that occur throughout this phase of

life may explain the complexities of client experiences observed during my time in the field. As result, the findings in this thesis can facilitate future developments in adolescent obesity research and intervention by drawing attention to the importance of understanding an adolescent's developmental capacities and needs.

## 1.3   Structure of the thesis

Following this introductory chapter, the thesis consists of a further seven chapters:

**Chapter 2** is narrative of my own personal journey; from my earliest childhood experiences to my introduction into academia; as a way of highlighting how my positionality in this study has contributed to my attitudes, beliefs and opinions towards the research topic, and guided me towards writing this thesis (Smith & Sparkes, 2009a, 2009b; Smith, 2010). An integral underlying assumption within Ethnography is that the researcher is not deemed a separate entity from the research, but part of the reality that they study (Geertz, 1973). Recognising myself within the research is essential as one cannot ignore or avoid the part my own biography played in the process. The reason for the research, the methods utilised, the fieldwork conducted, the analytical process, and the write up are unavoidably affected by my knowledge and experiences. In this sense, research is a circular process (Ely, Friedman, Garner, & McCormack-Steinmetz, 1991) whereby actively undertaking research compels the researcher to engage in the personal task of reflection; both on the research and their own lives. Our backgrounds, past and present experiences, fieldwork encounters, and the roles that we adopt within the setting, influence our findings. Acknowledging my positionality, as the researcher, helps the reader to understand my potential influence on the research process, data collection, and analysis (Sánchez, 2010).

**Chapter 3** presents literature associated with adolescent development, specifically focusing on the biopsychosocial changes that occur alongside the key developmental theories that attempt to explain a young person's transitions through this period. Following this, a

critique of the treatment and prevention for adolescent obesity is presented. Finally, a review of the qualitative literature related to experiences of adolescent weight management and lifestyle change interventions is presented.

**Chapter 4** provides a rationale for the ethnographic approach, the methods of data collection, and sampling strategies utilised.

**Chapter 5** describes the ethnographic approach taken to meet the aims of the research, including ethical considerations, participant details, data collection methods, and analysis. An examination of fundamental concerns regarding research quality are also included.

**Chapters 6 and 7** report the findings and key themes that emerged from 12 months of field work, including participant observations and interviews with YLW trainers, adolescent clients, and their parents. Chapter 6 presents the positive and negative observations of YLW as an intervention for weight management and lifestyle change. Chapter 7 presents the differences in client experiences, attitudes, and perceptions as a result of adolescent development.

**Chapter 8** discusses the findings of both chapter six and seven, drawing upon adolescent developmental theory, and the qualitative literature regarding adolescent experiences of weight management, and lifestyle change interventions.

**Chapter 9** draws on the conclusions related to the main findings of the research. Secondly, theoretical and practical implications are highlighted; and finally, limitations and recommendations for future research are addressed.

# Chapter 2 My Personal Narrative

I am a white, British female, in my late 20's from a middle class home in the East Midlands. Like the adolescents who participated in this research, my personal experiences of weight management and lifestyle change are multifaceted and evolved over a number of years as a result of situation and circumstance.

I was raised with my mother, father, and my older brother, Jack. My parents ensured Jack and I lived healthy, active lifestyles, encouraging us to eat well and 'get outside and play'. Dinner time was always a family affair, congregating around the dinner table to a home-cooked, well-balanced meal prepared by my mother. My parents were, and still are extremely motivated and hardworking individuals who cannot comprehend sedentary, lazy behaviour. As children, we were very rarely allowed to sit in front of the TV for hours on end or spend a complete evening or weekend glued to the TV. The luxury of a Nintendo was not granted until our teens, and even then, we were only allowed to play on it for a limited time a day. Instead, we spent most of our early childhood outdoors: Building treehouses and dens, revelling in the joy of launching down makeshift mudslides, and roaming the fields and country lanes on foot or pushbike. While Jack and I spent the majority of our time on one adventure or another, it was never until we had earned our right to free time. We were always encouraged to assist our parents in household duties (washing up, tidying our rooms etc.) or with the family business (cleaning furniture, sweeping floors etc.) in return for privileges and freedoms and were always expected to be in and at the table for meal-times. This early introduction to rules, expectations, and responsibility in order to earn your rights to pleasures helped us become well motivated, and goal driven individuals who understood the importance of a well-rounded, healthy, and active lifestyle.

My first experience of sport was at primary school when I watched the year six netball team train. I joined the school netball club as soon as I was old enough and began to train and

play for the team. Upon entering secondary school, my opportunity to participate in sport widened. My favourite subject was Physical Education (PE) and I became a part of the netball and athletics teams. While my parents lacked an interest in sport, they were extremely encouraging and ensured I was available to compete in all competitions, I had sports kit and equipment, and even supported me from the sidelines whenever possible. The positive response from my family encouraged me to continue my hobby and I spent most weekends at athletic meets or netball tournaments with school, and every Wednesday playing for the local Netball club.

While I was passionate about sport and competition, my friends did not reciprocate the same feelings. As we moved up the ranks in school, and talk of boys and weekends 'up town' was the lunchtime gossip, I began to feel disconnected. 'Sod netball!' they would announce as I grabbed my trainers and kit for lunchtime training. I would grimace and shrug my shoulders, leaving the classroom knowing I was about to miss an all-important discussion about whether to go to the roller disco at the end of the week or not... all for the sake of netball. It was a difficult time for me, as on one hand, I wanted to be a part of the daily gossip and not miss weekends marching around town with the girls. On the other hand, I wanted the thrill and buzz of competition; the adrenaline and rush of endorphins I received resulting from running around a netball court for 40 minutes or hitting a personal best at an athletics event. What was the solution? It was a struggle of balance, one that came with all the other uncertainties of growing up. The GCSE and A-Level period was a difficult time for me and all of my friends: the countless hours of stress and worry; last minute cramming sessions and fits of tears at 'not doing enough'; balancing socialising with friends and boyfriends; part time jobs; and figuring out what we wanted to be when you grew up. We were confused, stressed and it was at this point that my participation in sport took a nosedive. Not only because of increased pressure of school, but because of social and personal desires that came hand-in-hand with adolescence. I had done my time giving up socialising for sport. I wanted to spend weekends away, I had a

boyfriend, and I wanted to go on holiday. I wanted a weekend job to pay for such pleasures. Something had to give… and that was sport.

My time at university helped me realise the importance of exercise and healthy eating as a result of what can only be described as an unhealthy first year binge. I had spent my whole life encouraged by my parents to eat well and had always been extremely active. However, like most first year students, moving away for the first time, I spent a significant amount of time eating the student delicacy of pizza and cheesy chips and drinking copious amounts of alcohol. After my first year, I returned home to a shocked family. Everyone saw me as fit and energetic, but it was safe to say my lifestyle had taken a toll on me physically and mentally. My uncle would tease me about my 'new found love handles', which I laughed off and responded to with a dig at his oddly shaped broken nose. While comments were always in jest, and I was well aware that I had gained weight, it was not until my mum spoke to me that I knew things had to change: 'You do not look healthy Frank. It is not so much your weight… you look tired and drained and unhealthy.' This hurt, but was what I needed to make changes. I had allowed myself to become absorbed with bad habits because it was the norm within University life. How had I allowed it to happen? I had always been healthy and active and I had let it slide. It was time to sort it out and get into gear. I returned to university a stone lighter and with a plan of action to join a gym, prepare and eat healthy meals, and start to take care of myself. From then on, maintaining a healthy lifestyle was a top priority alongside completing my degree, and each complemented the other in obtaining my goals.

During my time as an undergraduate, I gained teaching experience at local schools during my time at University. However, instead of thinking like a teacher, I began to think like a researcher. I analysed behaviours of students, teachers, and myself. I found the practice of teaching mundane and boring, but the analysing of behaviours that were happening in the back of my mind while running drills and skill sessions fascinated me. Teaching experience highlighted the change in culture and lifestyle of young people in less than a decade. Young

people were not 'playing out' anymore. Parks and local playing fields that were once booming with the shouts and laughter of children and teenagers, were now an apocalyptic wasteland with rusty swing sets and vandalised skate parks. School playgrounds and fields were no longer terrorised by adolescent boys marking goal posts with rolled up jumpers, but were littered with zombie-like bodies, sitting or shuffling in small groups staring at their phone screens. Spare time was spent watching TV or at a computer screen, with a preference to playing on a game's console as opposed to physically moving. I would pester my younger cousins: 'Why aren't you outside girls?'; 'Shall we go on a bike ride?" Their responses were always followed by huffs and eye rolls, stating that they would rather play on the Nintendo Wii. The idea of bike rides, when I was a child, instilled excitement; for them, it was an inconvenience and perceived as a chore, not a privilege. In my time at school, a small minority of individuals were overweight and rarely categorised as obese; now it was apparent that overweight children and young people were very common in the classroom. Where had this change come from? Why was this happening? What effect would this have on future generations?

So here I am, wanting to make some kind of difference. Wanting to understand the attitudes and perceptions of young people that manifest over the lifespan. An opportunity to understand the transitional changes during our teens that shape who we are and how we act. The opportunity to step into young people's lives and document their journeys, to tell their stories, is one that I have devoted the last seven years of my life to, and it is their stories that can shed light on the complexities of adolescent weight management.

# Chapter 3 Literature review

## 3.1 Adolescent development

Adolescence is a key developmental phase in the lifespan, which encompasses more biopsychosocial changes than any other life stage (excluding infancy) (Feldman & Elliot, 1990; Holmbeck, 1994). Adolescence involves rapid biopsychosocial changes that take place within a wider physical, social, socioeconomic, and cultural environment (Larsen & McKinley, 1995; McAteer et al., 2017). A number of terms are often used when discussing adolescents. The Royal College of General Practice (RCPG, 2010) define the terms as follows:

> A young person refers to an individual who has started the process of transition from childhood to adulthood (defined by the onset of puberty) up until their 19th birthday. This overlaps with the terms "teenager" (defined chronologically) and "adolescent" (which can be considered as extending until full independence is attained) (p. 4)

As this thesis focuses on individuals between the ages of 11-18 years of age, the terms described above (young person, teenager, and adolescent) will be used interchangeably throughout this thesis.

During the period of adolescence, biopsychosocial changes occur as children start their transition into adulthood (Christie & Vaner, 2005; Hagell, Coleman, & Brooks, 2015). Here, young people work through specific phases such as the onset of puberty; cognitive and emotional development affected by brain maturation; psychological development (developing self-identity and negotiating autonomy and independence) alongside changes in peer and family relationships and school transitions (primary to secondary), and transitions into higher education (sixth form/ college) and work (Schulenberg, Maggs, & Hurrelman, 1997). This period can be navigated without any major difficulties or can be turbulent and uncertain, both for the young person, their family, and other adults working with the adolescent (health professional, teachers etc.) (Hartzell, 1984). Adults tend to perceive adolescents as defiant,

moody, unconventional, rebellious, and difficult and this perception is often reciprocated

within the media and society (Graham, 2004; Whitmire, 2000). Historically, adolescence has

been described as a time of storm and stress as a result of conflict with and separation from

parents, disruptions in mood, and risk taking behaviour (Coleman, 1961; Hall, 1904). However,

adult frustrations are often a result of a lack of understanding of the natural developments

that occur during this transitional phase and their importance and purpose for youth

(Whitmire). In reality, many adolescents pass through this phase with confidence, satisfaction

and health (Arnett, 1999; Offer, Ostrov, & Howard, 1981). What are often interpreted as

negative behaviours and reactions, tend to be the normal processes of identity formation, the

establishment of personal values and beliefs and complex social and cognitive growth; all of

which are essential for individual development and potential for a healthy adult transition

(Brown, 1990; Damon, 1983). What follows is a discussion of the key developmental changes

associated with adolescence.

### 3.1.1    Biological and physical development associated with adolescence

The initiation of the adolescent period begins with biological and physical changes.

These are associated with puberty (changes in body shape, increases in gonadal hormones)

and brain maturation that affects individuals' cognitive and emotional capacities.

#### 3.1.1.1    Puberty

Puberty is the period of physical growth and sexual maturation that leads to the

development of the reproductive system (Graber, Brooks-Gunn, & Peterson 1996). Puberty

involves a combination of distinct key events and physical changes including: the growth spurt,

changes in body composition, fat and muscle distribution, pubarche (the growth of pubic hair),

menarche (the start of menstruation for girls), and the maturation of reproductive organs (De

Silva & Tschirhart, 2016; Marshall & Tanner, 1969, 1970).

Puberty begins as a result of an increase in the secretion of GnRH (De Silva & Tschirhart, 2016; Pinyerd & Zipf, 2005), which promotes and regulates the growth and development of the male testes and female ovaries (Abreu & Kaiser, 2016). These hormones signal the production of testosterone in boys and estrogen in girls, both of which contribute to significant maturation and growth during adolescence (Shirtcliff, Dhal, & Pollak, 2009). Pubertal changes are relatively concurrent, with the exception of menarche that tends to fall in the later stages of puberty. Development can take as little as 18 months or can last as long as five years (an average of three years from beginning to completion) (De Silva & Tschirhart; Tanner, 1962; Marshall & Tanner, 1969). One's age at the onset of puberty can vary greatly, yet girls tend to develop earlier than boys, with the start of puberty initiating between the ages of eight to 12 years in girls and nine to 14 in boys (Christie & Viner, 2005; De Silva & Tschirhart; Rosenfield, Lipton, & Drum, 2009).

The first sign of puberty in girls tends to be the development of breast buds, followed by pubarche (Pinyerd & Zipf, 2005). For boys, the first sign of puberty is enlargement of the testes that occurs at 9.5- 15.5 years, followed by pubarche (Marshall & Tanner, 1970). The adolescent growth spurt tends to be observed during the same time as breast development and pubarche in girls and when testosterone levels rise in boys (Christie & Viner, 2005). Another sign of sexual maturity for girls is the start of menstruation, which tends to occur at 11-13 years (Zacharias, Rand, & Wurtman, 1976; Marshall & Tanner, 1969). Peak height velocity in girls is usually achieved 1.3 years before menstruation and tends to occur earlier than boys (Christie & Viner; De Silva & Tschirhart, 2016; Pinyerd & Zipf). Peak height velocity is generally achieved at 14-15 years in boys (Pinyerd & Zipf). A growth spurt also occurs alongside significant weight gain where 50% of adult body weight is gained (Christie & Viner; Alvero & Schlaff, 2007). Changes in body composition vary significantly between boys and girls. Up to the age of 17 years, girls experience increases in percentage body fat whereas boys' body fat percentages decrease after age 13 to a minimum level at the age of 15 years (Frelut & Flodmark, 2006). These differences are linked to the rapid development of lean body mass in

boys (continuing up to the age of 19), in comparison to the reduced rate and termination of lean body mass (at around the age of 15 years) in girls (Rolland- Cachera et al., 1991; Siervogal et al., 2003). As a result, it can be suggested that changes in body composition between the sexes can affect overweight and obesity status, specifically fostering the condition in girls and inhibiting the condition in boys (Dietz, 1998; Frelut & Flodmark).

The timing of puberty development has been shown to have implications for adolescents in certain social and cultural environments. Specifically, for Western society, early maturation is advantageous in boys, with regard to sports participation, social status and self-esteem as masculine ideal traits are associated with increased height and physical size, broadness in stature and strength (Eccles, Barber, Jozefowicz, Malanchuk, & Vida, 2000; McNeely & Blanchard, 2009). In contrast to this, early maturation in girls can be problematic due to the negative perceptions of the physical changes that occur (weight gain, roundness, and an increase in body fat). For overweight and obese young girls specifically, early menstruation can occur; the combination of early development, increased weight and fat mass, and early menstruation can be distressing due to the stigmas associated to weight (McNeely & Blanchard). Western society value slim, female body characteristics; so, early maturing adolescent girls may often have lower self-esteem and face other consequences as a result of their maturing bodies (Brooks-Gunn, 1988; McNeely & Blanchard). Alongside this, early maturation and the physical appearance of adolescents may deceive health care providers in terms of their maturity level, which may not be proportional to other developmental changes such as cognition and emotion (Albuhairan, Areemit, Harrison, & Kaufman, 2012).

3.1.1.2    Maturation of the brain

Evidence suggests that the brain continues to develop and mature during adolescence (Giedd et al., 1999; Gogtay et al, 2004; Zarrett & Eccles, 2006) until roughly the age of 25 (Gavin et al., 2009). The rate of which the brain develops differs between individuals, which

can create increased vulnerability and adjustment with regards to emotional and behavioural regulation during this period (Albuhairan et al., 2012). Brain development during the early stages of adolescence occurs in the areas of the brain responsible for sensory and motor control, whereas the development of areas associated with reasoning, impulse control, planning, emotional regulation, and assessing of risks do not begin to develop until later stages of adolescence (Gogtay et al.; Konrad, Firk, & Uhlhaas, 2013; Luna, Padmanabham, & O'Hearn 2010). The main areas of the brain affected by adolescent growth are the limbic system and the prefrontal cortex, which are crucial in emotional and social development (Arain et al., 2013; Gogtay et al.).

The limbic system is responsible for memory retrieval, emotional and motivational expression including fear, anger, and the fight-or-flight response, alongside feelings of pleasure and reward (Arain et al., 2013; Steinberg, 2007). The prefrontal cortex regulates a number of cognitive brain functions related to good judgement when facing difficult situations such as strategising and planning, regulating behaviour and emotions, and impulse control (Giedd, 2004; Steinberg, 2005). Throughout adolescence, areas of the brain are continuously strengthened by pruning (i.e., the eradication of connections among unused neurons) and myelination (i.e., the ability and speed to process information across the brain and throughout the Central Nervous System (CNS) (Arain et al.; Paus, 2005). The neurocircuitry of the brain is also strengthened during adolescence allowing individuals to develop and improve their abilities to multitask, problem solve, and process complex information (Arain et al.). Evidence confirms that the limbic system develops earlier and faster than the prefrontal cortex, which has a significant effect on emotional regulation (Choudhury, Blakemore, & Charman, 2006; Sales & Irwin, 2009; Somerville, Fani, Erin, & McClure-Tone, 2011; Steinberg, 2007).  However, over the course of adolescence, greater levels of myelination occur in the prefrontal cortex, which promotes greater cognitive capacity (Giedd, 2004). A detailed understanding of the cognitive and emotional changes as a result of this are discussed next (see section 3.1.1.3). It has been suggested that cognitive developments in the brain may occur irrespective of

puberty. Dahl (2004) found evidence that adult cognition is still achieved for individuals who never experience puberty. However, the sex hormones estrogen and testosterone (that are produced at the initiation of puberty), have been shown to have a positive impact on myelination and neurocircuitry in the brain, which facilitates the strengthening of the structural and functional communication between brain regions (Peper, Van den Heuvel, Mandl, Hulshoff, & Van Honk, 2011). A number of factors can have a negative impact on brain maturation including trauma, drug abuse, chronic stress, and sedentary lifestyles (Dahl, 2003).

### 3.1.1.3 The effect of brain maturation on cognitive and emotional development

The anatomical restructuring of the brain results in numerous cognitive and emotional changes. Cognitive changes that occur during adolescence relate to a transition from concrete, operational thinking to an increased capacity for abstract, logical thought (Albuhairan et al., 2012). As the prefrontal cortex matures, adolescents develop; over time, their ability to reason and make judgments, to engage in sophisticated information processing and problem solving, and to think hypothetically (Keating, 1990; Wigfield, Eccles, Mac Iver, Reuman & Midgley, 1991). As the limbic system develops earlier than the prefrontal cortex, adolescents are more influenced by their emotions when making decisions and interacting with others, leading to impulsive behaviour as opposed to logical and determined responses (Choudhury, Blakemore & Charman, 2006; Sales & Irwin, 2009; Somerville, Fani, Erin, & McClure-Tone, 2011; Steinberg, 2007). Alongside this, chemical changes in the brain (increases in dopamine and serotonin levels) during adolescence result in difficulties in controlling impulses, regulating emotions and mood swings (Arain et al., 2013).

Dopamine is linked to movement control, emotional response, and pleasure-pain receptors (Wahlstrom, Collins, White, & Luciana, 2010). Serotonin is responsible for alterations in mood, impulse control, anxiety, and arousal (Dahl, 2003). Adolescents' drive to engage in behaviours linked to incentive rewards is also heightened; studies show that the ventral striatum (reward system of the brain) is more active during adolescence than childhood and

adulthood when receiving rewards (Peters & Crone, 2017).  This reward-related activity has been linked to negative consequences in adolescents such as risk taking behaviours and decreases in self-regulation (Wahlstrom et al.; Galvan, Hare, Voss, Glover, & Casey, 2007). Risk taking initially increases during adolescence due to changes within the emotional system of the brain (limbic) and decreases into adulthood as the cognitive system matures (prefrontal cortex) (Steinberg, 2010).

As this rewiring of the prefrontal cortex is developed and strengthened, an adolescent's ability to multitask, problem solve, and process complex information is enhanced (Dahl, 2003). Adolescents gain a greater ability to assess challenging situations and create strategies for managing decision making (Giedd, 2004). These transitions allow adolescents to determine hypothetical outcomes, affecting their thoughts about their future, capacity for long-term planning and goal setting, moral reasoning, and self-concept (Christie & Viner, 2005; Wigfield, Eccles, & Pintrich, 1996). The delayed maturation of the prefrontal cortex can help to explain why younger adolescents often present immature, impulsive, and emotional behaviours; as the prefrontal cortex matures, adolescents' self-regulatory skills are enhanced (Arain et al., 2013; Blakemore & Choudhury, 2006). The effects of brain maturation highlight how cognitive and emotional development are intricately linked. One's cognitive capacity significantly affects emotional expression; and equally, one's emotional capacity affects behaviours (Steinberg, 2005). As arousal and motivational changes occur before the prefrontal cortex is fully matured, adolescents are vulnerable to problems with regulating their emotional levels when faced with environmental challenges and when working towards a goal (Arain et al.): "The developments of early adolescence may well create a situation in which one is starting an engine without yet having a skilled driver behind the wheel" (Steinberg, 2005, p. 70).

### 3.1.2 Psychological development associated with adolescence

Maturation of the brain during adolescence helps to explain the cognitive and emotional capacity of young people during adolescence. However, these components of development are deeply rooted within psychological theory and need to be understood in this respect. Alongside this, social changes and relationship dynamics are heavily influenced by these psychological constructs. As a result, the following discussions of psychological development will involve the parameters of cognitive, emotional, and social development, collectively. Psychological changes that occur during early adolescence and develop over time are based around identity formation, self-esteem, self-image, autonomy and independence, emotional intelligence, and moral development. Social changes relating to school and work, family, non-familial and peer relationships also impact on how adolescents manage their roles within society and psychological development has a part to play in social and cognitive maturity.

#### 3.1.2.1 Identity formation

Identity formation is viewed as a significant developmental process that occurs during adolescence and coincides with biological maturation and cognitive development (Erikson, 1958, 1963, 1968; Marcia, 1966, 1980, 1993). According to Erikson's psychosocial development theory, individuals pass through eight stage of psychosocial crisis (see Table 1) that develop and build upon one's personality and psychological strengths (Erikson, 1958, 1963, 1968).

Table 1

*Erikson's Stages of Psychosocial Crises*

| Stage | Psychosocial crisis | Age range (years) | Aim of crisis | Unsuccessful outcome of crisis |
|:---:|:---:|:---:|:---:|:---:|
| 1 | Trust vs mistrust | 0-1.5 | To develop a sense of trust in others for support | Lack of trust and confidence in others: anxiety, insecurity |
| 2 | Autonomy vs. shame | 1.5-3 | To become confident in one's ability to survive | Feelings of inadequacy in their ability to survive: dependent on others |
| 3 | Initiative vs. guilt | 3-5 | To develop security on ability to make decisions | Lack of self-initiative: feel guilt/ being a nuisance |
| 4 | Industry vs. inferiority | 5-12 | To develop confidence and ability to achieve goals | Feelings of inferiority and doubt in abilities |
| 5 | Identity vs. role confusion | 12-18 | To develop a sense of self: who one wants to be and where one fits in society | Role confusion: uncertainty as to who they are and where they fit in society |
| 6 | Intimacy vs. isolation | 18-40 | To develop a sense of commitment, safety, care and intimacy within relationships | Fear of commitment to relationships: loneliness and depression |

| 7 | Generativity vs. stagnation | 40-65 | To develop an sense of accomplishment and usefulness to society/ community | Feelings of disconnect to society/ community: feel unproductive and uninvolved |
|---|---|---|---|---|
| 8 | Ego integrity vs. despair | 65+ | To reflect back on life with completeness and closure | Dissatisfaction with life: feelings of despair and depression |

Crises occur as a conflict between the needs of the individual and experiences within society (interactions and relationships) (Erikson, 1963, 1968). Passing through each stage of crisis has an effect on one's psychological development: successfully dealing with crises leads to psychological strengths; yet failing to succeed leads to a lack of development of key skills and a firm sense of self (Erikson, 1993; Pittman, Keiley, Kerpelman, & Vaughn, 2011).

During the adolescent years, individuals experience the crisis of *identity vs role confusion* as young people become more aware of the role-related demands of adulthood (Pittman et al., 2011). Adolescents are "preoccupied with what they appear to be in the eyes of others…compared with what they feel they are" (Erikson, 1968. p. 128). Identity formation embraces multiple domains, including developing a sense of who you are as an individual, alongside questions related to who you want to be, and how you fit in to society regarding occupational choices, future goals and relationships (Erikson, 1980). Combining these notions, Pittman et al. describe identity as "a set of personally meaningful, coherent self-descriptions or definitions that give individuals continuity in the views of self and others over time and that link individuals to the activities and tasks of their current and coming life stages" (p. 38).

During adolescence, young people begin to develop a sense of self and personal identity through an exploration of their independence, and begin to question their passions, values, relationships and definitions of success, learned in childhood (Erikson, 1958; 1963; Hazen, Schlozman, & Beresin, 2008). Adolescence is the first time that biological development, cognitive maturation, and social expectations coincide to facilitate a young person's ability to manage and redefine their personal constructs developed during childhood, into a viable, reintegrated sense of self, moving into adulthood (Marcia, 1980). Given what we know regarding the development of cognitive and emotional maturation during this period, adolescents' advanced abilities to think abstractly, logically, and with reason to multiple variables, better equip them to manage and determine their identity within social and environmental contexts (Enright & Deist, 1979; Keating, 1990). This involves an acceptance

that they are unique as an individual but share commonalities with others, resulting in the virtue of *fidelity*: a commitment to one's self alongside an acceptance of others regardless of differences (Erikson 1958, 1963, 1968).

During this time, adolescent's may struggle to determine a sense of identity, which can lead to role confusion and low self-esteem as they navigate the uncertainty of who they are and where they fit within society (Eccles & Midgely, 1989; Erikson, 1963). As a result, adolescents may experiment with different ideas, friendship groups, and activities in an attempt to discover who they are; this may also involve the engagement in risky behaviours (Bongers, Koot, Van der Ende, & Verhulst, 2004). This experimentation is a normal process and it is suggested that adolescents who do not engage with experimentation may be experiencing more difficulty in determining their identity than those who explore a number of different interests and experiences (APA, 2002). It is also stressed that forcing young people into making decisions regarding their identity can lead to rebellious behaviour and negative identity (often associated with socially disapproving or delinquent behaviour) (Eccles, Barber, Stone, & Templeton, 2003; Erikson, 1963).

3.1.2.2    Development of self-esteem

Self-esteem is directly linked to identity formation in that it is related to one's personal beliefs about their abilities, skills and social relationships (Abdel-Khalek, 2016; Zimmerman, Copeland, Shope, & Dielman, 1997). Self-esteem has been referred to as one's perception of their own self-worth and self-confidence and the extent to which individuals view themselves with positive or negative regard (Rosenberg, 1965; Sedikides & Gress, 2003). Self-esteem is multidimensional in that it can refer to how young people feel about themselves as a whole or to specific aspects related to their identity (for e.g., physical features, school performance, personal and vocational skills, and athletic abilities) (Abdel-Khalek; Heatherton & Wyland, 2003).

The development of positive self-esteem in adolescents has been linked to increases in health outcomes and emotional wellbeing (Baumeister, Campbell, Kreuger, & Vohs, 2003; Zimmerman et al., 1997). Young people with high levels of self-esteem tend to show greater optimism, motivation, and persistence when faced with difficult circumstances in comparison to those who have low self-esteem (Bauminster et al.). They are able to take on early responsibility for their behaviours and actions and express more efficient self-regulatory and goal-directed behaviours compared to those with low self-esteem (Campbell & Lavallee, 1993; Lavoie, 2012). Low self-esteem has been linked to feelings of worthlessness, negative attitudes towards others and personal circumstances, emotional instability, and low levels of wellbeing (Mackinnon, 2015; Stavropoulos, Lazaratou, Mrini, & Dikeos, 2015). These responses to low self-esteem can lead to uncertainties relating to one's identity, which creates vulnerability and difficulty when faced with changing situations and events (Baumeister et al.). The development of self-esteem may prove challenging for overweight and obese young people as a result of the increasing critique and stigma from friends, family, and society as a whole, as highlighted in chapter 1 (Curtis; 2008; Craig et al., 2004; Puhl & Latner, 2007; Sahoo et al., 2015; Schwimmer et al., 2013).

The development of self-esteem is an evolutionary process that involves periods of turbulence, specifically during transitionary periods such as adolescence that involve dramatic biopsychosocial change (Orth, Trzesniewski & Robins, 2010; Zimmerman et al., 1997). While evidence suggests that self-esteem declines during adolescence, it appears to increase into early adulthood (Abdel-Khalek, 2016; Tsai, Ying & Lee, 2001). Like identity formation, this may be a result of the increased capacity of cognitive thought as one passes through adolescence, and their increased ability to think abstractly about themselves (Allison & Schultz, 2001; Keating, 1990). The physical changes that occur during early adolescence may also have a significant impact on self-esteem (see section 3.1.1.1) (Brooks-Gunn, 1988; Eccles et al., 2000; McNeely & Blanchard, 2009). Adolescent self-esteem is also heavily influenced by social interaction and how young people believe others to perceive them (Abdel-Khalek; Rosenberg,

Schooler, & Schoenbach, 1989). Self-esteem has been shown to rise when one is praised for succeeding in a task, or experiences affection from another, highlighting the dependency on one's self-perception, but also others' perceptions of them (Schmidt & Padilla, 2003). Significant individuals in a young person's life such as family, teachers, and peers can have a positive and encouraging effect on self-esteem, and this is reflected in their attitudes and behaviours (Mogonea & Mogonea, 2014). The examples significant adults may set can foster positive self-esteem: accepting the adolescent for who they are and expressing praise and admiration of the positive qualities they possess, can generate positive self-esteem (Robinson, 1995; Hazen et al., 2008). In contrast to this, difficulties in relationships with family and peers can pose a threat to self-esteem and have been linked to negative behaviours and rebellious attitudes (Manning, 2007; Rodriguez, & Sant'Ana, 2015; Hazen et al.).

### 3.1.2.3    Development of autonomy and independence

An integral task for adolescents is the development of skills to manage and take responsibility for their own lives and choices as they progress into adulthood (McNeely & Blanchard, 2009; Noom, Dekovik, & Meeus, 2001; Russel & Bakken, 2002). These skills include developing a sense of independence, self-governance and decision making (McNeely & Blanchard; Russel & Bakken). Adolescent autonomy refers to a young person's growing ability to act, think, and feel independently, becoming less dependent on parents, peers, and other significant adults (Beckert, 2007; McNeely & Blanchard; Russel & Bakken). Many different approaches have been explored to form an understanding of adolescent autonomy, focusing on a number of different theories: attitudinal independence; emotional independence; functional independence; goal setting; decision making; resistance to peer pressure; social independence; and personal control (Dworkin, 1988; Flammer, 1991; Frank, Avery, & Laman, 1988; Hoffman, 1984; Markus & Wurf, 1987; Steinberg & Silverman, 1986). Approaches to explore and define adolescent autonomy are vast; however, there is a general consensus that autonomy should be seen as an umbrella term that can be split into three main subtypes that integrate the vast range of independently studied theories: attitudinal / cognitive autonomy,

functional / behavioural autonomy, and emotional autonomy (Beckert, 2007; Noom et al.; Russel & Bakken; Spear & Kulbok, 2004). Attitudinal / cognitive autonomy relates to an adolescent's sense of self-control over their life and their capacity to evaluate their options when deciding and defining goals for themselves (Noom et al.; Russel & Bakken; Spear & Kulbok). Functional / behavioural autonomy refers to the ability to select and determine the best strategies to accomplish goals (Noom et al.; Russel & Bakken). Emotional autonomy is directly linked to independence from parents and peers and is determined by an adolescent's confidence in defining their own goals independently from the desires and wishes of significant others (Noom et al.; Russel & Bakken).

The development of autonomy is important during adolescence as it can facilitate and prepare adolescents for making difficult decisions, facing challenges, and becoming self-reliant (Jacobs & Klaczynski, 2002; Russel & Bakken, 2002). However, it is not without its difficulties. Adults hold greater expectations of young people when it comes to making choices and decisions during adolescence, but often do not consider or recognise the limitations of the developing adolescent mind when it comes to cognitive thought (Kegan, 1994). The section of the brain related to the development of reasoning, planning and problem solving is not fully matured and continues to develop throughout adolescence (see sections 3.1.1.2 and 3.1.1.3); so, young people are not fully competent in autonomous thought, feeling, or action (Choudhury, Blakemore & Charman, 2006; Sales & Irwin, 2009; Somerville, Fani, Erin, & McClure-Tone, 2011; Steinberg, 2007). In this respect, it is suggested that one's *attitudinal/ cognitive* and *functional/ behavioural* autonomy increases as the adolescent brain matures, resulting in a greater capacity for cognitive thought and autonomous behaviour (Noom et al., 2001; Russel & Bakken). During this time, adolescents still require support from significant adults to provide safe boundaries in order for them to practice and develop their independence (e.g., clear expectations that are practical, age appropriate, and agreed upon by both adult and adolescent) (Mcneely & Blanchard, 2009). It is suggested that if adolescents develop a sense of responsibility and independence for their actions alongside maintaining

close connections with significant adults, parents and peers, their chances of developing a

healthy autonomous self will increase together with self-motivation and perceived wellbeing

(Chirkov & Ryan, 2001; Institute of Medicine [IOM] & National Research Council [NRC], 2011;

Spear & Kulbok, 2004). Autonomy development is not without conflict and ambiguity as young

people attempt to distinguish their own identities and separate themselves from their parents

and others (Spear & Kulbok). In some instances, young people participate in risk-taking

behaviours as a way of expressing autonomy and independence (Curtis, 1992). This is

specifically so when significant others attempt to control and enforce opinions on developing

adolescents (e.g., shaming a young person for acting or thinking in a certain way) (McNeely &

Blanchard). There are also instances where conformity to peer pressure can be mistaken for a

young person's attainment of autonomy from parents as adolescents become more reliant on

the perceptions and opinions of peers (Russel & Bakken).

3.1.2.4    Development of emotional intelligence

Emotional intelligence is the ability to manage the emotional skills necessary to form

successful relationships through identifying, assessing, and controlling their own emotions and

the emotions of others, to guide thinking and behaviour, and cope with demands and

pressures of the environment (Bar-On, 1997; Gentry & Campbell, 2002; Goleman, 1998; 2006;

McNeely & Blanchard, 2009; Salovey & Mayer, 1990). In order to achieve this, adolescents

need to develop a number of emotional and social capacities including: self- awareness, self-

regulation, social awareness, and empathy (Gentry & Campbell; Goleman; Killgore, & Yurgelun-

Todd, 2007; McNeely & Blanchard).

Self-awareness is the ability to recognise and label one's emotions by paying conscious

attention to them. By identifying how they feel about situations, adolescents can determine

the source of those feelings and put in place constructive action to handle their emotions

(Goleman, 1998; 2006; McNeely & Blanchard, 2009). Without this self-awareness, young

people find it difficult to identify the source of their emotions. If these emotions become

uncomfortable, there is potential to act in a way that numbs their emotions (e.g., alcohol and drug use) or withdraw from constructive action (Gentry & Campbell, 2002).

It is important for adolescents to be aware of their emotions, but management of their emotions is vital for healthy progressions throughout adolescence (Gentry & Campbell, 2002; Goleman, 1998; 2006; Killgore, & Yurgelun-Todd, 2007; McNeely & Blanchard, 2009). As young people start puberty, they can experience intense emotions as a result of changes in hormones that cause swelling of the amygdala (a set of neurons that process emotions within the limbic system) that affects their susceptibility to response and reward, social acceptance concerns, and heightened emotions (Mcneely & Blanchard). Alongside this, the changes in brain function during adolescence make young people susceptible to mood swings and unable to regulate emotions (Arain et al., 2013; Dahl, 2003; Steinberg, 2007). However, over time, young people become able to manage their emotions effectively as the prefrontal cortex matures; develop reasoning and abstract thought processes that facilitate their ability to examine and process emotions; consider how best to react to situations; adapt to changing circumstances (see section 3.1.1.2 and 3.1.1.3) (Goleman; McNeely & Blanchard).

### 3.1.2.5    Moral development

Moral development refers to the way in which adolescents choose to live their life based upon a sense of values and beliefs that determine their decisions and ethical behaviour into adulthood (Colby & Kohlberg, 1987; Hazen et al., 2008; Kohlberg, 1984). Kohlberg suggested that moral development occurs in a series of levels from *pre-conventional morality* to *conventional morality*. Middle and late childhood is deemed to be a time of *pre-conventional morality* whereby a child's focus lies with following rules, being obedient, and avoiding punishment (Gentry & Campberll, 2002; Kohlberg; Smetana & Turiel, 2006). During adolescence, young people are seen to move into a more *conventional* level of moral thinking (Kohlberg). As adolescents develop cognitively, socially, and emotionally, their understanding of moral thinking expands and they begin to act and behave in response to their values and

beliefs (Gentry & Campbell; Hart & Carlo, 2005; Smetana & Turiel). In this respect, they begin

to take into consideration the views of others, and their moral behaviour is guided by the

desire to be seen as a good person, and by their role in society and relationships (Gentry &

Campbell; Hart & Carlo; Smetana & Turiel). This leads to young people questioning the rules

and standards within society that they accepted during childhood in attempt to develop their

own moral code.

Cognitive development is closely linked to this level of moral thought as one's ability to

think abstractly facilitates the more sophisticated thought process required for *conventional*

*morality* (Gentry & Campbell, 2002; Kohlberg, 1984). Cognitive maturation builds on a young

person's moral reasoning, honesty, and prosocial behaviours such as caring for and helping

others (Blakemore & Robbins, 2012; Gentry & Campbell). Alongside this, social influences

contribute to adolescent moral behaviour. During childhood, parents have a greater influence

on their child's moral decision making as children aim to please their parents by obeying rules

and regulations set out by their parents (*pre-convention*) (Gentry & Campbell; Kohlberg;

Smetana & Turiel, 2006). However, during adolescence young people are influenced by a range

of social experiences and relationships that affect moral development (e.g., peer pressure to

drink alcohol, eat unhealthy food, etc.) (Hart & Carlo, 2005; Steinberg & Morris, 2001).

Adolescents are more sensitive to the opinions and expectations of peers and society and how

they are perceived (Kurtines & Gewirtz, 1984); and as a result, social interaction with peers

goes hand-in-hand with moral development. Peers provide adolescents with the opportunity

to take on different roles and moral behaviours that increase an adolescent's feeling of

identity and place within society (Hart & Carlo).

### 3.1.3 Social development associated with adolescence

Adolescents are in a transition from being cared for, thinking and acting independently, and having greater autonomy and responsibility (Allen & Land, 1999; Eccles et al. 1993; Russell & Bakken, 2002). This is achieved through the forming and restructuring of new and existing relationships in order to develop mature, intimate relationships that compliment an individual's newly established identity within society and into adulthood (Whitmire, 2000).

### 3.1.3.1 Relationship with parents

Extensive research highlights that despite the changes in parent-adolescent relations during adolescence, the quality and maintenance of this relationship remains critical for wellbeing and social and emotional development into adulthood (Collins & Steinberg, 2006; Roberts & Bengton, 1996; Smetana, Campione-Barr, & Metzger, 2006; Whitmire, 2000; Zarrett & Eccles, 2006). As adolescents mature and develop a sense of identity, their desire for independence from their parents' increases (Collins, 1990). As a result, young people may begin to question the roles and rules set by parents, and increases in conflict and resistance to discipline can occur, especially during early adolescence (Zarrett & Eccles). These conflicts are often based upon issues of control and autonomy like appearance, chores, socialising and dating, which are renegotiated throughout this period (Collins; Eccles et al., 1993; Zarret & Eccles). The parent-adolescent relationship during adolescence can often be characterised by bickering and disagreement (Colllins & Laursen, 2004), and parents often perceive the adolescent ages as the most difficult to manage (Buchannan et al., 1990). However, it is agreed amongst research that these conflicts are temporal, normative transitions that facilitate the adjustment to positive family relationships throughout adolescence and into adulthood (Adams & Laursen, 2001). Periods and intensity of conflict between parent and adolescent tend to reduce towards middle to late adolescence and relationships improve (Eccles et al., 2003; Zarrett & Eccles). It is not easy for parents to determine the optimum level of

independence to provide for their adolescent child during these transitions. For example, the optimal situation is one where parents reinforce growing autonomy, identity, and independence (Eccles et al; Russell & Bakken, 2002). Relationships that become more reciprocal are favoured amongst adolescents and have been seen to have positive effects on development: parents provide the opportunity to engage in autonomous behaviours; obedience is seen as voluntary and collaborative; and adolescents gain a sense of equality between themselves and their parents (Brown, 1990; Damon, 1983; Whitmire).

Parents who allow unsupervised contact with peers and negotiate freedoms and responsibilities with their children can facilitate autonomy, independence, and identity development (Russell & Bakken, 2002; Young et al., 2008). However, it is likely that these renegotiation processes are not smooth, and strained relationships can often occur if there is a poor fit between an adolescent's desire for independence and the opportunity to do so, offered by their parents (Eccles et al., 1993). Increased levels of self-esteem, mature moral reasoning, and greater identity development have been linked to greater opportunities for family decision-making and the opportunity to express independent thoughts and feelings (Allen, Hauser, Bell & O'Connor, 1994a; Walker & Taylor, 1992). In contrast, reductions in self-esteem, mature moral reasoning, and identity development have been evidenced when decision-making opportunities are reduced and excessive parental control ensues (Eccles et al). Finally, too little parental control can be problematic if parents are unavailable or unwilling to provide the necessary support their children need to transition through adolescence (Zarrett & Eccles, 2006). Young people at risk of this are those whose families are experiencing divorce, unemployment, poverty, and psychological estrangement as examples (Settersten, 2005). Although desiring freedom, it is not in the adolescents' best interests to have total freedom, as complete emotional detachment from parents can occur (Fuligni & Eccles, Barber & Clements, 2001; Steinberg, 1990).

### 3.1.3.2    Non-familial relationships

Equally important are the relationships adolescents form with non-familial adults (e.g., teachers, mentors, sports coaches, neighbours, parents of friends / boyfriends / girlfriends) (Claes, Lacourse, Bouchard & Luckow, 2001; Scales & Gibbons, 1996). Evidence suggests that these types of relationship can have a positive effect on development and adolescent adjustment, and highlight the importance of resources and support systems external to immediate family (Shonert-Reichel & Offer, 1991; Rhodes, 1994).  Specifically, it is the importance of the mentoring style indicative of these types of relationships that can facilitate adolescent development (Hendry, Roberts, Glendinning & Coleman, 1992; Lempers & Clark-Lempers, 1992).  While mentoring roles do vary across literature, a number of key characteristics remain: 'Support and guidance, companionship, a regulation of emotions through the exchange and sharing of confidences, caring, affection and attachment, emotional support and material aid' (Claes et al. p. 209). Naturally occurring mentor relationships have been shown to act as support and protection for adolescents who are dealing with negative psychosocial situations like divorce, poverty, and family disturbance (Garmezy, 1991); and may help to overcome the negative effects of poor relationships with parents, siblings, and peer groups (Scales & Leffert, 1999).

### 3.1.3.3    Peer relationships

Friendships intensify and become more elaborate during adolescence as young people's focus shifts away from parental support towards the importance of peer relationships and acceptance (Rageliene, 2016; Whitmire, 2000). Research suggests that this focus is a reflection of one's desire to be accepted by peers and to establish a sense of identity by belonging to a group (Eccles et al., 2003; Zarrett & Eccles, 2006). These close knit friendship groups are often termed cliques and are similar to family sizes, transferring the support and trust from family to an individual's friendship group, and allowing each individual to be

understood and appreciated during interaction (Brown, 1990; Dunphy, 1963). Ultimately, these bonds can help develop adolescent identities, improve self-esteem, and adapt to new environments that present themselves during this developmental period (Fenzel, 2000; La Greca & Harrison, 2005; West, Sweeting, & Young, 2010).

Being part of and accepted into a peer group or clique (especially a "normal" or popular clique) has been positively associated with protection against depression and social anxiety and less internalisation of problems (La Greca & Harrison, 2005; Newman, Lohman, & Newman, 2007). Equally, adolescents can develop low self-esteem if they believe they are perceived negatively by peers or do not feel part of a peer group, often the case for overweight and obese adolescents (Kingery, Erdley & Mardshall, 2011). The focus on peer relationship is noted as a result of the increased time young people spend with their friends both physically and electronically (Savin-Williams & Berndt, 1990; Youniss, 1980). In fact, activities with peers, peer acceptance, and adolescents' appearance often takes precedence over spending time and communicating with family (Wigfield, Eccles, Mac Iver, Reuman, & Midgley, 1991).

Intensified relationship with peers can also create problem behaviours if subjected to excessive peer pressure (Zarrett & Eccles, 2006).  Peer conformity peaks during early adolescence, resulting in a young person becoming vulnerable to adopting risk behaviours that are detrimental to their wellbeing (Savin-Williams & Berndt, 1990). Reasons for this have may be that adolescents have an overriding desire to identify themselves with a social group by conforming to the peer group norms (Stewart- Knox et al., 2005). The effects of peer pressure and the need to be accepted by peers, while stable during early adolescents, have been seen to decline with adolescent development (between ages 14-18 years) as young people become more confident in their own abilities, identity, and values (Eccles & Wigfield, 2002; McElhaney, Antonishak & Allen, 2008; Steinberg & Monahan, 2007).

### 3.1.4 Adolescent development within the environmental context

Adolescence is a time of developing independence and a sense of responsibility, becoming less reliant on parents (Kroger, 2004). One's social and environmental context has an impact on their development during this phase (Bronfenbrenner, 1977; Lerner, Ostrom & Freel, 1997; Lerner, 1995; Lerner, Lerner, Eye, Bowers & Lewin-Bizan, 2011; Lerner & Castellino, 2002; Gestsdòttir & Lerner, 2007). It has been customary to describe the period of adolescence as a stage of transition, highlighting that all adolescents experience universal changes over time (Coleman, 2011). The years of biological maturation as a result of puberty (Alasker & Flammer, 2006), transitions from primary to secondary school and higher education (Cote, 2000; Eccles & Roeser, 2003), and transcending towards adulthood (categorised as shifts from education into the labour market) (Mortimer, 2009; Tucker & Walker, 2004) have all been explored in one's development. Another perspective, proposed by Graber and Brooks-Gunn, 1996) is to draw attention transitional turning points:

> …Transitional periods are characterised by developmental changes that are relatively universal; that is, most individuals navigate transitional periods, and these transitions require new modes of adaptation to biological, psychological, or social change. By definition, then, turning points occurring in the context of transitional periods may be particularly salient to individuals or subsets of individuals. These turning points may be more likely to result in behavioural change, or in larger or more long-lasting changes than turning points that do not occur in the context of the transitional period. (Graber & Brooks-Gunn, 1996, p. 769)

They highlight circumstances in which turning points may cause difficulties within a transitional period. Such examples are: when the timing or turning points create stress (e.g. early onset of puberty); when simultaneous events occur at once, resulting in an inability to manage them effectively; when there is a lack of 'fit' between a desired behaviour and context (e.g., poor school environment fit).

3.1.4.1    The life course perspective and developmental contextualism

Transitions and turning points hold resonance within the life course perspective. This approach stems from the idea that "development is lifelong and no stage can be understood in isolation from others" (Johnson, Crosnoe, & Elder Jr, 2011, p.2). Ultimately, the opportunities, limitations, experiences, and roles individuals have gained over their chronological life span, shape who and what they are from infancy to death (Goosens, 2006a). Life course perspective is associated to developmental contextualism. This viewpoint highlights that the life course of an individual is shaped not only by their immediate environment (e.g., family), but its wider sense (geographical, social, political, and historical context) (Elder, 1998; Goossens; Steinberg, 2008). Secondly, the timing of an event (or turning point) holds as much resonance as the event itself (Elder, 1998; Goossens; Steinberg). Thirdly, human development is continuous and interrelated to other life transitions such childhood or retirement. This notion highlights that adolescence does not simply occur, but is a continuation of development from childhood and continues into adulthood (Goossens; Steinberg). Fourth, an adolescent growth, development, and maturation is influenced by family and in turn, family is influenced by the adolescent (Goossens; Steinberg). The final key principle is that the individuals themselves, are active agents of their own development and can shape and determine their own development, alongside the interplay of contextual factors (Goossens; Steinberg).

3.1.4.2    The concept of goodness of fit

The concept of goodness of fit takes into account the relationship between the developmental needs of the adolescent and the changing environmental contexts in which they live (Coleman, 2011; Eccles & Midgley, 1989; Eccles et al., 1993). In this respect, one's ability to change or manage a turning point is determined by the congruence, or fit, between their individual's needs and the contextual environment (Overton, 2006). For example, a mismatch between an adolescent's desire for autonomy and the opportunities for greater control provided by parents leads to increases in family conflict, particularly with mothers (Buchannan, Eccles & Becker, 1992; Collins, 1990). In contrast to this, when environments

match an adolescent's developmental needs, positive outcomes are more likely to occur (Eccles & Midgley; Eccles et al.; Gutman & Eccles, 2007). Optimal progress during adolescence depends on the physical, psychosocial, and cognitive assets of the adolescent, alongside the environments and contexts they encounter.

### 3.1.4.3 Focal theory

Theories have thus far highlighted the strengths and capacities of young people to manage the transition through adolescence, contributing to their own development and their environments (Coleman, 2011). However, there are instances where an individual may become vulnerable. Coleman (1974) developed the *'focal model'* from investigating adolescent attitudes of relationships (friendships, parental relationships, groups, heterosexual relationships, and self-image). He found that perspective differed at certain ages, and concerns about specific topics reached a peak at specific stages. For example, 17-year-olds focused on self-identity, 15-year-olds on heterosexual relationships, and 11-year-olds on relationships with parents. The focal model proposes that different developmental issues (or turning points) arise or become more pertinent at different times across one's transition through adolescence to facilitate their ability to successfully adapt to that transitional turning point (Coleman, 1978). For example, when the pubertal growth spurt occurs, adolescents can manage the changes induced by puberty before other developmental pressures occur. However, issues do not arise consecutively or after an issue is resolved, and it is not an assumption that issues are linked to specific transitional stages (e.g., early, middle, and late adolescence) of a young person's life. Rather, multiple transitions can occur simultaneously and continuously, and adolescents are forced to manage more than one at a time. The idea that an individual is an agent in their own development (a pertinent notion of developmental contextualism) is emphasised within the focal theory (Coleman & Hendry, 1999). In this sense, they determine which issue is dealt with, and which is not in that moment. For example, adolescents may choose to hold back on one issue to manage another. This helps us to understand the declining attitudes of young people during times of dealing with multiple issues when young people can

become overwhelmed and unable to manage transitions effectively, leading to negative behaviours (Menna & Ruck, 2004; Olah, 1995; Wills, 1992). As a result, the adaptations to these issues may not be as successful as if they occurred separately.

### 3.1.5   Responsibility for health and risk taking behaviour

Adolescence is a key phase of life course development as it is during this period that biopsychosocial changes occur and start to navigate and reassess social relationships (specifically with parents and peers) (Lerner, Villarruel & Castellino, 1999; McAteer et al., 2017). An integral aim for adolescents is the development of skills to manage and take responsibility for their own lives and choices within their environment in an attempt to transition into adulthood (McNeely & Blanchard, 2009; Noom, Dekovik & Meeus, 2001; Russel & Bakken, 2002). This new found independence and freedom gives adolescents greater control of their lifestyle and decision making (Alhabeeb, 1996; Story et al., 2002), yet presents an increased opportunity for the adoption of risk taking (Eccles, Barber, Stone & Templeton, 2003). Risk-taking behaviours are those that have the potential to result in harmful and negative health consequences, but the outcome is deemed positive by the individual at the time (Beyth-Marom & Frischoff, 1997).  For example, drinking five energy drinks a day is an unhealthy amount of sugar to consume, but it provides a buzz and energy boost for the individual drinking it. Adolescent risk taking is an immediate and long-term concern as research suggests that behaviours established in this period can continue into adulthood (Park, Mulye, Adams, Brindis & Irwin, 2006; Williams et al., 2002). There are a number of health risks that have a significant impact during adolescence including: tobacco use, alcohol use, substance and drug use, sexual activity, self-harm, sedentary lifestyles and unhealthy eating habits. These risk-taking behaviours can lead to severe health consequences such as substance abuse and addiction, cancers associated with smoking, sexually transmitted diseases and unwanted pregnancies, and obesity (Sales & Irwin, 2009). (AYPH, 2017; Bruin, Gerstein & Holloway, 2010; Health and Social Care Information Centre [HSCIC], 2014; Office of National

Statistics [ONS], 2013; Public Health England [PHE], 2016; Riley & McGee, 2005; The Lancet Commissions, 2016; Viner & Taylor, 2007).

It has been suggested that adolescents are as aware of the health risks associated with these types of behaviours as adults (Cauffman & Steinberg, 2000). However, adolescents' views of health differ to those of adults in terms of focus: adult concerns are linked to long-term health consequences, which are of little to concern to youth who tend to focus on short-term perspectives (Coleman, Hendry & Kloep., 2007). Evidence suggests that adolescent concerns are related to appearance, weight, peer acceptance, attractiveness, and concerns related to their developing bodies (Backett & Davison, 1992; Shucksmith & Hendry, 1998). With focal theory and developmental contextualism in mind, it can be accepted that health is not a static state and can change (positively or negatively) across an individual's life course depending on circumstances, situations, and experiences (Hendry & Kloep, 2002). For example, a teenager may be ostracised for refusing to smoke with friends, which could put more risk on their emotional wellbeing than the physical health risk of smoking a cigarette. Similarly, concerns can be dismissed if interests and priorities are conflicting; for example, it has been highlighted that while young girls understand the positives of physical activity for their health, they do not participate in active pursuits as they view socialising with friends as more important (Hendry & Singer, 1981) As a result, long-term health goals are often traded for positive outcomes of short-term circumstances and situations they find themselves in (Kalnins, McQueen, Backett & Currie, 1992). With this in mind, individual's health consists of various elements situated within an interactive system of resources whereby the number and effectiveness of resources change at different times and circumstances across one's life (Coleman et al.; Hendry & Kloep). Genetic predispositions are resources we are born with, whereas factors such as education, good nutrition and social support for example, are resources we acquire through our life (Coleman et al.). In this context, a healthy lifestyle for a young person may be seen as anything that adds to their system of resources, alongside maximizing gains or minimizing costs to short- and long-term physical and mental health

(Coleman et al.). It is important to address that all experiences come with some degree of cost, and it is suggested that young people can learn from negative outcomes and develop coping mechanisms and resilience to manage similar encounters in the future (Hendry & Kloep; Rutter & Smith, 1995). Therefore, instead of avoiding certain risky or unhealthy behaviours altogether, engagement, to a certain degree, can manifest strategies and skills to help young people face future challenges and facilitate healthy lifestyle development (Lerner 2002).

## 3.2  Adolescent obesity

The most recent UK statistics show that 30% of children aged 2-15 years are overweight or obese, including 17% who are obese (both boys and girls showing equal likelihood of overweight or obese) (Health Survey England, 2017). Twenty-eight percent of children who have obese mothers are also obese compared with 8% whose mothers are neither overweight nor obese (Health Survey England, 2017).  Prevalence of obesity has also increased worldwide since 1990 for both (Global Health Data Exchange, 2013; Ng et al., 2014). In the UK specifically, statistics highlight that prevalence increased for both boys (11.1 to 19.4%) and girls (12.2 to 18.8%) between 1995 to 2004 (Health Survey England, 2011).

### 3.2.1  Contributing factors of overweight and obese young people

There is worldwide acceptance that obesity is a result of an individual's energy intake exceeding their expenditure creating a positive energy balance, which over time, can result in weight gain and obesity (Koplan, Liverman, & Kraak, 2005; Sidik & Ahmad, 2004). Extensive research links reductions in physical activity, increases in sedentary behaviour, and poor diet as the primary modifiable factors that contribute to energy imbalance (Anderson & Butcher, 2006; Hills, King, & Armstrong, 2007; Ortega, Ruiz, Castillo, & Sjöström, 2008). The complex interaction between genetic, biological, psychological, social, and environmental factors have an effect on an individual's dietary and physical activity and in turn, their energy balance (Coleman et al., 2007; Power & Thomas, 2011). A detailed explanation of each factor is beyond

the scope of this thesis; however, a comprehensive understanding of each are presented in the following publications: Anderson, Butcher, and Levine (2003); Coleman et al. (2007); Garn, Bailey, Solomon, and Hopkins (1981); Koletzko, Girardet, Klish, and Tobacco (2002); Parsons, Power, Logan, and Summerbell (1999); Story and Perry (1995); Svensson et al. (2011); Wells et al. (1997); Whitaker, Phillips, Orzol, and Burdette (2007).

### 3.2.2   The obesogenic environment

Evidence over the last ten years has directed attention to understanding how built and food environments together with lifestyle preferences and the cultural environment contribute to obesity (Lake & Townsend, 2006; Lake, Townsend, & Alvanides, 2010; Chaput, Kingenberg, Astrup, & Sjödin, 2011; Sahoo et al., 2015). The built environment (land use, transportation systems, and physical layout and design) has been strongly suggested to affect an individual's predisposition to an active lifestyle (Townsend & Lake, 2017). There is also evidence of a decrease in opportunity to be physically active (e.g., increased car use, lifts in replacement of stairs, etc.) alongside decreases in safe environments to engage in physical activity (for example: no safe walking routes and fear of child's safety) (Anderson & Butcher, 2006).

Sedentary lifestyles have been linked to obesity, with dramatic increases in television viewing and electronic device use evident amongst young people, reducing the need to exert physical effort within our environment (Kapil & Bhadoria, 2014; Sharp, Parry, Dubhthaigh, & Barter, 2007). Story, Neumark-Sztainer and French (2002) suggest there is a positive correlation between the number of hours watching television and the consumption of advertised foods such as sweet and salted snacks, sugary beverages and fast food. There are consistent reports that excessive intakes of sugar, snack food, fast food, and increased portion sizes play a major role in rising overweight and obesity rates (Chapman & Maclean, 1993; Nielhoff, 2009; Story et al., 2002). Food has also become less expensive, more diverse and palatable aiding increased calorie intake (Wardle, 2007). It is a cultural norm within Western

Society to use food as a means of reward, control and a part of socialising, which promotes unhealthy eating habits and behaviours (Budd & Hayman, 2008). Ultimately, young people can be seen as victims of their environment, as one which promotes and facilitates the consumption of high fat, energy dense foods, physical inactivity, and sedentary behaviour (Basset & Perl, 2004; (Delpeuch, Maire, Monnier, & Holdsworth, 2009).

### 3.2.3 Consequences of overweight and obesity in youth

A number of medical consequences can occur such as asthma, cardiovascular disease, fatty liver disease, gallstones, glucose intolerance, high cholesterol, impaired balance, insulin resistance, menstrual abnormalities in girls, orthopedic problems, skin conditions, sleep apnea and type 2 diabetes (Dietz, 1998; Freedman et al., 2007; Niehoff, 2009; Reilly & Kelly; Sahoo et al.).  Alongside this, there are incidences of reported musco-skeletal pain, specifically back pain (De Sá Pinto, De Barros Holanda, Radu, Villares, & Lima, 2006).

There are also a number of psychosocial consequences associated with overweight and obese young people (Dietz, 1998; Schwimmer et al., 2003). Research reports increases in weight concerns, body dissatisfaction and body image (Bibiloni, Pich, Pons, & Tur, 2013; Harriger & Thompson, 2012), linked to reports of low self- esteem, low self- confidence, low quality of life and depression (Dietz; Heinberg & Thompson, 2009; Tyler, Johnson, Fullerton, & Foreyt, 2007). Negative body image is reported to be higher in overweight and obese young people compared to those of average size; and specifically so in young girls (McCabe & Ricciardelli, 2005; Stice, 2002; Wardle & Cook 2005).

It has been suggested that these negative consequences may be a result of the social factors related to weight status (Harriger & Thomspon, 2012). Overweight and obese young people can become targets of stigmatization, discrimination, negative stereotyping, and social marginalisation (Janssen et al., 2004; Puhl & Latner, 2007; Schwimmer et al., 2003). Overweight and obesity has been seen to be the least socially accepted condition in childhood

through to adulthood (Sahoo et al., 2015) as it is often seen as a controllable lifestyle choice, and one which is the responsibility of the individual (McNeil, Reeder, & Rich, 2012). Overweight and obese has been linked to characteristics such as impulsivity, and laziness, and individuals have been perceived as having a lack of willpower, lack of hygiene and a tendency to overindulge (DeJong, 1980; Puhl & Brownell, 2001). There are cases where, upon selecting photos of individuals they would prefer to be friends with, young children have selected children with handicaps or disabilities over children who are overweight and obese (Cramer & Steinwert, 1998; Rich et al., 2008; Richardson, Goodman, Hastorf, & Dornbusche, 1961). While there is some evidence to suggest that young children do not hold a negative self-image (Kaplan & Wadden, 1986; Sallade, 1973), it could be suggested that negative self-image is more prominent amongst adolescents as a result of the increased concern of physical appearance and fitting in with social norms (Puhl & Latner; Ruble, Boggiano, Feldman, & Loebl, 1980). The ever growing development of new technologies and rises in social media use covey unrealistic images of celebrities endorsing a societal ideal associated to slim and toned physiques, reinforcing an obese individual's presentation of low self-esteem and negative body image (O'Dea, 2005; Puhl & Latner). As a result, overweight and obese young people may isolate themselves as a means of protection from negative attitudes and perceptions (Sahoo et al.). It is this isolation that may also cause low levels of social interaction and engagement with peers, and promote sedentary behaviour (Niehoff, 2009).

A final consequence of youth obesity is based upon the future outcomes as opposed to the immediate health of the individual. Research suggests that there is an obesity trajectory from childhood, through adolescence, and on into adulthood (Angbratt et al., 2011; Guo & Chumlea, 1999; Rimm & Rimm, 1976; Singh, Mulder, Twisk, Van Mechelen, & Chinapaw, 2008). For example, the probability of a 4-year old child becoming an obese adult is estimated to be 20% whereas the probability of an adolescent becoming an obese adult rises to 80% (Kvaavik, Tell & Klepp, 2003).

## 3.3 Approaches to youth obesity treatment and weight management

### 3.3.1 Surgical and pharmaceutical treatment

Bariatric surgery is most commonly a treatment option for morbidly obese adolescents who have previously failed in weight management attempts (Whitlock et al., 2008). Expert-based criteria has also been formulated to ensure that this treatment option is only available to individuals who have reached full skeletal maturity with a BMI of >40 (Inge, Xanthakos, & Zeller, 2007). Blake and Patel (2015) suggest that "the most effective treatment for adolescent obesity occurs when either the obesogenic environment is removed (residential weight camps) or the individual's ability to respond to it is curtailed (bariatric surgery)" (p.145). Reports have highlighted short-, medium- and long-term post-surgery weight changes amongst adolescents (Nadler, Youn, Ginsburg, Ren, & Fielding, 2007; O'Brien et al., 2006; Silberhumer et al., 2006) alongside improvements in cardiovascular benefits: reductions in the risk of hypertension, dyslipidemia, and type 2 diabetes mellitus (Beamish, Olbers, Kelly & Inge, 2016; Inge et al., 2016). However, there is great uncertainty regarding bariatric surgery with adolescent patients. Known complications to bariatric surgery in this cohort include gastrointestinal problems after eating (Banerjee, Ding, Mikami, & Needleman, 2013; Calabria, Gallagher, Simmons, Blinmanm, & DeLeon, 2011), micronutrient and vitamin deficiencies (Becker, Balcer, & Galetta, 2012) and electrolyte disturbance (Mehanna, Moledina, & Travis, 2008). There are also psychological effects to bariatric surgery amongst adolescents. Järvholm and colleagues (2012) and Zeller, Modi, Noll and Inge (2009) have provided evidence to suggest that adolescents show fewer symptoms of anxiety and depression post-surgery and improvements in self- concept. However, these are only short-term outcomes and level off after a year. In the same study, a number of subgroups were also found to show poor psychological adjustment to surgery and others who needed psychiatric support as a result (Järvholm et al.). A number of reports highlight the negative psychological effects of bariatric surgery that include lower

quality of life, depressive symptoms, and low self-acceptance, and psychological detachment from the altered changes in their body (Golomb & Koperski, 2010; Groven, Raheim, & Endelsrud 2010; Hofmann, 2013). Given that obese and overweight adolescents' psychosocial wellbeing tends to suffer as a result of their condition (see 2.1.4.3), it could be suggested that bariatric surgery is a controversial method that needs careful screening in terms of which adolescents will benefit from such an extreme method (Beamish & reinehr, 2017). As a result, doctors are often unwilling to refer patients to bariatric surgery prior to the age of 18 (Woolford, Clark, Gebremariam, Davis, & freed, 2010).

Pharmacological interventions involve the prescription of anti-obesity drugs in order to manage and suppress appetite (Lughetti, China, Berri, & Predieri, 2011) or to prevent the absorption of dietary fat (Whitlock et al., 2008). Like bariatric surgery, specific guidelines have been enforced to regulate the prescription of pharmacological treatment to young people who have had failed attempts at lifestyle modification; persistent, severe comorbidities despite lifestyle intervention; a strong family history of type 2 diabetes; and premature cardiovascular disease (August et al., 2008). A number of controlled trials have been conducted to determine the effect of pharmacological treatment in obese and overweight adolescents that include a behavioural change treatment with the most common outcome being small changes in BMI and body weight (Douglas et al., 2016; Luttikhuis et al., 2009). However, a number of adverse effects have been concluded including increased fat secretion (e.g., soft, loose, and oily stools); decreases in vitamin D; gallstones; and gastrointestinal complications (Boland, Brock, Harris, & Harris 2015; McDonagh, Selph, & Ozpinar, 2014). More common effects include dry mouth, constipation, insomnia, and headaches (Cheung, 2013). Alongside this, it cannot be determined by current research whether the short-term weight reduction, apparent with pharmaceutical treatment, is sustainable over the long term (Douglas et al.). A number of studies demonstrate that drug withdrawal is followed by weight regain, and thus patients would need continued medication to maintain weight loss (Rezvanian, Hashemipour, Kelishadi, Tavakoli, & Poursafa, 2010; Wilson et al., 2010; Yanovski & Yanovski, 2014). Based upon the

evidence above, the use of invasive treatments like surgery and pharmaceutics should be primarily limited to adolescents who fall in upper percentiles of the BMI range and have stable psychological wellbeing. As a result, this is only representative of a small fraction of the obese adolescent population (Freedman, Mei, Srinivasan, Berenson, & Dietz, 2007), and thus yield little impact for this population as a whole.

### 3.3.2   Lifestyle change interventions

Lifestyle interventions aim to promote weight loss and maintenance through improving diet, increasing physical activity levels, and reducing sedentary behaviours (Barlow, 2007; Kothandan, 2014; Whitlock et al., 2008). This may involve education on nutrition and exercise (Pedersen, Kang, & Kline, 2007; Rachal et al., 2015; Wing & Phelan, 2005); opportunities to increase physical activity levels (Swift et al., 2014; Wing & Phelan); self-monitoring through the use of food diaries and activity logs (Burke, Wang, & Sevick, 2011; Jacob & Isaac, 2012; Wadden et al., 2005); social support and family involvement (Avenell, et al., 2004; Jacob & Isaac); and behaviour change techniques (Bandura & Simon, 1977; Redfern, Ensight, Raadsma, Allman-Farinelli, & Innes-Hughes, 2016; Volpp et al., 2008). Behaviour change techniques are utilised to encourage and maintain healthy lifestyles through changing thinking patterns and actions related to food intake, activity levels, family habits, and the physical environment (Gehl & Brundt, 2017; Luttikhuis et al., 2009; Whitlock, O'Connor, Williams, Beil, & Lutz, 2010). Approaches are often based upon theoretical foundations and include techniques such as problem solving, goal setting, positive thinking towards healthy food and body image, and relapse prevention (Dewar, 2013; MAcDonell, 2010; Spear, 2007). More detailed descriptions of these types of techniques are detailed elsewhere (Baum, Clark, & Sandle, 1991; Dietz & Robinson, 2005; Middleton, Anton & Perri, 2013). Interventions may only focus on one behavioural component (e.g., diet or physical activity), some may focus on both diet and physical activity, while others are multicomponent and focus on diet, physical activity, and some form of behaviour change technique.

Published research highlights that lifestyle interventions for overweight and obese youth differ greatly in terms of intervention design, outcome measures, time frame, and setting (Al-Khudairy et al., 2017; Luttikhuis et al., 2009; Moores et al., 2018; Spear et al., 2007; Summerbell et al., 2003; Whitlock et al., 2008; 2010) For example, interventions may involve young people with or without associated family members and may occur within different settings (e.g., community, school, and clinic). Interventions also differ in terms of who delivers them: researchers, teachers, fitness professionals, health promotion agencies, nutritionists, and primary health care physicians to name a few. Lifestyle interventions also differ in duration (from one to 24 months); age range of participants; and severity of overweight and obesity. The style and frequency of delivery also differs including group and individual sessions, the number of treatment sessions, and contact with intervention staff (Al-Khudairy et al.; Luttikhuis et al.; Moores et al.; Spear et al.; Summerbell et al.; Whitlock et al., 2008; 2010).

### 3.3.3 Determining the efficacy of lifestyle interventions

A host of research and review papers have been written to illustrate the efficacy of lifestyle change interventions for youth overweight and obesity (Al-Khudairy et al., 2017; Luttikhuis et al., 2009; Moores et al., 2018; Spear et al., 2007; Summerbell et al., 2003; Whitlock et al., 2008; 2010). There is a general consensus that lifestyle interventions can be effective and are likely to be safe, with minimal adverse effects (Al-Khudairy et al.; Luttikhuis et al.; Moores et al.; Spear et al.; Summerbell et al.; Whitlock et al., 2008; 2010). Specifically, approaches that integrate several components including diet, physical activity, and behaviour change techniques seem to show more promising results to improving long-term weight and health status than those that focus on diet or physical activity alone (Kebbe et al., 2018; Spear et al.; Sutcliffe et al., 2018). A number of reviews have evidenced positive changes in BMI upon completion of interventions (Al-Khudairy et al.; Moores et al.; Whitlock et al., 2008). However, Bleich and colleagues (2013) concluded that just under half of the interventions under review provided desirable changes in BMI scores and only two reported significant improvements in

behaviour (physical activity levels and vegetable intake as examples). While Al-Khudairy and colleagues suggest that BMI levels remain below baseline at 18 to 24 month follow up sessions post intervention, the vast majority of lifestyle intervention reviews report weight regain upon completion, with little difference to baseline at long-term follow ups (Spear et al., 2007; Whitmore, 2008; 2010). Evidence also suggest that lifestyle interventions that include behaviour change techniques facilitate positive changes in dietary habits and physical activity levels, but again reduce after completion (Al-Khudairy et al.; Griffiths, Parson & Hill, 2010; Spear et al.; Visram et al., 2013). Psychological outcomes to lifestyle interventions have also been reported including improvements in self-perception and quality of life measures, and reductions in body shape concerns and depressive symptoms (Al-Khudairy et al.; Spear et al.; Visram et al.). In some instances, there have been reports on improved wellbeing in the absence of weight change (Griffiths et al., 2010).

It has been proposed that group treatment is more cost effective than individual treatment, yet weight loss is as effective in both group and individual interventions (Goldfield, Epstein, Kilanowski, Paluch & Kogut- Bossler, 2001). Increasing the length of interventions has also been shown to improve initial weight loss and weight maintenance (Luttikhuis et al., 2009; Spear et al., 2007). Inpatient treatment and residential camps have been shown to produce weight loss and improved psychological well-being upon completion (Braet, Tanghe, Decaluwe, Moens, & Rosseel, 2004; Gately, 2014), with research highlighting greater efficacy with intensive clinic and residential treatments in comparison to other community-based primary care (Saelens et al., 2002). That being said, removing young people from their home environment does not provide a long-term solution to lifestyle change and weight maintenance, as upon completion, young people return to their day-to-day environment and inevitably revert back to pre-treatment patterns and health status (Davis et al., 2007; Jeffrey et al., 2000; Middleton, Anton, & Perri, 2013).

A recent systematic review on community-based interventions for adolescents concluded that all community-based programmes, irrespective of content, were successful in weight change and improvements in psychological components such as self-esteem, self-perception, and quality of life, with the maintenance of these positive effects evident at follow up (Moores et al., 2018). The programmes within this review were varied in length, contact time, one-to-one support, and tailoring / personalisation. Parent involvement was wide-ranging from parents purely having an awareness of the programme their child was participating in, to playing a supportive role, to actively engaging in programme sessions to generate change at home. Questions regarding the level of family inclusion have been addressed within literature and conclusions have been drawn to suggest that including parents to facilitate change is essential, specifically for children under the age of 12 (Armstrong & Kinra, 2013; Spear et al., 2007). Targeting behaviour change in both the young person and the family has been shown to be more beneficial than targeting the behaviour of the young person alone (Armstrong & Kinra; Spear et al.). However, the evidence base for adolescent interventions is not as clear cut with regards to the level and type of family integration needed for effective results, and needs further investigation (Lundin & Anderson, 2015; Spear et al.).

## 3.4 Experiences and perceptions of adolescent lifestyle change interventions

A number of qualitative studies have attempted to explore and understand the realities of adolescent weight management and lifestyle change interventions through assessing the experiences and perceptions of key individuals: the obese/ overweight adolescent, parents, and practitioners (Jones et al., 2019; Owen, Sharp, Shield, & Katrina, 2009). Studies have provided insight into the factors that influence the success of lifestyle change interventions and have unearthed multiple perceptions and experiences relating to weight management and lifestyle change treatment that focus on intervention characteristics, support systems, and client motivation and attitudes.

### 3.4.1 Intervention characteristics

There is a general consensus that both parents and young people feel that access to lifestyle change interventions (irrespective of style / content) and support from health professionals is essential for progress and improvements in lifestyle, weight management, and health (Alm et al., 2008; Murtagh, Dixey, & Rudolf, 2006; Skelton, Irby, & Geiger, 2014; Schalkwijk et al., 2015; Sparud-Lundin & Andersson, 2015). Frequency of contact and long-term support are seen as essential, with preference of consistent and regular contact with intervention staff, with the view that this increases motivation (Cohen, Tanofsky-Kraff, Young-Hyman & Yanovski, 2005; Owen, Sharp, Shield & Turner, 2009). For example, interventions that only last six-to-eight weeks have been viewed as being too short (Daley, Copeland, Wright, & Wales, 2008; Reece et al., 2015). Professional support on nutrition and diet is seen as an important factor associated with treatment (Kebbe et al., 2014; Owen et al., 2009). This is perceived to increase awareness of quality and quantity of food consumption (Lane-Tillerson, Davis, Killion, & Baker, 2005; Reece et al., 2015). Guidance from professionals regarding physical activity and the implementation of a structure of exercise is seen as beneficial in terms of supporting young people to engage in increased physical activity (Daley et al., 2008; Owen et al., 2009). The opportunity and access to engage in health behaviours is seen as beneficial (e.g., free access to gym facilities), too, as opposed to advice alone (kebbe et al., 2018; Peeters et al., 2012) or interventions that do not offer access to sports facilities and physical activity (Murtagh et al., 2005).

Jones and colleagues (2019) conducted a qualitative systematic review of the viewpoints of overweight and obese adolescents (12-17 years) attending lifestyle obesity treatment interventions. The studies varied in intervention style (multicomponent, single-component; community-based; clinics; residential camp; group based and one-to-one treatment; time frame, etc.). They found that, across the majority of studies, adolescents expressed a desire for individually tailored interventions, specifically meeting the needs of

their age group (Banks, Cramer, Sharp, Shield, & Turner, 2014; Reece et al., 2015; Woolford, Sallinen, Schaffer, & Clark, 2012b). For example, Woolford and colleagues (2012b) evaluated a multidisciplinary lifestyle change programme that included hourly sessions on diet, physical activity, and behaviour components (goal setting and motivational interviewing). Both parents and adolescents expressed that the tailored advice provided during their time on the programme was well received and assisted with making changes to their home life. Alm and colleagues (2008) evaluated the use of a behaviour coach for weight management and lifestyle change in adolescents and found that weekly motivational phone conversations and goal setting was seen as a mediator of success (Alm et al.). The focus on specific goals tailored to the individual is believed to increase adolescents' motivation and their sense of ownership of their health (Sparud-Lundin & Andersson, 2015). In contrast to this, adolescents have highlighted that residential style interventions have been seen to be too difficult to comply to as a result of a lack of tailoring to the adolescent's circumstances (i.e., home life, school circumstances, goals, motivations, etc.) (Brennan, Walkley & Wilks, 2012; Li, Zhout, & Hesketh, 2016). A number of studies also found that adolescents feel that interventions should be designed with their age in mind. For example, some interventions were not specifically designed for the adolescent age group, but included a wider age range (e.g., 8-16 years) that resulted in activities aimed towards younger individuals (Banks et al., 2014; Reece et al., 2015).

### 3.4.2   Professional support

What is viewed as one of the most crucial aspects of treatment, is the support systems at work during a client's engagement with an intervention (Jones et al., 2019). The client-practitioner relationship is an integral element in adolescent interventions (Stewart, Chapple, Hughes, Poustie, & Reilly, 2008; Twiddy, Wilson, Bryant, & Rudolf, 2012). So much so, that this interaction has been viewed by adolescents as more important than the content and setting of weight management schemes (Freed, Ellen, Irwin, & Millstein, 1998; Ginsburg, Menapace, & Slap, 1997). A number of studies express that adolescents value support from professionals

more than from peers and parents as they are seen as a trusting source of information and knowledge (Holt, Bewick, & Gately, 2005; Reece et al., 2015; Twiddy et al.; Woolford et al., 2012b). Parents imply that professionals provide direction, structure, and motivation for their child (Twiddy et al.). Adolescents appear to value the attention received by professionals and the opportunity to have someone to talk to about their weight (Morinder, Marcus, Mattsson, Biguet, & Larsson, 2011).

Adolescents are also seen to favour discussing topics and gaining support with other aspects of health and lifestyle such as self-esteem and general wellbeing (Morinder et al. 2011). Parents share this view and feel that their children prefer to, and benefit from talking to a professional about issues as opposed to them (Owen et al., 2009). For adolescents, mothers are most commonly seen as someone they feel comfortable discussing weight problems with. However, they also prefer to speak through these issues with practitioners (Cohen et al., 2005). Practitioners also acknowledged that privacy with adolescent clients (in the absence of parents) allowed clients to open up and discuss issues (Kang et al., 2003). The type of relationship and approach taken by professionals tends to change with age in some studies (Edmunds, Waters, & Elliot, 2001; Hemetek, Ernert, Wiegand, & Bau, 2015; Spear et al., 2007). Parents of younger children felt that professionals would include them more and target responsibility for their child's lifestyle change on them (Edmunds et al.; Spear et al.). Furthermore, younger children have a preference for prescriptive approach to advice when enrolled onto an intervention (Hemetek et al.). In comparison, for adolescents, professional's advice was focused and tailored towards them in a manner that was mindful of adolescent pressures and vulnerability, and that evoked responsibility and maturity (Owen et al.; Spear et al.). Parents seem to understand the importance of different approaches based on age, but the majority want to be involved to some degree with treatment regardless of age and expressed the need to know how to support their child through adolescent transitions (Sparud- Lundin & Andersson, 2015; Shrewsbury et al., 2010). In other studies, however, the approaches taken by practitioners were not perceived as reflecting the age and needs of the individual. For

example, authoritarian style approaches utilised by practitioners when consulting with older

adolescents were seen as negative, and inducing feelings of failure, guilt, and pressure, leading

to eventual dropout (Alm et al., 2008; Morinder et al.; Owen et al.).

### 3.4.3   Family support

Family support is also perceived as essential when attempting weight management

and lifestyle change (Jones et al., 2019; Kebbe et al., 2018; Murtagh et al., 2006; Reece et al.,

2015). Family support is highly valued amongst adolescents and professionals (Reece et al.).

Findings suggest that it provides adolescents with continuous emotional encouragement and

motivation throughout treatment (Alm et al., 2008; Kebbe et al.; Murtagh et al.; Watts, Lovato,

Barr, Hanning, & Mâsse, 2015). Adolescents in particular highlight how the provision of healthy

food and support to exercise is influential, specifically when parents and family members

actively engage in lifestyle change (Alm et al.; Kebbe et al.; Twiddy et al., 2012). Young people

also benefit when families provide a supportive environment focused on collaboration: both

child and parent having input on the selection of healthy foods available in the house, meal

choices, and cooking and eating together to support goals (Peeters et al., 2012; Watts et al.).

Here, parents feel that forcing a child to engage in behaviour change or attend interventions

does not yield positive outcomes and instead, positive attitudes to lifestyle change and

encouragement need to be the main focus (Twiddy et al.). Service providers, practitioners, and

parents also express the importance of family engagement and specifically highlight that

parents need to have motivation to support their child (Sparud-Lundin & Andersson, 2015;

Twiddy et al.). Some parents highlight that they feel great pride in the fact that they find

practical ways of working around issues of support and that they embrace new ideas to assist

their children (Owen et al., 2009).

In contrast to this, unsuccessful families have been seen to be passive and disengaged

from their child's treatment (Brennan et al., 2012; Owen et al., 2009). In these instances,

parents were unable to identify how to make lifestyle changes in the home and placed

responsibility on the provider, assuming that they would be doing the work for them (Owen et al.).  In some cases, parents still eat unhealthy foods, with no intention to change their own diet in support of their child and satisfy the requests of other family members for unhealthy food (Morinder et al., 2011; Twiddy et al., 2012). Alongside this, parents felt guilty about restricting certain foods and struggled to maintain consistency when supporting their child's eating habits (Owen et al.; Stewart et al., 2008; Twiddy et al.). In some studies, adolescents received no support and involvement from parents. In others, parents expressed negative attitudes (Brennan et al., 2012; Kebbe et al., 2018; Story et al., 2002; Twiddy et al.). Negative attitudes were viewed by adolescents as their parents having no confidence in their abilities to change and judging them on their behaviours (Alm et al., 2008; Pratt, McRitchie, Collier, Lutes, & Sumner, 2015). Others found that too much pressure from parents caused conflict and resentment of behaviour change (Brennan et al.; Twiddy et al.). In these instances, parents of adolescents found that their efforts were being undermined by their child and became uncertain how to best support their child, leading to feelings of resentment towards their child's lack of effort (Twiddy et al.). Parents specifically express the need for guidance on how to manage conflicts during treatment between themselves and their children that arise from attempting to implement lifestyle strategies (Dixey, Rudolf, & Murtagh, 2006). Practitioners feel that parents can fail to make a connection between their actions and their child's behaviour, which results in difficulty managing behaviour change for all involved (Twiddy et al.).

### 3.4.4   Peer support

Peer support during intervention and treatment has been perceived as valuable to adolescents during their time on weight management and lifestyle change interventions (Alm et al., 2008; Kebbe et al., 2018; Reece et al., 2015). Engaging with peers in a similar position to themselves provided adolescents with a sense of belonging and an increased confidence (Watson, Baker, & Chadwick, 2016). This sharing of issues and comradery is something that

adolescents expressed they do not experience outside of their intervention setting (Holt et al., 2005). However, a number of studies highlight how clients report fears of attending interventions (Daley et al., 2008; Holt et al.; Rudolf et al., 2006) regarding the stigma associated with overweight and obesity, with adolescents' feeling embarrassed or worried that they will be seen at an intervention by peers and subsequently bullied (Cohen et al., 2005; Kebbe et al.; Schalkwijk et al., 2015). Alongside this, those adolescents engaging in residential style camps with other peers raised concerns regarding not fitting in with others, and the potential to be bullied during their time at camp (Holt et al.).

### 3.4.5 Client motivation and attitude

Understanding what motivates clients to engage in interventions is deemed necessary to improve client experiences and attrition rates. Many studies conclude that the primary motivation for young people to engage is based upon weight loss (Alm et al., 2008; Daley et al., 2008; Morinder et al., 2011; Murtagh et al., 2005; Peeters et al., 2012; Twiddy et al., 2012). Girls, in particular, reported a greater desire to improve their appearance through weight loss, whereas boys tended to aspire towards building muscle and reducing body mass as a way to improve their physical skill and agility (Alm et al.).These motivations were based around adolescent perceptions that to be a healthy weight was to be 'normal' (e.g., having a boyfriend and / or socialising with friends) within society and to be accepted amongst peers (Alm et al.; Reece et al., 2016; Twiddy et al.). Losing weight was seen as an opportunity for young people to fit in amongst peers, and for some adolescents to reduce bullying and stigma they received in their day-to-day life (Holt et al., 2005; Murtagh et al.). Studies suggest that parents and young people tend to have conflicting goals for involvement in interventions (Stewart et al., 2008; Twiddy et al.). Twiddy and colleagues found that all parents tended to prioritise improving their child's mental health and wellbeing, whereas none of the young people in the study mentioned psychological motivations like self- esteem or wellbeing. Further, parents

that had instigated enrolment onto interventions explained that their child had not articulated any personal motive or goal.

### 3.4.5.1 Personal drive and commitment to change behaviour

Adolescents suggested that motivation was increased through an increased personal drive and determination to succeed (Alm et al., 2008; Peeters et al., 2012; Reece et al., 2016). This was often a result of numerous factors: initial weight loss and effects of intervention; increased self-esteem and enjoyment and stress relief (Kebbe et al., 2018; Owen et al., 2009; Stewart et al., 2008a); reminders of past experiences and not wanting to revert back to previous condition (Woolford et al., 2012a); a desire to please family members and health professionals (Owen et al., 2009); feelings of pride in ability to make changes (Owen et al., 2009); and a realisation of their responsibility and ownership to take action in losing weight and following a healthy lifestyle (Daley et al., 2008; Morinder et al., 2011; Twiddy et al., 2012).

Multiple barriers have been highlighted that seem to have a negative effect on an adolescent's personal drive and overall motivation to change behaviour.  A number of studies highlight that parents and health professionals perceive clients were not committed to change, and lacked the determination to change behaviour (Brennan et al., 2012; Schalkwijk et al., 2015; Story et al., 2002; Twiddy et al., 2012). This lack of motivation seemed to be interpreted as a lack of interest in health behaviours (Story et al.); disappointment with weight loss and results (Brennan et al.); and difficulty resisting temptation of unhealthy food and drink and an inability to control and self-regulate their behaviour (Kebbe et al., 2017; Schalkwijk et al.). A lack of control was perceived to be a result of the enjoyment and temptation of eating unhealthy food (Porter, Bean, Gerke, & Stern, 2010).

One's interest and desire to engage in health behaviours is also affected by social factors like conforming to societal norms (Alm et al., 2008; Kebbe et al., 2017; Zabinski, Saelens, Stein, Hayden-Wade & Wilfley, 2003). For example, adolescents found it difficult to adhere to healthy lifestyle behaviours when socialising with friends if their peers were not

health conscious or interested in engaging in physical activity (Alm et al., 2008; Zabinski et al., 2003) Alongside this, special occasions such as celebrations or holidays can lead to temptation and indulgence in unhealthy eating and sedentary behaviour (Kebbe et al., 2017). For others, exercise and healthy eating are not seen as priorities at the time (Kebbe et al., 2017). This can be affected by a number of circumstances such as self-perception, educational pressure, and being faced with emotional and stressful life circumstances (Reece et al., 2015).

## 3.5   Summary

This chapter has highlighted the biopsychosocial changes that occur as a result of a young person's transition into and through adolescence. It is during this period that individuals begin to determine their identity and take responsibility for their lives, and health. This highlights that adolescence is a pertinent time to instigate the adoption of healthy lifestyle change as the behaviours that we establish during adolescence, transcend into adulthood. Experiences and perceptions of adolescent engagement with weight management and lifestyle change interventions have highlighted a number of factors that influence the effectiveness of treatment alongside a number of differences and discrepancies regarding intervention characteristics, support system preferences, client attitudes and motivation to engage with lifestyle change behaviours. The aim of this research was to develop a comprehensive understanding of the realities of YLW, a weight management and lifestyle change intervention for 11- to 18-year-olds; and add to the limited qualitative research on experiences, perceptions, and attitudes, to weight management and lifestyle change interventions in adolescents. This will contribute to our understanding of why discrepancies and differences in experience and perception to interventions occur.

# Chapter 4 Rationale for research and ethnographic approach

## 4.1   Rationale for research

Chapter 3 highlighted the complexities of adolescent development and the importance of encouraging health behaviours during this time. With a focus towards weight management and lifestyle change, interventions have fallen short on meeting the needs of this population and have shown mixed results with regard to long-term weight loss and maintenance, and lifestyle change.  There is a need to explore the inner workings of adolescent weight management and lifestyle change interventions from the perspectives of those experiencing it in order to inform our understanding of the challenges faced when working with adolescents in these contexts, and to draw attention to the specific needs of the adolescent engaging with such an intervention. Observing the realities of adolescent weight management and lifestyle change interventions, and gaining insight into attitudes and experiences of all key players, provides an opportunity to develop programme infrastructure that accounts for how interventions are experienced and whether they are effective at meeting the developmental needs of adolescents on the ground.

## 4.2   My research philosophy

It is important to address my ontological and epistemological stance. This is a researcher's view of the nature of reality and knowledge (Blaikie, 2000). It is this belief that directed my research approach. I sit within the qualitative, interpretivist paradigm that is a preference for naturalistic, qualitative methods of enquiry, with a view that researchers cannot hope to discover the single reality that a positivist researcher would search for: a view that only objective, quantifiable factual knowledge is trustworthy (Denscombe, 2000). Instead, I believe that individuals present multiple social constructs and realities and that I (as the researcher) cannot separate myself from the research in that my knowledge, beliefs, and values reflect my understanding of YLW and the research process (Angen, 2000). When

conducting qualitative investigation, "different researchers embrace different realities, as do also the individuals being studied and the readers of the qualitative study" (Creswell, 2012, p. 20). Unlike quantitative methods, which seek out 'hard' evidence of knowledge that is 'out there', qualitative inquiry offers an interpretative, partial representation of reality (Cheek, 2004). Reason and Rowan (1981) suggest that the classical positivist research design that utilises mostly quantitative measurements, yields statistically significant results, but said results are humanly insignificant as they do not address the complexities and diversities of the nature of human beings (i.e., thoughts, values, beliefs, context, and circumstance). Adopting a qualitative research design seeks to approach reality within time and context, using rich description of the social world, incorporating the emic perception and perspective (i.e., the views and behaviours of the people under study) (Kottak, 2006; Lincoln & Guba, 1985). In accepting an interpretivist perspective, I believe that understanding the world we live in involves developing multiple subjective meanings that are both varied and complex and typically forged in discussions and interactions with others.

## 4.3   Research aims and rationale for ethnographic approach

The aim of this research was to explore how YLW operates in the field. Secondly, to generate understanding of the experiences and perceptions of YLW trainers, clients, and parents.

Utilising an Ethnographic approach ensured the study was 'naturalistic' in that the YLW setting, the clients and other significant individuals present at that time were the 'data' and that I was the 'instrument', which acquired that data (Patton, 2001). Ethnography allowed for the use of rich descriptive data, taken in the form of words and observations, to communicate the YLW context within which experiences took place to acquire knowledge and understanding of the experiences and behaviours of participants from their own frame of reference (Creswell, 2012; Wolcott, 2008). It was vital to take into consideration the complex social encounters presented during a clients' time on YLW (e.g., the parent-child relationship and the trainer-

client relationship) to gain a deeper understanding of the realities of adolescent attitudes to weight management and lifestyle change interventions. By investigating client experiences through their own perceptions, alongside the perceptions of the trainers and parents engaged in YLW, I was able to gain insight into the holistic experience of lifestyle change interventions and the developmental challenges that arise when working with adolescents.

A bottom up rather than a top down approach utilized in ethnography ensured that the data analysis emerged inductively. A top down approach to theorising involves discovering a problem and setting out a concrete solution (Shepherd & Sutcliffe, 2011). Inductive, bottom up approaches do not base their enquiry on a determined problem or theory. Instead they give openness to ideas and theories that emerge from the data (Clark, 2005; Glaser, 2001) and allow for rich and detailed accounts of phenomenon (Braun & Clarke, 2006). An integral underlying assumption within a qualitative interpretivist approach is that the researcher is not deemed a separate entity from the research, but part of the reality that they study (Geertz, 1973). In this respect, I had to position myself in the study and make explicit the values and biases I brought to the research (Creswell, 2007).

## 4.4   Ethnography: a definition

Ethnography is both a research method of obtaining data and a written account of the culture investigated, with its goal being the need to understand the cultural perspective of the researched group (Morse & Field, 1996). Here, the ethnographer constructs versions of social reality through written representations of social scenes, persuading the reader of its plausibility, authenticity and significance to research (Atkinson, 2014). Ethnography consists of thick description and interpretation of the shared and learned patterns of behaviours, ideologies and values of a culture sharing group (Harris, 1968). Hammersley and Atkinson (2007) view ethnography as:

> …a particular method or sets of methods. In its most characteristic form it involves the ethnographer participating, overtly or covertly, in people's lives for an extended period

of time, watching what happens, listening to what is said, asking questions….in fact, collecting whatever data are available to throw light on the issues that are the focus of the research (p. 1)

For Willis and Trondman (2000), ethnography is seen as "a family of methods involving sustained social contact with agents, and richly writing up the encounter, respecting, recording, representing at least partly in its own terms, the irreducibility of human experience" (p.5). Lareau and Shultz (1996) argue that there is much discrepancy with the definition of ethnography and its focus, while Savage (2000) challenges its epistemological underpinning as there are a number of different ideas regarding a definitive methodological description. However, it is almost always the case that definitions include the use of participant observations and interviews as methods, and the need to be in the contextual setting for an extended period of time to acquire acceptance from the culture and to reach a saturation of understanding. While Savage disputes a sound methodological underpinning, she does suggest that ethnography be used when beliefs and practices in context need to be accessed.

### 4.4.1   Origins of ethnography

Ethnography emerged in the early 20th century in anthropology through the influential works of Boas, Evans-Pritchard, and Malinowski (1922-1948), Mead (1928-1975), and Radcliffe-Brown (1912-1948). These works diverged from the more traditional scientific approaches to research through the legitimisation of field observations concerning 'primitive' cultures. Of particular significance is the research by Malinowski throughout his work in the Trobriand Islands (Malinowski 1922, 1935a, 1935b, 1948) that has been credited for advocating first-hand observation (Burgess, 1990). Ethnography emerged as one of the main models of enquiry for a number of studies within Western society (Lynd & Lynd, 1937) and spread from the 1960's onwards across sub-fields of sociology and into research developments in Europe (Burgess). There was a rise in cultural studies distinct from sociology and anthropology that adopted an ethnographic methodology across multiple disciplines such as psychology and human geography in later decades (Hammersley & Atkinson, 2007). This

continual development and reinterpretation over time to fit a multitude of disciplines and circumstances is a potential reason why Ethnography does not have a distinct meaning. Nonetheless, this does not undermine its value and worth as a methodology.

### 4.4.2   Ethnographic processes

The Ethnographic process involves immersing oneself into the culture under study creating an insider and outsider balance of perspectives. This is achieved by the researcher staying in the field for an extensive period of time, participating in the daily practice, observing interactions and behaviours within the context and interviewing participants (Wolcott, 1999). The issues that are uncovered are generated from both the emic (people) and the etic (researcher) perspectives and become focused over time. The focal themes and shape of the study emerge during data collection and analysis as opposed to being formed prior to the start of research as a set of hypotheses (Bresler, 1995). It is necessary for all elements to be captured, even those that are often taken for granted within a culture or setting: ethnographers aim to make 'the strange familiar and the familiar strange' (Miner, 1956). This is done through initial integration with the setting by examining even the most commonplace processes and behaviours in a new light, as if they were unique in order to determine all details to make for a credible depiction (Erickson, 1973).

Ethnographic processes can be challenging as the time given to collect the data is extensive and calls for prolonged time immersed in the field of enquiry (Wolcott, 1990). This immersion can lead to researchers 'going native' whereby they become too involved with the community under study and lose objectivity, becoming completely socialised into the culture and abandoning all study (O'Reilly, 2009). Yet, the benefits of such an approach often outweigh the possible dangers of immersion. The main benefit of ethnographic research is the rich and detailed data that is generated (Denzin, 1997).

4.4.2.1   Participant observation and field notes

Participant observation enables the researcher to gain access to the meanings that participants allocate to social settings through immersion into, and direct experience of, the research setting (Burgess, 1990; Mason, 2002):

> ...participating in the daily life of a group or organisation he studies. He watches the people he is studying to see what situations they ordinarily meet and how they behave in them. He enters into conversation with some or all of the participants in these situations and discovers their interpretations of events he has observed (Becker, 1958 p. 652)

Observation facilitates the data collection of social interactions as they occur in their natural setting as opposed to artificial situations or constructs of artificial situations like in experimental or survey research (Burgess, 1990; De Munck & Sobo, 1998). The advantage here is that researchers can access the social interactions of various informants in their "own language" (Burgess, 1990, p 79). However, embedding oneself into a setting and being the independent instrument of data collection inevitably means that information detected, gathered, and interpreted is unique to the observer and can result in researcher bias (DeWalt & DeWalt, 2002; Kawulick, 2005). It is essential that to limit this bias, one must acknowledge how their personal characteristics (age, gender, ethnicity, etc.) may affect data collection, analysis, and interpretation (Kawulich). It is suggested that ethnographers must utilise other methods alongside observation to gain a richer understanding of multiple perspectives of the social context and participants, and also practice reflexivity throughout research (Dewalt, DeWalt, & Wayland, 1998). A detailed description of my acknowledgement of bias and adoption of reflexivity is provided in Chapter 5 (section 5.8.1.3).

Conducting participant observation also involves careful consideration and adoption of a number of different roles within the field. Gold (1958) identified four classic field role types: complete participant; participant as observer; observer as participant; and complete observer. The complete participant conceals their role through covert observation by playing a role in

the setting. This can lead to the researcher altering the behaviour of the individuals within the setting and increases the chances of the researcher 'going native' (O'Reilly, 2009). The participant as observer role involves participating in the setting as well as observing social interactions:

> The participant as observer not only makes no secret of his investigation; he makes it known that research is his overriding interest. He is there to observe... the participant is not tied down, he is free to run around as research interests beckon (Roy, 1970 p. 217)

This role provides freedom to investigate interactions of interest and establish relationships with informants to achieve an understanding of their social world. However, there is a question of bias in relation to the extent the researcher is participating, and therefore influencing the situation (Roy, 1970). The observer as participant role provides the researcher with less of a chance of 'going native' through ensuring contact with informants is brief and formal, keeping participation to a minimum. Here, the researcher openly defines contact with informants, as observation. The nature of this role does not create as satisfactory of a relationship with the informants due to the reduced contact, creating problems of bias and difficulty in gaining access to meanings and understandings of social behaviours within the setting under study (Gold, 1958). The complete observer role involves no contact with informants but purely observes from a distance in order to avoid 'going native' with the risk of rejecting the informant's views on the social encounters observed (Gold, 1958). Olesen and Whittaker (1967) suggest that roles are not necessarily clear cut and can overlap and exist simultaneously. As a research project progresses and develops, the researcher role is negotiated and renegotiated with different informants (Schatzman & Strauss, 1973). During the field work, I developed and adopted different roles as time progressed and relationships and situations emerged (see section 5.6.3.1 for a detailed discussion of my roles in the field).

Observational data is recorded through field notes. Lofland and Lofland (1995) describe field notes as a:

chronological log of what is happening to and in the setting and to and in the observer... a running description of events, people, things heard and overheard, conversations among people, conversations with people (p. 93)

The aim is to maintain the integrity of the observations by recording concrete accounts and raw behaviours disregarding, for the time being, an assessment of the informant's actual feelings and understanding of their behaviours (Lofland & Lofland, 1995; Spradley, 2016). Becker, Geer, Hughes, and Strauss (1961) highlight the importance of noting everything observed, the unusual and the mundane, as what is of importance to the research and poignant to the development of the study will become clear as time goes on and the researcher becomes integrated within the setting. The logging of conceptual, interpretative material alongside running descriptions greatly facilitates the analysis period, and the recording of early assumptions and hunches is advised to assist the analysis phase of research (DeWalt et al., 1998; Lofland & Lofland, 1995).

#### 4.4.2.2    Partcipant interviews

There are numerous forms of interview and it was essential to select the form that best suited the nature, methodology, and enquiry of my research (Patton, 2015). In structured interviews, questions and order are developed ahead of time, with no flexibility to shift focus (Merriam & Tisdell, 2016). This is beneficial for purposeful and standardised research methods and to reduce the impact of the researcher who is unable to probe and manipulate the direction of the interview (Sparkes & Smith, 2014; Tracy, 2013). However, given the exploratory nature of this research, structured interviews would lack the flexibility and sensitivity to context needed to meet my research aims (Tracy). In contrast, unstructured interviews enable complete free flow and spontaneous direction with regards to topics discussed during interview (Sparkes & Smith; Tracy). This form of interview was deemed

advantageous during participant observations in its ability to discover unanticipated and novel

data relevant to the interviewee and the context in which it occurs (Sparkes & Smith).

However, this interview form can generate masses of irrelevant data and, for my research,

could have created challenges when analysing and comparing participant perceptions

(Merriam, 2009). From consideration of all forms of interview, it was decided to use semi-

structured interviews with participants in this research.

A semi-structured interview is a verbal exchange between the researcher (interviewer)

and participant(s) (interviewee) in an attempt to bring forth information from the latter (Polit

& Beck, 2006). This type of approach is suitable for the promotion of understanding about

individual experiences and perspectives in regard to a given situation, encouraging the

interviewee to share rich, detailed descriptions and narratives of phenomena (DiCicco-Bloom

& Crabtree, 2006; Kajornboon, 2005). Of significant importance is the semi-structured nature,

which enables the collection of data as it arises naturally and not dictated or prohibited by

more structured interview styles (Barbour 2008). Instead, the interview is deemed a

"conversation with a purpose" (Burgess, 1990, p. 102) that allows participants to explore

topics they feel significant (Mason, 2002). While a pre-determined interview schedule is often

prepared, the questions, order, and structure of the interview can be altered to suit the

progression of the interview and to allow scope to ask unanticipated questions that may have

arisen during the interview process (Kajornboon). However, it is essential to understand that

an interviewee's response should not be received as their "absolutely reliable understanding"

(Markula & Slik, 2011, p. 82) and determining the trustworthiness of an interviewee's

interpretation is impossible (Sparkes & Smith, 2014). Alongside this, participants may withhold

information if trust and rapport are not built between interviewer and interviewee (Sparkes &

Smith).

One-to-one interviews are utilised to collect individual accounts of experiences, attitudes, and beliefs related to a topic or phenomenon (Gill, Stewart, Treasure, & Chadwick, 2008; Lambert & Loiselle, 2008; Speziale & Carpenter, 2011). However, interviewee s may withhold or embellish certain descriptions and explanations if the reality is contradictory to their preferred self-image (Fielding, 1994). Focus groups are group discussions that formulate understanding through questioning and commenting on one another's experiences that develop multiple perspectives and accentuate similarities and differences amongst participants (Duggleby, 2005; Freeman, O'Dell, & Meola, 2001; Gill et al.). However, in many instances, focus groups are used to extract individual experiences and are used in substitute for one-to-one interviews (Barbour, 2008; Lambert & Louiselle). A combination of both one-to-one interviews and focus groups can be advantageous and complementary when generating views of a particular phenomenon from different groups of participants (Leung et al., 2005). Equally, combining one-to-one interviews and focus groups can also enhance data completeness as each method can reveal different aspects of a phenomenon (e.g., focus groups explore beliefs and perceptions of a phenomenon and one-to-one interviews explore experiences of a phenomenon) (Adami, 2005). For this research, as participants included trainers, clients, and parents, it was deemed beneficial to utilise a combination of both one-to-one interviews (with observed clients and parents) and focus groups (with trainers and previous clients) in order to develop a deeper understanding of observed behaviours and draw attention to individual experiences of YLW; and to generate an understanding of beliefs and perceptions of the programme itself.

### 4.4.2.3 Summary

The advantage that participant observations, focus groups, and one-to-one interviews have as mixed methods within ethnography is that while participant observation allows the researcher to identify cultural and social behaviours, the assumptions made can be questioned, and a development of meaning can be confirmed through interviewing (Hammersley & Atkinson, 2007). By adopting a mixed method approach, I added dimension

and multiple perspectives to the data I collected, considering different participant perspectives to generate a greater depth of understanding (Mason, 2002). Finally, underpinning this research is my assertion that what is presented can only be considered as a construction of events. I acknowledge that I will have particular perceptions based on such considerations as my history, race, gender, and class (Davies 1999); and additionally, I can only offer the constructions of reality as presented to me by participants. Notwithstanding, ethnography was a suitable methodology to gain an interpretative and emic understanding of the experiences of YLW. By utilising ethnographic methods, I was able to present detailed descriptions of the situations and occurrences within the YLW setting to generate a clear picture of the context and to draw the reader into the world of the YLW client, parent, and trainer, providing insight through means of vivid stories and snapshots of their activities, interactions, and perspectives.

## 4.5   Choosing the research sample and acknowledging generalisability

Traditional quantitative research values statistical sampling procedures that are representative of the population and the relevant characteristics under study (Sparkes & Smith, 2014; Uprichard, 2011). Ethnographic researchers rarely worry about the representativeness of a sample and argue that qualitative research does not aim to represent a whole population through statistical generalisations, but to shed light on a unique and interesting phenomenon or case that may have wider relevance (O'Reilly, 2009; Polit & Beck, 2010). As Smith (2018) argues, to claim that qualitative research findings are weak if they are not generalisable is a misunderstanding. Instead, one should draw on the quality and not quantity of data in order to gain an "in-depth understanding rather than empirical generalizations" (Patton, 2002, p. 230). However, it is important that choices are made with regard to where, when, what, and with whom to study, especially given that one researcher cannot be in all places, at all times, with all individuals in the field of study. Hammersley and Atkinson (2007) suggest that ethnographers sample settings, in different contexts and times, with people and groups. Sampling can also change during a study and should include at least

two of four different elements: site, events, actors and artefacts. (Marshall & Rossman, 2010). When selecting a site for study, ethnographers often base their choice on the site's representativeness of the phenomenon in question, its accessibility to the researcher, and the willingness of those in the field to engage in research (O'Reilly, 2009).

Purposive sampling is well recognised in ethnography (Brewer, 2000; O'Reilly, 2009; Palinkas et al., 2015; Patton, 2002; Ritchie & Lewis, 2003). Here, samples are purposefully chosen as a means of accessing people, times, and settings that will yield the most information rich data that reflects the research aims (Patton; Ritchie & Lewis). Ethnographic research is an inductive process; thus, sampling is an ongoing task that continues throughout the research process as understanding emerges from time in the field and as the researcher begins to determine who are the relevant people to talk to and pursue (Brewer; O'Reilly). For this research, I purposefully sampled one ERY Leisure Centre as, at the time field work was conducted, this particular Leisure Centre was the only one of the 11 in ERY where YLW was actively running. Alongside this, the sampled Leisure Centre was easily accessible in terms of distance to travel for field work, and the YLW trainer based at the Leisure Centre was willing to engage in the study. This Leisure Centre permitted maximum insight in to YLW that could be reflective of other sites within ERY (Palinkas et al.; Patton).

With regards to participant observations, I utilised emergent purposeful sampling that involves "taking advantage of the circumstances, events and opportunities for data collection as they arise" (Palinkas et al., 2015 p. 18). This process is common in field work while the observer gains greater knowledge and understanding of the setting and phenomenon (Cohen & Crabtree, 2006). In ethnographic fieldwork, it is impossible to select individuals from a population at the outset of a study given the inductive and emergent nature of enquiry (Palinkas et al.). Therefore, upon entering the field, I sampled all clients who were currently enrolled onto YLW, their family members (if present), and the YLW trainer. This included anyone who enrolled onto YLW during my time in the field. As time progressed, and I became

immersed in the field, I was then able to follow a strategic emergent sampling of individuals that I considered to be most beneficial to the research aims and that provided insight into the ideas and theories that emerged from the field (O'Reilly, 2009). These key individuals (seven clients and mothers) were approached for one-to-one interviews. Focus groups were sampled using a homogenous purposeful strategy. This type of sampling aims to group together individuals to answer a research question that addresses specific characteristics to that particular group (Palinkas et al.). Here, I sought to sample a focus group of YLW trainers and a focus group of previous YLW clients to gain insight into their experiences of YLW.

## 4.6 Summary

This chapter provided a rationale for this research and the ethnographic approach utilised. Here I addressed my ontological and epistemological stance that sits within the interpretivist paradigm and explored how these beliefs fundamentally directed my research approach. Following this, I presented the main facets of the ethnographic process and my rationale for participant observations, the use of both focus groups and interviews and my sampling strategy. The next chapter describes the ethnographic process utilised to meet the aims of this study, from gaining access, integrating into the setting, and establishing trust, to collecting and analysing data.

# Chapter 5 **Methodology**

## 5.1 Overarching ethnographic approach

This study was set at one ERY Leisure Centre. Field work began in October 2013 and lasted for 12 months. I began by locating the site to study, gaining access and building rapport with participants. I then gathered ethnographic data through participant observation and field notes in order to familiarise myself with the inner workings of YLW and to encounter the experiences, attitudes and behaviours of trainers, clients and parents during their time on YLW. Participant observations and field notes were supplemented with semi-structured interviews: eight-one-to-one interviews with individuals who engaged in participant observations; and two focus groups: one consisting of YLW trainers and one consisting of previous YLW clients. Interviews with participants generated a greater depth of meaning to what I had encountered in the field and was an opportunity to gain multiple perceptions of the YLW experience. Here, participants were able to give detailed, in-depth accounts of their own experiences of and attitudes towards YLW. It was expected that this would help inform my understanding of adolescent weight management and lifestyle change intervention from the perspective of those experiencing it in order to draw attention to their specific needs when engaging with such an intervention. Focus groups were conducted during field work and one-to-one interviews were conducted upon the completion of field work to explore perceptions and address themes that emerged from participant observations. All data collection was completed by the summer of 2015.

## 5.2 Permissions and ethical approval

Permission to conduct the field research was obtained initially from the YLW director (see Appendix A) and approved by the University of Hull Ethics Committee. All ERY Leisure staff at the site were informed about the study and my intention to conduct participant observation during YLW sessions by the fitness coordinator at the Leisure Centre. Throughout the research

process it was made clear that all observations and data collection was overt, with no deception to gain insight into the YLW process and client, trainer, and parent experiences.

I provided a letter of invitation, information sheet, and obtained informed written consent from all participants on arrival of their first observation. For those participants under the age of 18 years (clients), I sought informed consent from a parent / guardian. All information sheets and consent forms can be viewed in Appendix B. When undertaking participant observation, it became clear that it was impossible to obtain permission from every individual present during observation in the field (staff members, customers, and general public) (Punch, 1986). I was guided and reassured by the notion that "despite the researcher's best efforts, informed consent is almost impossible to achieve. It is often impractical to be completely clear to everyone who might appear in the study that they are subjects of research" (Johnson & Long, 2003, p 5). Due to the prolonged entry into the field and the numerous visits to the Leisure Centre, continuous written and verbal consent was sought from participants. It was also made clear that their involvement in participant observation did not mean they were expected to participate in interviews as I was aware that participants might have felt coerced into taking part.

For those willing to be interviewed, a date was arranged and my contact details were provided to ensure participants were able to contact me with regard to changing the date or to withdraw from the interview. Like participant observations, each received information sheets and gave informed written consent before interviews and focus groups were conducted (see Appendix C and D). Upon completion of all data collection (participant observations, focus groups, and one-to-one interviews), participants received a debrief form to inform them of the purpose of the study and how their data and results of the study would be disseminated (see appendix E). Participants were also sent copies of their interview transcripts to confirm that all information was correct and to include any additional comments they wanted to.

## 5.3   The setting

For clarification and understanding of results, the research setting was given a pseudonym and referred to as 'Springfield Leisure Centre' (SLC) and its location within ERY identified as 'Springfield'. Springfield is one of the major settlements in ERY to the west of the city of Hull. Of the 336,000 inhabitants of the ERY, it has a population of 15,000 and is situated in a predominantly rural area on the edge of the Yorkshire Wolds. Springfield holds a strong focus towards local services to provide shopping, education, health, leisure, and employment to the community.

SLC consists of two pools, a sports hall, and a 50 station gym. The gym is of modern layout with high specification equipment and mood lighting and provides junior gym sessions alongside general entry to members. SLC also holds a strong focus towards health services with qualified staff including GP referral, cardiac rehabilitation, and the Adult and YLW programmes. Services include swimming lessons and over 30 exercise classes; training courses such as first aid; a café; a crèche; and a number of clubs including swimming, karate, and hockey. SLC itself is one of the smaller sites located in the ERY, with 1800 active memberships; 13 full-time and six part-time staff members at the time field research was conducted. Of the 19, only one staff member was qualified as a YLW trainer. The majority of members at SLC live in Springfield and younger members attend Springfield secondary school. From observations, the atmosphere at Springfield Leisure Centre was friendly and very community-based, with a strong relationship between staff and customers. I was welcomed warmly and soon accepted into the site, with all staff members showing a keen interest and hospitable demeanour.

## 5.4   The YLW programme

YLW is a free, 12-month weight management and lifestyle change programme for young people between the age of 11-18 who are overweight/obese. Individuals can enrol onto YLW by contacting their local ERY Leisure Centre. It is a tailored, multi-component intervention

that provides 16 one-to-one weekly sessions with a personal trainer to facilitate the adoption of healthy lifestyle changes and weight management that focuses on healthy eating and physical activity. Weekly sessions last an hour and vary in terms of structure and specific content but typically incorporate: a period of time in the privacy of a consultation room to discuss a client's progress since their last session and to establish new healthy eating and exercise goals for the week; some form of engagement in exercise or physical activity at SLC (swimming, gym session in the fitness suite, exercise class or sports hall activity); and the taking and recording of height and weight measurements to calculate BMI. The aim for the first 16 weeks is to create structure and consistency in a client's exercise and healthy eating routine in an attempt to prepare them for the transition to monthly sessions and completion of the programme. The frequency of sessions is reduced to monthly after a client's initial 16 weeks of attendance on YLW, and persists for a further eight months. During a client's time on YLW, they receive a free Leisure Centre membership, which gives them access to all 11 ERY Leisure Centre sites. While YLW focuses on the client, trainers encourage parents / family members to attend at least four YLW sessions to support the client to make healthy changes into their lives. This is facilitated by providing clients with a 'buddy card' that allows a friend or family member, free membership to attend SLC with clients.

## 5.5   The participants

Eighteen clients (15 females; 3 males) with an age range of 11-17 years took part in participant observation during the course of field work along with any family members who attended YLW sessions (n= 16: 14 mothers, 1 father, 1 grandmother) and the YLW trainer based at SLC. Five clients withdrew from YLW during participant observations and the remaining nine completed the programme. An understanding of why these clients withdrew from YLW will be explored in chapters six and seven. Of the 18 clients, each had the involvement of at least one parent (typically mother) during sessions, with the exception of three female clients.

### 5.5.1 Participants selected for focus groups

#### 5.5.1.1 Trainer focus groups

All YLW trainers working within ERY Leisure were approached for a focus group interview. Of the 11 Leisure Centres approached, seven trainers (all from different sites) expressed an interest and availability to take part (six females; one male). Given the distance between sites, I conducted two focus groups with trainers based on their locality.

#### 5.5.1.2 Client focus group

Previous clients who had already completed YLW were approached for a focus group interview. Five responded and expressed an interest (four females; one male) with an age range of 13-16 years. All had attended SLC and had been allocated the same YLW trainer who was observed during field work.

### 5.5.2 Key individuals

Extracts from all data sets and participants are included and taken into consideration within the results. However, from participant observation, seven clients, their family members (if involved), and the YLW trainer emerged as those whose experiences provided the greatest contribution to the themes that evolved. It makes sense to introduce the key individuals in more detail as they were amongst the people with whom I spent the greatest amount of time and conversed with the most. I allocated each with a pseudonym to ensure anonymity, but also to instil an element of personalisation and familiarity to each character and their stories as they unfold. The remaining participants were allocated numbered codes (e.g., "previous client 1"; "Trainer 1"). A more detailed description of how I stored and managed data is provided in section 5.6.5 of this chapter.

### 5.5.2.1 The trainer: Alice

Alice (pseudonym) was the only trainer allocated YLW clients at SLC during the time of the study. Alice was one of the first trainers to take on YLW clients when the programme originated, helping shape and direct the organisation and structure of the programme that is practiced today; as a result, she held a strong passion for the programme and her clients. Alice was 21 years of age when research began and she had been working at SLC (both part-time and full-time) for the last 6 years. Initially employed as a lifeguard, over the years she gained a number of training qualifications and adopted multiple roles including swimming instructor, Level 4 fitness instructor, GP referral, Adult Live Well and YLW trainer. Alongside working at SLC, Alice was also a full time student, working towards an Occupational Health degree. As part of her course she had taken on a number of work experiences in a multitude of child and adult health care settings with different clientele. She was an extremely kind natured individual who was skilled in communicating and relating to an array of diverse individuals. Her presence within SLC was well recognised, providing key knowledge, support, and information to the majority of staff members. She maintained strong working relationships with staff members of all ages and this was also reflected in her personal life, maintaining connections with university students, and the local agricultural and equestrian community.

### 5.5.2.2 The key clients

Of the seven YLW clients, all completed YLW with varied levels of success. However, it is the experiences of each, as their stories unfold, that generate a holistic understanding of the YLW experience. Table 2 gives a general description of each key client and their involvement in this research.

Table 2

*The key clients*

| Pseudonym | Age | Male/ female | Completed YLW | Observations | Interview | Mother interview |
|---|---|---|---|---|---|---|
| *Harry* | 11 | *Male* | *Yes* | *Yes* | *Yes* | *Yes* |
| *Jess* | 13 | *Female* | *Yes* | *Yes* | *Yes* | *Yes* |
| *Tom* | 15 | *Male* | *Yes* | *Yes* | *Yes, but withdrew* | *Yes, but withdrew* |
| *Sophie* | 16 | *Female* | *No* | *Yes* | *No* | *No* |
| *Chloe* | 16 | *Female* | *No* | *Yes* | *No* | *No* |
| *Hannah* | 16 | *Female* | *Yes* | *Yes* | *Yes* | *Yes* |
| *Megan* | 17 | *Female* | *Yes* | *Yes* | *Yes* | *Yes* |

All seven clients were approached for interviews with their mothers. Five responded (along with their Mothers) and verbally agreed to interviews (three girls; two boys; five mothers). However, it became increasingly difficult to contact and arrange an interview with Tom. After five failed attempts of communication, Tom and his mother were withdrawn from the interview stage of data collection as it was deemed unethical to continue to approach the family for an interview. However, Tom, Chloe and Sophie's contribution to participant observation is included in the results. Each key client holds great precedence as their individual stories and experiences were the driving force for the formation of this thesis. Each story provides insight into the effects of adolescence on a client's ability to complete and progress on healthy lifestyle change programme such as YLW.

*Harry*

Harry was one of the youngest clients observed during field work. At the age of 11, he had received a letter from school stating that there was a cause for concern with regard to his weight and BMI. As a result, his mother suggested he should enrol onto YLW, and Harry was happy to oblige. Harry was extremely focused and driven towards achieving positive weight loss results and became obsessive over his weekly weigh-in, so much so that he became extremely disappointed if he did not manage to lose weight each week. Furthermore, his mother expressed future concerns for her son moving into secondary school and so encouraged and supported him with his journey ensuring he followed instructions not to eat unhealthily and that he engaged in ample amounts of exercise both in and out of SLC. Harry did not complain about the intensity of his lifestyle change, instead he seemed to revel in his success and enjoyed the experience. Alongside his desire to succeed, and his mother's persistent support, he managed to adopt positive lifestyle changes and lose weight in the process. However, upon completion of YLW, he had reduced his healthy lifestyle behaviours.

*Jess*

Jess was 13 years of age at the beginning of the study and lived at home with both parents and her younger sister. This was her second time on YLW. She had previously enrolled at the age of 11 after receiving a letter from her primary school in a similar case to Harry. She achieved fantastic results during her first attempt, losing dramatic amounts of weight and gaining a great deal of self-confidence. However, maintaining the weight and lifestyle changes proved difficult for Jess and resulted in a relapse in weight gain. Both Jess and her mother decided to enrol for a second time. Her second attempt was a complete contrast to her first. While her family provided copious amounts of support and encouragement, Jess lacked the same drive and determination as she had the first time round. Jess gained weight during YLW and reverted back to her unhealthy lifestyle habits upon completion. Jess was a frustrating case to observe and follow as her family, in particular her mother and grandmother, were extremely supportive and devoted a lot of time and energy into Jess and her journey. It was

Jess's lack of responsibility and determination that deprived her of success, as was the case with a number of clients within the study.

*Tom*

Tom was 16 years old when he started YLW. His parents decided to enrol him after being advised by his GP that they needed to do something about his weight status. He managed to lose weight during his time on YLW, but his parents (in particular his mother) took ownership of his experience and he allowed it to happen. As a result, he was not as invested in his lifestyle change behaviours and would often prefer to socialise with peers than attend SLC. I approached Tom and his mother to be interviewed once observations were over and initially both were happy to be involved. However, as time drew closer to the interview date and weeks passed since the completion of the programme, both Tom and his mother withdrew their participation from the interview. When discussing this withdrawal with Alice, it was clear that Tom had reverted back to his original lifestyle and had gained weight.

*Sophie*

Sophie was 16 years of age when she enrolled onto YLW and was extremely mature for her age and determined to succeed. She made the decision to enrol after enquiring about a membership. Sophie was completing her GCSE's in her final year of secondary school and was a member of the cadets, with the intention to join the armed forces. She also had a part time job in her boyfriend's family pub where she helped in the kitchen during weekends. The responsibility she had outside of YLW reflected her maturity during sessions. While Sophie was extremely determined, she withdrew from YLW during the 8 months after her 16 weekly sessions as a result of no support from her family.

*Chloe*

Chloe was a similar case to Sophie. She had a job, held a lot of responsibility in the home and at the age of 16, was in her final year of secondary school. She also made the decision to enrol and was keen to change her lifestyle for the better, stop smoking and work towards a lifeguarding qualification. However, like Sophie, her parents did not offer her any support and she, too, withdrew after the initial 16 weeks.

*Hannah*

Hannah was 16 years old when she made the decision to enrol onto YLW. She heard about the programme from her mother who suggested it to her as she had already started exercising. Hannah was very independent and managed a number of responsibilities successfully. She had a part time job at a stables, she was in her final year of GCSE's, and had recently bought a horse with the intention of attending college to study equestrianism. She engaged positively with YLW taking on responsibility and self-governing her journey. While her parents did not attend sessions, they were very much on board and part engaged with healthy lifestyle behaviours in the home environment. Upon completion, Hannah lost weight and maintained lifestyle changes post YLW.

*Megan*

Megan moved to Springfield when she was 15 years of age. As a result of moving, she lost a lot of confidence and, once a keen football player, became very sedentary and inactive. At the age of 17, her mother decided to enrol her onto YLW without her knowing, causing some discontent for Megan. Megan received the support of her family while on YLW, but would give in to peer pressure and lacked determination to take responsibility for her YLW journey. Megan, managed to lose weight upon completion but reverted back to her original habits.

## 5.6   The ethnographic process

When conducting field work the researcher attempts to approach and receive insider knowledge and information where multiple boundaries are crossed, which makes for an emotionally uncomfortable experience (Irwin, 2006). It is a journey that involves 'getting in' to the field under study, building rapport and gaining acceptance, conducting the fieldwork itself, and leaving the field. All of this done in as ethical and acceptable way as possible (Gray, 2013).

### 5.6.1   Gaining access and building rapport with ERY Leisure

Imperative to gaining access to a research site is the attitude of the gatekeepers. Gray (2013) suggests that gaining access is much easier when both researcher and site share a personal contact. In this instance, the University of Hull had already been working closely alongside the Adult Live Well programme and created a professional relationship with ERY Leisure. This provided a smooth pathway to presenting a research proposal for the YLW programme that was readily supported from the start. The impression of reciprocity best reflects my experience of gaining and maintaining access. Reciprocity is the "giving back of something in return for sharing their lives within the research" (Kawulich, 2005, p. 9). In this respect, ERY Leisure and I perceived mutual advantages from the research. As a result, I was able to conduct all aspects of fieldwork I had suggested with ease under the notion that ERY Leisure receive an overview of the findings and implications for future development in return.

Building rapport is concerned with getting in and being a part of the setting and involves establishing trust with participants so they feel comfortable in sharing sensitive information with the researcher (Gray, 2013; Kawulich, 2005). It involves such themes as empathy, friendship, collaboration, trust, and showing commitment (Springwood & King, 2001). Rapport is built over time and I sought to develop an affinity with all participants, specifically Alice as she was my route to clients and parents on YLW. I entered SLC in October of 2013 and began to get to know Alice, making a conscious effort to spend time with her

during my visits, showing interest in her as a trainer and a person in order to establish trust (Gray; Kawulich; Springwood & King). From the very start, I ensured that I arrived half an hour early or stayed half an hour later to allow time for us to 'put the world to rights' as we so fondly labelled our conversations, which varied from discussions about YLW to each other's hobbies, interests, and personal lives. Although I had explained to Alice previously that my intentions were not to evaluate her competency as a trainer or judge her actions, I was aware of how my presence could affect her behaviour towards myself and the clients in sessions. I did not want her to feel intimidated or anxious as a result of my company or react in a way that would deter from her natural training style. What started as a conscious effort to engage with Alice to build trust and rapport, became a genuine friendship over the course of the fieldwork, which had both a positive and negative effect. As a positive, I felt that Alice was truly herself around me during client meetings and during our personal discussions. The opportunities we had to discuss YLW were extremely beneficial to the fieldwork and informed data analysis as we were able to contemplate the advantages and disadvantages of the programme and what we were both witnessing during observations. This detail and honesty is something I would never have been able to replicate in a semi-structured interview and gave valuable insight into the perceptions of a YLW trainer.

Our relationship assisted my becoming invisible (Coleman & Collins, 2006) in the field amongst participants. Over time Alice became very much at ease with my presence in the field and her unperturbed nature facilitated a trusting and collaborative bond with clients, parents, and myself. Another advantage was that I was female and of a similar age to Alice (23 years), which facilitated rapport. This was perceived by clients and parents in the field and I was very much accepted as part of their programme and a member of the team as opposed to an external assessor. The disadvantages to building an emotional bond with Alice became apparent when I reached the point of leaving the field, which is discussed in depth in section 5.6.6. Alongside the informal discussions with Alice, I also engaged in a number of workshops involving all YLW staff members: coordinators and trainers from all 11 Leisure Centre sites.

Formal interviews were not deemed necessary for the Live Well coordinators and Adult Live Well Trainers as they had no direct experience within the YLW setting and thus did not meet the research aims. However, non-formal discussions and interactions do feature in the field notes recorded and results of this research.

### 5.6.2 Gaining access and building rapport with clients

Once I had gained the trust and respect from Alice, I used this collaboration to approach clients about my research. Alice and I came to the agreement that being approached by her initially, would ease clients into the idea of consenting to being a participant, as they may be experiencing a lot of apprehension starting the programme. This strategy is confirmed by Duke (2002) who suggests that personal contacts make for a smoother process when gaining access to research sites. Once clients and parents verbally agreed to participate, I met with clients and parents to provide written information and informed consent forms. I was very aware of how professional and intimidating the mass of paperwork would be perceived so I adopted a very conversational and informal demeanour when explaining the purpose and procedure to make them feel at ease: I made it extensively clear that the purpose of the research was not to assess or judge the clients' success on the programme and they had a right to withdraw from the study at any time without this affecting their remaining time on the programme.

The rapport I built with clients and their families during field work also facilitated interviews, making it a relaxed and enjoyable experience. Attention must always be drawn to the concern that the interviewee's perceptions of the interviewer can affect their behaviours, interactions, and responses to questions during interviews: for instance, answering in a way that they feel the interviewer wants them to (Markula & Slik, 2011; Sparkes & Smith, 2014). While my time with the participants in the field had minimised this, I still ensured that I was receptive in my responses to answers. My previous experience of conducting interviews also proved an advantage here, especially with younger clients: prompts, pregnant pause,

clarification probes, and summarisation to check for understanding being utilised (Bowling, 2002). I ensured I adopted a non-hierarchical relationship between myself and the participant, and with an established rapport ever present, a relaxed atmosphere was easily generated that transformed the interviews into conversations with a purpose rather than a strategic exercise (Mason, 2002).

### 5.6.3    Participant observation and field notes

Twelve months of field work was conducted at SLC. I overtly observed and made field notes at roughly 100 YLW sessions (accumulating over 100 hours of data). I conducted participant observations at different times of day, different days of the week, and different times of the year; for example Summer holiday, Christmas break, and exam periods as a client's time on the programme could fall at any of these stages. I also observed key events that occurred during an individual's time on the programme: such as, the client's first meeting with their trainer and the changeover from weekly appointments to monthly ones.

Observations began with a very open-minded, flexible, and exploratory orientation that over time, were conducted with greater precision and focus as themes and individuals of interest to the research aim were unearthed. Initially, I familiarised myself with SLC and staff. I observed all aspects of YLW including each client's first introductory session, their weekly one-to-one sessions with their trainer (and family members, if present), and interactions between participants. I also engaged in informal conversations with clients, parents, and Alice during and between each YLW session. During conversations with Alice, further insight into her perceptions and thoughts regarding what had been observed were discussed. Participant observation allowed me to become part of the YLW setting, encounter the daily processes, experiences, and interactions between participants and gain an understanding of multiple perspectives through informal conversations. As a result, I was able to present an honest and comprehensive insight into the multiple experiences of YLW (Burgess, 1990).

Initially, all incidences and events I observed were reported in my field notes in an endeavour to record both the mundane and interesting (Erickson, 1973), but as observations continued to develop, I began to record incidences that reoccurred as particular themes and insights that emerged. I completed field notes in A4 booklets at appropriate times during field visits. For example, in some instances it was inappropriate or not possible to make notes during observations (specifically when participating in exercise or during sensitive discussions). In these cases, I opted to complete field notes as soon as possible after observations. I utilised a number of resources and guides to help conduct my observations in order to collect the richest data possible: recording every little detail of what I saw, heard, and felt during my observations (Burgess, 1990; Creswell, 2007; Lofland & Lofland 1995). During informal conversations with participants (if the opportunity arose and I felt this would not impede the natural flow or authenticity of the conversation), I would request to audio record our conversations. If I felt this would diminish the details of the conversations, I would make hand-written field notes of the outline of the exchange and transcribe verbatim any quotes I was able to, during the observation.

Meticulous and extensive details to all aspects of the setting were no longer reported once I gained experience and became comfortable in the setting as an observer; this being replaced with a focus on social encounters, interactions, and behaviours that reoccurred amongst participants and were of interest to the research. A conscious effort was made to ensure notes were factual records of what I had observed and did not include any personal reflection, comment, or assumption to ensure a true record of the context was presented and to avoid biases based on my personal judgements (Delamont & Ganton, 1986). However, as I became more embedded into the field work, themes and avenues of enquiry began to emerge and I began to work analytically, with assumptions and ideas starting to form. As a result, I maintained distinctions between my own thoughts, musings and the factual recorded data by dividing my field notes into substantive notes (i.e., actual recording of situations, conversations, and events observed) and analytical (preliminary analyses, questions, and ideas

worked out in the field); splitting each page of my notebook with a distinct line. An example of my field notes are provided in appendix F. The observations and field notes formed the direction and focus of my research and were the medium of which to develop topics and questions for interviews.

### 5.6.3.1 Managing my role in the field

My activities for the majority of my time in the field are best described as participant observer (Gold, 1958). I was in and a part of the setting. Initially, I decided to take a backstage role, contributing very little to conversation during sessions. One-to-one sessions were conducted in a small consultation room. Given its size, I attempted to sit / stand in a position that allowed me to observe and listen in without obstruction but also close enough so as not to become intimidating or unapproachable, to encourage clients and trainer to act naturally around me. During practical sessions in the gym, similarly, I would stand back from the gym equipment in use, ensuring I was able to see and hear all behaviours and exchanges. Much discussion was had regarding my clothing during observations. To wear normal clothing would have made me stand out to the general public at SLC, to the staff, trainer, and clients on YLW. On the other hand, to wear an SLC uniform would contribute to a covert presence as I would look like a member of staff. To counter both issues, a decision was made to wear gym/ exercise wear to ensure I 'fit in' with the majority of Leisure Centre population, but still separating myself from the staff and trainer. Alongside this, I ensured I introduced myself, when appropriate, as a PhD student from the University of Hull.

As fieldwork progressed, I soon realised that to maintain such a distant role was near impossible once clients and trainer began to acknowledge me as part of the process. As time went on, Alice started to include me in conversations with herself and the clients during one-to-one sessions. I began to respond in as neutral a way as I could: maintaining eye contact and acknowledging comments made. However, as both client and trainer began to ask me questions, I found myself, at times, engaging in discussions, and gaining my own seat in the

consultation room. In some instances, specifically practical sessions, clients would enthusiastically demand that I also participate in the exercise stating that: 'If I have to do it, you have to do it too', resulting in me jogging or cycling alongside clients or playing doubles in badminton. As a result, clients often asked Alice where I was and why I had not attended their session if I was absent. The ability to manage the constant shift in my role as an observer was something I found challenging and had to continually monitor and manage. As an observer conducting field research, it was implausible to know enough about the setting to construct a suitable research design (Lincoln & Guba, 1985), yet I had to make a decision regarding my active involvement in each session. I could not merely adopt just one role and adhere to it throughout the course of observation. Instead, my experience involved developing and taking on different roles as time progressed and relationships and situations emerged. Olesen and Whittaker (1967) suggest that roles are not necessarily clear cut and can overlap and exist simultaneously. As a research project progresses and develops, the researcher role is negotiated and renegotiated with different informants (Schatzman & Strauss, 1973). To participate in ethnographic fieldwork then, is to inevitably build a relationship with those involved, to some degree, and I feel that the bond I created with the clients during fieldwork was one that encapsulated trust and understanding. The clients did not feel threatened by my presence nor did they see me, or Alice for that matter, as an authoritarian figure. Clients perceived us as peers and someone they could look up to as opposed to an older, parental figure: myself and Alice were both in our early twenties at the time of research. To them I was merely part of their process.

Not only did I build rapport with Alice and the clients, but also circumstances meant that trust was generated between myself and parents. As I became more familiar to them, they began to confide in me. On a number of occasions, they entrusted me with their anxieties and worries about their child's progress. Again, I attempted to remain neutral in these discussions, reassuring them and encouraging them to discuss their concerns with Alice. This trust presented by parents and clients added to the dilemma of my position within the

research. My concern was that I was being perceived too much as a part of their experience and another support system as opposed to an observer. While my ever changing role caused me some concern during my time in the field, the relationship that was built allowed for a relaxed social setting in which participants' feelings of being investigated or researched were eradicated. This facilitated the acceptance and consensus to participate in interviews, encouraging a willingness to discuss their experience openly and honestly.

### 5.6.4   Interviews

Four semi-structured interview schedules were designed: one-to-one interview with clients; one-to-one interview with mothers; focus group with trainers; focus group with previous clients (see appendix G for all interview schedules). I conducted one-to-one interviews with clients as I felt that greater understanding of their own personal experiences would be better generated individually. In comparison, the focus groups were an opportunity for individuals to direct the topics of conversation as much as possible in an attempt to generate as much information as possible (Wilkinson 2003). While the interviews were used to generate an understanding of individual perspectives of emergent data from observations, the focus groups were set up to gather information with regard to specific topics related to YLW.

The questions asked during both one-to-one interviews and focus groups had no specific order and were dismissed, adapted, or expanded upon depending on the course of each interview; with the scope to ask unanticipated questions that may have arisen during the interview process (Kajornboon, 2004). Probing questions were also included into the schedule to gain more information on perspectives and opinions, and to clarify answers (Silvermann, 2001). As some participants were as young as 11 years of age, the format and language used for each interview was adapted to suit the age of the participant and enhance clarity (Denscombe, 2003). Each interview and focus group was audio recorded. One-to- one interviews lasted roughly 30-40 minutes and were conducted in a quiet room at participants' homes, away from interruptions that ensured complete privacy. Both focus groups lasted

between 45-90 minutes and were conducted in the consultation room of SLC. Of the eight interviews conducted, two were made via telephone due to time constraints and availability on behalf of the participants. I was aware that sensitive topics might occur during interview, which could cause upset and psychological stress, so, debriefs were provided after the interview was completed. However, the interview process seemed to be a positive experience and an opportunity to voice the opinions of clients and trainers and discuss their experiences. I was very aware that my identity as a researcher at the University of Hull could affect the interaction between myself and the participants; with participants providing answers that they felt I wanted to hear.

### 5.6.5   Storing and managing data

All participants and data, written and electronic, were allocated number codes or pseudonyms to ensure anonymity. Given the vast amount of data gathered and the period of data collection, it was advised to collate all data and information collected in some form of filing system, or data collection matrix as a visual means of locating and identifying all information (Davidson, 2009; Plummer, 1983). The data collected from focus group and interview transcripts were stored and managed electronically. All original handwritten notations (field notes and research log) were filed in chronological order in box files in a private, locked office. Audio data from conversations and interviews were transcribed verbatim and entered into word documents. All electronic data were dated, and grouped, according to participant group and method of data collection, to a password protected laptop. All electronic copies were backed up and saved to a secondary source (password protected external hard drive). A statement of confidentiality was included in participant information sheets. Participants were also made clear of the contribution they would be making to the doctoral thesis and potential future publications by taking part in the study.

### 5.6.6 Leaving the field

While a plan of when to leave a research field may be predetermined, little is known of leaving the field (Lofland & Lofland, 1995). I formed a preliminary decision that I would leave the field once saturation was achieved, that is when field notes became repetitive and no new insights emerged (Gray, 2013). I also made this clear to Alice. One thing I had not taken into consideration was how difficult and complex 'getting out' was. Leaving a research field requires a researcher to disengage emotionally from the setting and inhabitants. For me this was a difficult feat as I had spent a substantial amount of time embedded in the YLW setting and had become committed and empathetic to the informants (Rock, 2001). I had spent a considerable amount of time forming bonds, becoming part of the process and seen as an important figure in the development of the programme, which was now to be discarded. I became torn between the needs of my research and Alice's expectations.

As I became more involved with Alice and the other members of staff at SLC, I was aware, at times, that I was in danger of losing my outside perspective and 'going native' (O' Reilly, 2009). My perception of why I was conducting fieldwork began to shift from completing a PhD thesis to becoming a part of the YLW team to facilitate immediate changes to the programme. My feelings mentioned above reflect that of Rock (2001) who states, "the ethnographer who courted others, who had seemingly limitless time to listen, is now revealed as a person who can no longer be bothered and is in a hurry to be off" (p. 36). I felt guilty to be leaving the trainer on her own with no one to support her endeavour to improve the programme as well as leaving participants feeling used and forgotten. I was very aware of this and knew that at this point I needed to retreat from the YLW environment, but at the time I found it extremely difficult to let go of SLC and my perceived role within it.

To attempt to counter these issues I was guided by Gray's (2013) suggestion to make it explicitly clear that you will be leaving the field from the start of field work and indicate the date you intend to leave weeks in advance. When I began to feel I had reached saturation, I

decided to set a date for my final observations and exit from the field. I confirmed the date with Alice a month in advance, explaining that I believed that I had gathered all information that I needed in terms of observations. On my final day of observations, my feelings were bitter sweet. Part of me was excited to have completed participant observations, the travelling to and from SLC each week, and was eager to begin analysis. Another part of me was sad to say goodbye to Alice, feeling worry and fear that I would be disconnected from YLW and the clients. As a result, I made a conscious effort to maintain regular and consistent contact with my supervisors to discuss the emotions of leaving the field and navigating my feelings (Gray).

## 5.7   Data analysis

Data analysis in support of ethnographic enquiry is not a simple one-off activity. It is an inductive, fluid process that begins during data collection as initial analytical insights emerge from the data that can direct the researcher to collect more data or follow different avenues of enquiry (Sliverman, 2001; Wood, 2012). Here, early data analysis and emergent topics of interest guide subsequent data collection (Hammersley & Atkinson, 1995). With this in mind, the acceptance that capturing naturally occurring social situations in the field leaves little time for in-depth analysis, and given my position as a part-time doctoral student, much of the data analysis was conducted after data collection (Hammersley & Atkinson, 1995). However, the on-going recording of emergent themes and musings via analytical and reflective notes did aid the process. It is important to highlight at this stage that the findings as a result of analysis are merely representations of the experiences of the participants and my interpretation of their social constructs.

Due to the open-ended nature of the analysis process, a description of concrete actions does not wholly capture its reality (Lofland & Lofland, 1995). While a discussion of the process of analysis is presented, it is important to understand that the open-ended and innovative aspects are not well understood:

making it all come together... is one of the most difficult things of all...it is hard to inject the right mix of (a) *faith* that it can be achieved; (b) recognition that it has to be *worked* at, and isn't based on romantic inspiration; (c) that it isn't like the solution to a puzzle or math problem, but has to be *created*; (d) that you can't pack *everything* into one version, and that any one project could yield several different ways of bringing it together (Strauss & Corbin, 1990, p. 117)

Given this, I adopted and utilised thematic analysis as it is not characterised by a specific method and structure, but is a tool for analysis that can provide a rich, detailed, and complex account of data (Boyatzis, 1998). For a number of different analytical approaches (conversation analysis; interpretative phenomenological analysis; grounded theory; discourse analysis; content analysis), the method is structured within a broad theoretical framework with very little room for variability (Hutchby & Wooffitt, 1998; Smith & Osbourne, 2003; Strauss & Corbin, 1990; Vaismoradi, Turunen, & Bondas, 2013). Taking on a thematic approach provided freedom in my analytical practice. Its flexibility allowed for rich, detailed, yet complex accounts of data as they emerged from the YLW setting (Braun & Clarke, 2006). Thematic analysis is often used when few studies have dealt with the phenomenon in question, and therefore, themes are drawn directly from the data (Hsieh & Shannon, 2005). It could be suggested that an absence of such a concise and structured analytical guide could generate an 'anything goes' assessment and critique (Edwards & Potter, 2001). However, by explaining my understanding of what it is and how you engage in such analysis, I provide a clear balance between its use as a tool for analysis, and its flexible and open ended nature; one that compliments the reality of qualitative analysis and the realities of the YLW setting.

## 5.7.1   Thematic analysis process

I referred to a six-phase guideline suggested by Braun and Clarke (2006) to help inform my analysis process (see Table 3). It is important to draw attention to the fact that analysis was not a linear procedure that followed each phase systematically. Instead I was prone to fluctuate and digress between phases. Given the interplay between data collection, analysis,

theory developments (Gale, Heath, Cameron, Rashid, & Redwood, 2013), and the ongoing and

lengthy nature of my data collection, new ideas and insights emerged over time, opening up

potential lines of inquiry that needed further investigation. Thus it is important to

acknowledge my flexibility within the guidelines to fit with the research questions and data

(Patton, 2015).

I had researched different analysis software packages, specifically Nvivo to assist the

analysis process. However, I am in agreement with the advice of Barry (1998) who noted that

the time required to develop the skills to utilise software effectively can deter researchers.

While I attended a training course for Nvivo, I found the information overwhelming and

difficult to process. I was very aware that the time it would take to be competent in utilising

the programme effectively would use up valuable time for progression of the study. Instead, I

opted for a traditional, manual approach detailed next.

Table 3

*Thematic Analysis Process (based on Braun & Clarke, 2006)*

| Analysis phase | Description |
|---|---|
| **Familiarising with data** | Transcribe, read, re-read data. Note initial ideas. |
| **Generating initial codes** | Systematically work through data and code interesting features of data. |
| **Searching for themes** | Collate codes into potential themes. |
| **Reviewing themes** | Check coded extracts sit within themes across entire data set. |
| **Defining/ naming themes** | Refine specifics of themes and analytical story. Generate clear definitions and names. |
| **Producing report** | Select vivid and captivating examples from data to present themes in report and link to literature. |

### 5.7.1.1    Phase 1 : familiarising with data

This phase involved familiarising myself with the data collected by gathering all observational field notes as an entire record in order, transcribing one-to-one and focus group interviews, and continually reading through all. By transcribing, reading and re-reading all data, it is suggested that I obtained a "sense of the whole" picture of YLW (Vaismoradi et al., 2013, p. 401). By personally transcribing the interviews, familiarisation with the context and each participant story was made easier as it was an interpretative act whereby I relived the interviews and began to determine meaning to the spoken words of participants (Riessman, 1993; Bird, 2005). I immersed myself in the data through repeatedly reading while actively searching for meanings and patterns in the data. I printed all field notes and transcripts with large right hand side margins to provide space for marking and highlighting specific areas of text and short note taking. These were used as 'memos' for me to refer back to and readdress as I moved on to the next phase. I ensured that all extracts within each data set were considered and addressed, referencing commonly expressed ideas alongside interesting and surprising musings to ensure all was identified and not dismissed (Hammersley & Atkinson, 1995). Once I had generated a list of ideas regarding the data and was satisfied that I had familiarised myself with the content, I moved on to a more formal means of analysis.

### 5.7.1.2    Phase 2 : generating initial codes

I then combined the close reading with the procedure of initial coding. Codes identify segments of the written data that are of interest that can provide meaning and understanding to the research aims (Boyatzis, 1998; Braun & Clarke, 2006). Coding involves working systematically, line-by-line, through all data. Here, field notes and interview transcriptions "become textual objects (although linked to personal memories and intuitions) to be considered and examined with a series of analytical and presentational possibilities in mind" (Emerson Fretz & Shaw, 2011, p. 171). I coded manually (writing notes on text and using highlighters to indicate patterns) whereby I worked systematically through the data giving

equal attention to all segments of field notes and interview transcripts. I highlighted interesting sections of text that had the potential to form the foundation of repeated patterns in the data that addressed the research aims.

From here, I attempted to organise codes into meaningful groups that represented the code with all extracts of meaningful data (Tuckett, 2005). This was achieved through copying individual data extracts from transcripts and field notes and collating codes of similar meaning together in a computer word document. For example, all data extracts that related to negative self-image were collated in a word document under the code title 'negative self-image'. It was important to ensure I coded for as many potential themes as possible as one is never sure what will be relevant and of importance as analysis progresses (Braun & Clarke, 2006). To ensure that the context was not lost when extracting data and grouping codes, I kept a little of the data surrounding each code so I was able to understand the situational context (Bryman, 2001). An example of the initial coding of data is presented in appendix H. The coding of data extracts is not to be confused with the formation of themes, which are often broader and are based on interpretations of the data and codes that have emerged (Braun & Clarke). Ultimately, this phase allows a researcher to foster new ideas, links, and connections across the data set in order to pursue a more focused analysis of the core themes in subsequent phases (Emerson et al., 2011).

5.7.1.3    Phase 3 : searching for themes

Once all codes had been identified across field notes and interview transcripts were grouped together, I considered how each code may combine to form themes. To group codes into themes I used a number of different methods (white board and pen; posting notes on walls; mind maps) in order to see a visual representation of all codes and themes in an attempt to organise them into a comprehensive structure. Here I played around with existing theme ideas to begin to think about relationships between codes, themes, and theme levels. It was at this stage I was able to determine which codes formed main overarching themes and which

ones formed subthemes. By the end of this phase, I had formulated a 'draft' thematic map of main overarching themes and subthemes. An example of my thematic map at this early stage is presented in appendix I.

### 5.7.1.4 Phase 4 : reviewing themes

Once an idea of themes and subthemes was devised, I then began the process of evaluating and refining themes. Themes may not really exist (not enough supporting data), themes may merge, and themes might be broken down into independent themes (Braun & Clarke, 2006). It was important to ensure that coded data extracts within each theme were reasoned with clear division between one theme and another. Initially, at the coding level, I reviewed coded extracts under each theme to ensure their placement was suitable. Once satisfied with code placement, I focused on the specific themes formed and made sure they appeared to fit a coherent pattern. In some instances, I had to modify themes, create new themes, and find placement for miscellaneous extracts. It was then important to ensure that themes were valid in relation to the data set and that analytical findings were an accurate representation of the meanings within the data. In order to do this, I utilised my supervisors and academic peers as a means of debrief and peer review. On numerous occasions throughout this phase, we would meet as a group to evaluate the construction of themes and subthemes, working through each code to ensure that we all came to agreement with regards to its meaning and placement in the overall thematic representation (Merriam, 1988). Finally, I re-read all data sets to ensure I had not missed any relevant extracts that should be coded into themes and to ensure that what had been collected integrated well with the themes formed. This was a continuous process involving, rereading, reviewing, reshuffling, and receiving feedback from peers. At the end of this phase, I felt I had a clear indication of each theme, how they fit with one another and the overall story they told about the data (Braun & Clarke).

### 5.7.1.5    Phase 5 : defining and naming themes

Once I was satisfied with my thematic formation, I began to refine and define each theme: this means "identifying the 'essence' of what each theme is about (as well as the theme overall), and determining what aspect of the data each theme captures" (Braun & Clarke, 2006, p. 22). This involved going over the collated extracts (codes) for each theme and organising them into a consistent account with narratives that best describe the meaning behind the theme. I wrote a detailed analysis for each theme, identifying each 'story' in relation to the bigger picture of the YLW experience. At this stage, I was able to determine whether themes contained subthemes to give clarity to the meaning and understanding of each overarching theme. For example, within the analysis, *'a tailored approach'* became an overarching theme. Within this theme, two subthemes were identified: *'tailored approach to exercise and physical activity'* and *'tailored approach to education'*.

### 5.7.1.6    Phase 6 : Producing a report

Once fully worked themes were established, I was able to provide a concise, coherent, and logical account of the data story that included thematic evidence in the form of data extracts that offer a detailed interpretation of the YLW setting (see results in chapter 6 and 7).

The overall purpose of the analytical process was to draw together a particular interpretation of the YLW setting and the experiences of inhabitants in order to determine the developmental needs of adolescents during lifestyle change intervention. This is identified as "defamiliarization" of data (Thomas, 1993, p 43): translating what has been observed into something new, even when perceived as ordinary and routine. It was important to ensure that I provided a comprehensive, clear, and interesting account of the story the data presented by selecting vivid examples and extracts that captured the essence of each theme.

## 5.8   Research quality

Assessing the value and quality of qualitative research can be challenging (Braun, 2016) due to qualitative data being "inherently rich in substance and full of possibilities. It is impossible to say that there is only one story that can be constructed from the data" (Corbin & Staruss, 2008, p. 50). This is as a result of the data being a representation of the researcher's interpretation (Creswell, 2007). During field research it was essential that I maintained flexibility in order to pursue novel and undetermined findings and theories relevant to discoveries in the field. The qualitative research process, therefore, was not linear, yet this does not mean that it is not "systematically rigourous, [and] theoretically informed" (Becker, 2009, p. 548). Becker supports flexible, improvisational approaches and argues that "researchers can't know ahead of time all the questions they will want to investigate, what theories they will ultimately find relevant to discoveries made during research, or what methods will produce the information needed to solve the newly discovered problems" (p. 548).  Undoubtedly, it is inappropriate to evaluate qualitative research based upon, traditional, deductive criteria for scientific rigour utilised in quantitative, hypothesis-testing research (Hamberg, Johansson, Lindgren, & Westman, 1994; Malterud, 2001; Wood, 2012). However, core concerns are shared about data quality, appropriateness of data collection tools, generalisability and validity of findings, and robustness of the analysis process (Wood).

Efforts have been expended to guide qualitative researchers in assessing the quality of their research (Altheide & Johnson, 1994; Guba & Lincoln, 1989; LeCompte & Goetz, 1982; Lincoln & Guba, 1985; Seale, 1999). The leading and most utilised strategy to assess validity in a qualitative context refers to ensuring findings are credible (capturing true experiences and perceptions of participants), transferable (applicable in other contexts), dependable (consistent and reproducible), and neutral (not skewed by researcher bias) (Cohen & Crabtree, 2006; Lincoln & Guba, 1985). With respect to the reliability of research, it is impossible to collect the same data twice in ethnographic research as behaviours in response to a situation

or a response to a question may vary from one instance to the next (Trochim, 2015). Alongside this, a qualitative researcher is often heavily embedded within the research design and in turn, affects all aspects of the research process (Angen, 2000). Nonetheless reliability of qualitative research is important in terms of transparency: "an understanding of how the data was collected and the processed through which it was analysed" (Wood, 2012, p. 30). Given the diversity of qualitative methodologies, there is no consensus for evaluating qualitative research. However, it is important to ensure that researchers utilise evaluative criteria that suit their methodological tradition (Cohen & Crabtree).

### 5.8.1    Ensuring research quality

#### 5.8.1.1    Prolongued engagement, persistent observation and reflecting on the ethnographic process

In an attempt to ensure the research was credible, I spent sufficient, prolonged time in the YLW setting, attending YLW sessions, and discussing with clients, parents, and trainers within (Cohen & Crabtree, 2006; Creswell, 2007). This enabled me to appreciate and understand the situational context of participant experiences and perceptions of YLW and to differentiate between accounts that may have distorted the data. For example, as clients built trust with me over time, they began to disclose more pertinent and honest information in contrast to the initial single word responses I received at the start of field work (Cohen & Crabtree, 2008). This was also facilitated by persistent observation, and my ability to determine the avenues of enquiry that were pertinent to the aims of the research: "If prolonged engagement provides scope, persistent observation provides depth" (Lincoln & Guba, 1985, p. 304).

I also included a personal reflection of the ethnographic process of my experiences and challenges of gaining access, building rapport with participants, managing my role, and leaving the field (see section 5.6.6). Documenting this process highlights the methods that I utilised to gain the most honest and true accounts of participant's experiences and

perceptions of YLW (Lincoln & Guba, 1985; Wood, 2012). Providing a comprehensive

breakdown of the data gathering process and analysis strategy undertaken and including

examples of each stage as appendices allows the reader to "judge the quality of the resulting

product" (Patton, 1999, p. 1991) and to assess the value and credibility of the research based

upon my integration in the setting, the techniques and methodological approaches utilised,

and the attention to analytical rigour (Altheide & Johnson, 1994; Patton).

### 5.8.1.2  Triangulation

Ethnographic research never relies on one sole instrument alone to gather data and its

strength lies in its triangulation: using a range of mixed methods for data gathering to

illuminate different aspects and perspectives of the same issue (Carter, Bryant-Lukosius,

DiCenso, Blythe, & Neville, 2014; Waters-Adams & Nias 2006). Alongside this, triangulation can

be used as a concept throughout the research process to ensure that data is robust,

comprehensive, and well developed (Angen 2002; Carter et al.). Triangulation was utilised in

this research by adopting multiple methods to gather data and incorporating multiple

perspectives from clients, trainers, and parents (source triangulation). I was the able to

compare observational and interview data; compare how participants acted in observations to

how they perceived these actions and behaviours in interviews; and compare the opinions,

views, and perceptions of different points of view (client, parent, and trainer). This

triangulation allowed for validation and confirmation of the emerging themes throughout the

research process (Angen; Cohen & Crabtree, 2008; Patton, 1999). During analysis, I also

utilised analyst and theory triangulation. I utilised my supervisors and academic peers as a

means of debrief and peer review. On numerous occasions throughout this phase, we would

meet as a group to evaluate the construction of themes and subthemes, working through each

code to ensure that we all came to agreement with regards to its meaning and placement in

the overall thematic representation (Merriam, 1988). It is important to highlight that the aim

of triangulation is not to come to a singular, consistent outlook on a phenomenon. Typically,

triangulation highlights the discrepancies and differences across data, and for this research in

particular, these inconsistencies offer deeper insight into the YLW experience and what is known about adolescent weight management (Carter et al.; Patton).

### 5.8.1.3    Reflexivity

Reflexivity is an essential aspect of any qualitative research process as it is the acknowledgment of the impact that you, as the researcher, has on your research. Reflexivity is a process that incorporates self-reflection, self-awareness, and self-criticism whereby the values, assumptions, biases, and influence of the researcher are recognised (Finlay, 2002; Hand, 2003). Malterud (2001) suggests that "a researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions" (pp. 483-484). As a result, it is impossible and illogical to assume that the researcher should- or can maintain a neutral role in the field (Angen, 2000; Berger, 2015; Sparkes & Smith, 2014). Assumptions have been made that suggest that skewedness and bias are undesirable in research; however, Malterud draws attention to the fact that "preconceptions are not the same as bias, unless the researcher fails to mention them" (p. 484). With this in mind it is essential that the researcher acknowledges the influence that their values, beliefs, and experiences can have on the research process in order to ensure the transparency of findings, conclusions, and recommendations (Hastie & Hay, 2012; Kincheloe, McLAren, Steinberg, & Monzo, 2017). This can result in amplifying the researcher's awareness when conducting field work (Denzin & Lincoln, 2000; Richards, 2009).

To address the issue of reflexivity in this research, I incorporated a number of strategies. I wrote a research log throughout the research process as a "method of inquiry" (Richardson, 2000, p. 923) and a "personal tale of what went on in the backstage of research" (Ellis & Bochner, 2000, p. 741). Practicing reflexivity in this way encouraged thought and idea production that I otherwise would have been unaware of (Woods, 1999). For example, such an account allowed me to constantly address my practices and assumptions by recording practical

comments and personal experiences (Cassell, 2005). I included dated entries regarding

observations and interviews, reflections on said experiences, practical issues, anomalies and

contradictions, and immediate ideas on methodology and theoretical implications. In doing so,

my research shifted from a mere acceptance of data to a rigorous reflection of particular

problems and the recognition of biases that may distort understanding in an attempt to

become more objective (Cassell; Ratner, 2002). The writing of practical comments allowed me

to explore issues regarding methodology. The recording of experiences and feelings

encouraged me to develop an understanding of my assumptions and values and how these

affected my research. The systematic recording of events was an effective organisational aid

for the research process (Whiting, 2008).

Due to the multifaceted and ambiguous nature of qualitative research, reflexivity can

be problematic and difficult to disclose. It can be extremely difficult to write a reflective

account in a way that is both interesting and of value to the research process. This highlights

the thin line between giving valuable insight and becoming enveloped in a self-absorbed

emotional account, which results in a detachment from the emotions and perceptions of the

community of interest (Finlay, 2002). While many researchers engage in reflective practice,

they go unpublished or remain separate from the main analysis (Possick, 2009). In research

cases that would inevitably provoke a strong and emotional reaction, and given the

emotionally uncomfortable process of ethnography, this lack of reflection is evident. I agree

with and have acted upon the views of Possick, in that auto-biographical elements should be

included in the foreground of research in order to present the multifaceted dimensions of the

research process.

Secondly, my supervisors and academic peers acted as a 'critical friend' to encourage

reflection, alternative explanations and interpretations of methodological processes, events

that occurred in the field, and the analysis of the data (Sparkes & Smith, 2014). The role of a

critical friend is to challenge; probe; and highlight biases, assumptions, and perspectives that

have been taken for granted by the researcher (Lincoln & Guba, 1985; Smith & McGannon, 2017). Through reflexive dialogue and joint discussions, I was able to determine the direction and implementation of each phase of research from design, data collection, analysis, and write- up. This collaborative process facilitated the credibility of research findings and conclusions by reducing personal bias, allowing the voices of the participants to lead the research enquiry (Searle, 2013).

A main challenge when addressing reflexivity in field research is maintaining a balance between the 'emic' and 'etic' status (Gray, 2013). It is imperative to become physically and emotionally close to participants if a deep understanding of their lives is to be achieved. With this said, the questions I asked myself continually throughout my research were 'How do I keep distance?', 'Am I getting too close to participants?', and 'How am I meant to build relationships and keep professional?'. As an 'insider' I would become too involved in the setting, yet to remain an 'outsider' would hinder rapport building behaviour. My ambiguous thoughts are recognised by Merriam et al. (2001) who suggest that boundaries between insider and outsider status are not clearly marked out and distinct from one another, and one's status can shift over time. In this respect, the best an ethnographer can achieve is to negotiate a status whereby they are seen to be a part of the setting and the people without becoming too occupied (Hall, 2000). Accepting this principle suggests that the researcher will inevitably play a role and affect the field under study by being an 'insider'. As the researcher is the primary instrument of data collection, it is suggested that their behaviour and subjectivity will always affect participants' responses and the direction of findings (Finlay, 2002; Glesne, 1999; Russel & Kelly, 2002). Through this recognition, I was aware of the need to acknowledge the effects that my personal and academic biography had on all stages of research (Bourke, 2014) and to utilise the multiple advantages of locating myself at different points within the insider-outsider continuum (Dwyer & Buckle, 2009): my experiences of managing my own weight as an adolescent and young adult and completing a degree in sports coaching and performance are instances of this. For example, I was able to relate to the experiences of clients when

facing challenges during their time on the YLW programme in order to frame questions related

to their experience and generate appropriate discussions around health and fitness with Alice

as a result of my knowledge from my degree (insider); yet was able to utilise my outsider

status, as an individual who was in higher education, and not a fitness professional to

understand the lived experiences of clients and parents engaging on YLW and trainers working

for YLW.

# Chapter 6 : Findings: The YLW Intervention

## 6.1   Introduction

Of the 18 young people I observed during field work, five dropped out of YLW. Three of these clients were siblings and were withdrawn from YLW in the first 16 weeks by their mother. The two remaining clients (Chloe and Sophie) withdrew during their final eight months of YLW, however did manage to lose weight during their time on YLW. The reasons for withdrawal will be explored in the next two chapters. The remaining 13 clients observed completed the full 12 months. Of those 13, seven (including Megan, Hannah, Harry, and Tom) reduced their weight, three maintained their original weight, and three (including Jess) gained weight. It is important to highlight that not all weight loss, maintenance, and gain was consistent. All clients experienced peaks of weight loss and gain throughout their time on the programme. This was most prominent once sessions moved from weekly to monthly support. For those that did lose weight during YLW, there were increases in self-confidence, self-esteem, and improved body image:

> **Megan:** *'I started, I just started losing weight and... how I look, and it did make me feel better about myself.'*
>
> **Previous Client 3:** *'Once knowing you've lost weight…it just made me feel so much more better about myself.'*
>
> **Harry's Mother:** *'He started to feel like really, really good about himself and he started to, especially as he like trimmed down… when we went to the shops he started to get more excited about what would, could fit him and things like that, and he started to look more trendy…he can just, he can wear anything now cos he can like, he can wear fashionable stuff.'*
>
> **Megan's Mother:** *'I took her…to Primark and she was buying some stuff for the summer, and she brought like a size fourteen and she's in the changing room; I said "Go and try 'em on." And I was sitting in the one opposite, waiting for her to try 'em on, and her face, when she realised that these clothes actually fitted her, was, ah it was amazing…she were just chuffed. absolutely chuffed… and it give her such a big boost to know that, yeah, she was actually in female clothes.'*
>
> **Previous Client 4:** *'I started wearing more things that were nicer. Because [before] I was always wearing leggings.'*

Alongside changes in weight, all clients observed adopted healthy lifestyle changes including increases in physical activity and improvements in eating habits. As a result, clients began to notice improvements in their fitness, energy levels, and general wellbeing; increasing their abilities to engage in other forms of exercise and physical activity both inside and outside of SLC:

> **Harry's Mother:** *'I mean we biked to Springfield and back…we've done like a good twelve miles, you know…I mean before he would have huffed and puffed, now he don't think anything of it, he'll just do it.'*

> **Hannah:** *'When you're at your healthiest you always feel a lot better. I mean if you've had a rough week or whatever and you do eat unhealthy you always feel really groggy and horrible, but as soon as you start eating healthy and exercising again you feel really good.'*

> **Chloe (field notes):** *'I'm managing ten minutes running now so wouldn't mind doing something else on top of that. I want to give weights a go too.'*

> **Tom (field notes):** *'Now I've got more energy I can bike for longer when we are out.'*

> **Client 5**: *'I play badminton and stuff and it really helped…as you lose weight… your fitness goes up and that gave me confidence that I could run or bike or keep up with other people. It was really good.'*

However, managing and maintaining these lifestyle changes throughout and upon completion of YLW proved difficult for the majority of clients. As a result, the focus of the thesis evolved into an exploration of the potential reasons why these differences in client outcomes and experiences occur. This chapter presents the positive and negative observations related to YLW as an intervention for weight management and lifestyle change, drawing attention to the following themes: a tailored approach; weight as a measurement of success; support within the intervention; and the shift from weekly to monthly session and completion of the programme. Chapter 7 then presents the individual differences in client experiences and perceptions of the intervention.

## 6.2   A tailored approach

### 6.2.1   A tailored approach to exercise and physical activity

Trainers expressed the importance of ensuring that they deliver a service tailored to each individual client to provide a stimulating experience that they enjoy and that is personalised to them:

> **Trainer 5**: *'It's all about trying to find them something... that they enjoy doing… if they* find that thing that they enjoy doing it helps balance it a bit better.'
>
> **Trainer 2**: 'I think with the young live well's it's about finding something they like doing really as well.'
>
> …
>
> 'With the adults you've got that... you know for their health reasons they're gonna need to do something. Whereas the kids you've still got that chance where you can find something they enjoy doing that they're gonna move forward and do all the time. Find a hobby or... some of them come in and they've not done anything at all so it's finding something that they like doing.'
>
> **Trainer 1: '**If they find that thing that they enjoy doing it helps balance it a bit better instead of them just eating healthy and then still sitting at home on their computer games it's not gonna balance it out is it? So it's finding that, that thing that they do enjoy doing.'
>
> **Trainer 6**: '[He liked] boxing, just watching it, so I got some pads and we did some pad work with him. So I think it's finding something that they enjoy and then adapting as well.'
>
> **Trainer 1**: 'Before he came he'd never done exercise before. The first week we did badminton and now he loves doing it. He comes, like, with his Mum all the time.'

Catering to the clients' interests is something that trainers feel is integral to ensure they enjoy YLW sessions and engage positively with exercise, providing them with the best chance of lifestyle change. Trainers believe that a young person's motivation to engage with exercise and physical activity stems from enjoyment and fun, not from a focus on the future health consequences of sedentary behaviour for example. Instead of being forced into engaging in physical activity that they perceive as uninteresting and boring, trainers communicate with clients on a personal level to come to a mutual decision about what type of activity they wish to engage in. During my observations, Alice would ensure she gained an

understanding of her client's current exercise and physical activity habits (if any), any interests they have that she could associate with exercise, and any capabilities they already have (e.g., how to use gym equipment, etc.). Using Hannah as an example, once Alice became aware that she had applied to College to study equestrianism and was in the process of buying a horse, she suggested tailoring a gym routine that focused on core strength to facilitate Hannah's horse-riding:

> **Alice (field notes):** *'We can focus on strength and stamina for horse-riding… build up your lower body strength and core so you ride better.'*

This association sparked a keen interest in Hannah to get started with her tailored exercise regime with an understanding that it would improve her riding skills and ability. Instead of providing each client with a prescriptive, one size fits all exercise plan, trainers take into consideration their clients' personal hobbies and interests. In Trainer 6's example above, she made the effort to get to know her client and actively sought out ways to implement boxing into his YLW sessions. In some cases, trainers find it difficult to gauge any existing personal interests that they can associate with exercise and physical activity. In these instances, trainers ensure clients are given the opportunity to engage in all activities available at SLC in an attempt to spark a level of interest and enjoyment.

SLC has numerous exercise facilities that are made available to clients during their time on YLW. Trainers emphasise the advantage that the facilities afford them when attempting to tailor physical activity to a client's interests as it enables flexibility and multiple opportunities to engage in, reducing the potential for boredom:

> **Alice**: *'[The Leisure Centre membership] gives them access to anything. So they can go to swim, gym, any classes as long as they are in the age category and they are safe enough to go in.'*

> **Trainer 2:** *'If they want to do classes it's good for them. They don't have to come to the gym, they can do something they like doing.'*

The use of SLC and its facilities is a novelty and privilege for clients who begin to express enjoyment and pleasure in engaging in exercise and physical activity:

> **Hannah:** '…I could go (to Springfield Leisure Centre) whenever I wanted, it wasn't a limited thing that you had to try and schedule in, you could just go as and when you wanted.'

> **Previous Client 1:** 'Because... like... instead of going for a run outside when it's raining you can go on the treadmill or use some of the stuff that you can't exactly do when you're at home.'

> **Megan:** 'Cos It was a, it, it was doing stuff that I felt comfortable doing while I was in the gym, and I had the opportunity to go swimming as well, and I hadn't been swimming for a good number of years until I went back again, you know.'

Clients express the importance of SLC as a place to truly engage in physical activity that they enjoy. This was highlighted as something that they had not had access to before, which had discouraged them from attempting to engage in physical activity, specifically the luxury of the indoor environment and the technology on offer. SLC membership provided by YLW allows clients to attend SLC as and when they choose, not restricting its use specifically to their one-to-one sessions. This provides clients with the flexibility and choice to exercise when best suits them, further tailoring their experience. Typically, the fitness suite is only accessible to SLC members over the age of 16 years. However, YLW affords clients access to its use during their time on the programme and observations revealed that the youngest of clients were thrilled at the opportunity to enter the *'grown up area'* (**Harry: Field Notes**) that others their age were prohibited from accessing. Inside the fitness suite clients were most eager to try out the exercise machines. This was due to the installation of virtual reality settings; the high-tech features; and the ability to plug in their phones and listen to music. Clients would take pleasure out of selecting a destination (Grand Canyon, Las Vegas, Yorkshire Dales, etc.) and engaging in a virtual cycle/ run around that area via an LED screen, and the high-tech facilities were often described as *'cool'* (**Harry: field notes)** and 'well smart' (**Tom: field notes)**. The benefit here is that clients were given the option to listen to music, watch TV, or play built in games on the exercise machines, dependent on their mood during the session, catering to

their specific needs. This technology was a welcome distraction for clients, often forgetting they were exercising through want of beating Alice or their parents at a game. On many occasions, a gym session would be scheduled in the fitness suite as part of a session with Alice, but clients would express a change of heart:

> **Tom (field notes):** *'I'm not in the mood for treadmill Alice I can't be bothered.'*

> **Sophie (field notes):** *'Do we have to go into the gym today? Can't we do something different?'*

Instead of dismissing exercise entirely, Alice would offer other suggestions that better suited her client at the time whether that be badminton, tennis, swimming, or an outdoor activity. The multiple exercise options and the trainers' efforts to cater to a client's hobbies, interests, and motivational level during sessions encouraged positive engagement and an increased enjoyment of exercise and physical activity.

During observations, it was possible for trainers to plan group exercise sessions with other YLW clients. This often included sports like basketball, badminton, or circuits and fitness in the sports hall. Again, the decisions regarding which activity to engage in was made by the group, and not dictated by the trainer. Further, group sessions were not a compulsory aspect of YLW and clients were given the choice as to whether they wanted to book a session with other clients as a group, or continue their YLW journey independently. The options of group and independent exercise afforded to YLW clients further highlights the advantage of the SLC setting and the tailored approach taken by trainers. Clients are offered the luxury of choice to engage with or without peers, as opposed to being forced into group sessions.

## 6.2.2   A tailored approach to education and healthy eating

Alongside tailoring exercise to a client's interests and hobbies, trainers ensure that knowledge and education relating to healthy eating and nutrition is personalised and relevant to their client and their eating habits. Trainers have access to a range of information in the

form of handouts and information sheets that they can share with clients to support their YLW journey. These are not specifically curated for YLW, but are resources that trainers use when working with all clients as part of their role within a Leisure Centre. However, during my time observing Alice, it became apparent that she rarely followed the worksheets and handouts, only using them as a reference as and when needed. Other trainers revealed similar engagement with the worksheets and felt that often the handouts are confusing for clients or not relevant to their given situation:

> **Trainer 2**: 'We have like a folder with handouts in that we might give them every week but they're kind of just an extra but generally the exercise and things is just up to what I think they'd like to do or they're gonna do so it's really free really.'

> **Researcher:** 'So is that, is that like quite a formal standardised procedure that you have to go through every single week?'
>
> **Trainer 7:** 'It's just like… really what you think's appropriate'
>
> **Trainer 6:** 'Yeah, you've got the title, the subjects, haven't yer, for each week?'
>
> **Trainer 7:** 'It's just like a guideline really.'

> **Alice:** 'It's individual to every person. It's not just that you follow a routine and everybody does the same thing…I think personally because I think every kid is so individual and I think [once you get] a few weeks of food diaries it is blatantly obvious from them (**Trainer 2&6**: 'yeah') what the child needs to work on.'

Instead of following a strict format, trainers work intuitively with each client, focusing attention on their individual eating habits and routine with the use of food diaries to log their daily food intake. Trainers ask clients to complete a food diary every day during their time on YLW and bring it to each weekly meeting. This helps trainers to determine what types of nutritional information will be beneficial to their client and which worksheets to access to increase knowledge and understanding. Once clients begin to record their weekly food intake,

a clear picture of their unhealthy eating habits is formed. From this, trainers put into place

changes and suggestions on how to improve their diet:

> **Trainer 1**: 'I sort of say 'right look at your food diary. Out of your snacks, you know, they are all quite bad things. How about try and bring one thing next week that you don't normally eat and tell me what that is' You know little things like that. And I try and say 'aww try and eat one more fruit that you don't normally' you know, try and make it a bit fun for them. Swap what they don't eat to what they do eat sort of thing. And make it that way a little bit more fun.'

> **Alice:** 'So I might say, kind of, if some of them are not having breakfast then gradually incorporate breakfast or, kind of, for the next week I need to see breakfast at least four days of that week.'

With this approach, clients are provided information that is relevant to their current

knowledge of healthy eating and nutrition and work towards making, small, manageable

progressions to alter their eating habits. Alice believed that this was a better strategy to

implement than providing clients with a strict diet plan:

> **Alice (field notes):** 'You can't just shove a diet plan in their face. They won't be able to stick to it and it's not exactly a lifestyle change is it… we know they don't work.'

Clients expressed an increased confidence in their ability to change their eating habits

as a result of the tailored knowledge and related awareness of healthy eating strategies learnt

by attending YLW:

> **Previous Client 5:** 'We used to learn about food groups and what effects they have.'

> **Harry:** 'I became more educated… to like learn in more detail what's healthy to eat and what's not.'

> **Jess:** 'When she made you do the meal plans (food diary), you look at the things you ate and you do realise the things you ate were bad.'

> **Previous Client 4:** 'Every time I had a meeting, Alice would talk to me about stuff I had eaten... I could look back at what I had eaten and if I didn't like what I had eaten then I could change it next time.'

Clients expressed how they had become more aware of the imperfections in their diets

and eating habits through the use of food diaries and the extent to which they were overeating

or missing out key nutritional elements. Alongside this the knowledge of nutrition and healthy

eating strategies provided by trainers facilitated change in the choices clients made in their

lifestyles:

> **Previous Client 1:** *'We talked about stuff (foods) we didn't like... So whatever you didn't like, you could... use a different sort of food group to replace that.'*
>
> **Megan's Mother:** *'I think Megan is a little bit more aware now of what she's buying, like, if she goes and buys her biscuits she would eat like the sugar-free biscuits and, and things like that.'*
>
> **Harry's Mother:** *'When he goes in the kitchen he'll like, he'll go, right, this is a fist full or this is a cup full, do you know, he's like doing pasta or rice he is like aware.'*
>
> **Megan:** *'It just improved my whole lifestyle and made me, it made me wanna change and improve my, how I was eating and what I was doing.'*

Client's and parents were better equipped to determine healthier options when

buying food and preparing meals. Alongside this, they acknowledged that instead of restricting

yourself from certain types of food, there are healthy options to replace them to ensure you

could maintain a balanced diet.

## 6.3   Weight as a measurement for success

Success on YLW is measured by weight loss yet during observations it often felt like a

taboo and awkward subject in the presence of clients. Trainers all acknowledge *'weigh-ins'*

**(Alice: field notes)** as part of YLW, but have a strong belief that its main aim should be to

promote and facilitate healthy lifestyle change, irrespective of weight loss:

> **Trainer 3**: *'It is aimed at weight loss, but again it's more of an educational kind of thing. Putting steps in place for later on in life so that when they get into the adult world they've got that education to help keep the weight off and have a healthy lifestyle.'*
>
> **Trainer 2**: *'I think it is weight loss but I think it's making them more aware of what they're eating and just giving them more information that they probably don't know and making them more aware of things really.'*

> **Researcher**: *'Is it specifically weight related?*
>
> **Trainer 6**: *They don't have [to be] over a certain, like a BMI or anything, it's just…*
>
> **Researcher**: *'If they're overweight?'*

*Trainer 5*: *'If there was a concern.'*

*Trainer 6*: *'Or a concern, yeah, so…if, if like a, a parent's worried that their child is a bit like lethargic, doesn't really do much then they can…*

*Trainer 5*: *'Yeah. Or doesn't eat healthily and that sort of thing, yeah.'*


*Researcher*: *'So, you try and steer it away from the focus on weight loss?'*

*Alice*: *'Yeah. I don't think they need to get too hung up on it at such a young age because they've got a long time to control their weight for...we've had some that have gone the other way and have wanted to be getting on the scales every day and that's, that's really negative, we wouldn't let an adult get on the scales every day so we don't want to send a kid down that wrong channel do we?'*

Alice was very aware of the negative implications of the weekly weigh-in and she would stress to her clients that the result should not cause concern. Instead she would focus on the other positive outcomes that engaging with YLW could offer:

*Alice (field notes)*: *'It isn't all about the weight. In fact, it really doesn't matter about what the scale says…Hopefully we can make you feel better and get a bit of confidence with your exercise…You can get involved with all the activities and classes we have on offer here…You can feel more energised.'*

However, as a compulsory component, trainers record a client's weight each week. As a result, clients and parents would attend sessions nervous and impatient in anticipation of the weigh-in, and fearful and anxious of the result:

*Sophie (field notes)*: *'Oh I don't think I've done well…Let's just get it over with now.'*

*Hannah (field notes)*: *'Can we just get the weigh-in over and done with.'*

*Megan (field notes)*: *'I won't focus properly until I know what I'm at.'*

*Harry's Mother*: *'I'm really dreading this you know… like… I don't know whether we've done enough this week to get a good result.'*

In the instance of weight loss clients would often smile in response and high five Alice and parents, expressing signs of relief:

*Chloe (field notes)*: *'I genuinely didn't think I had lost any this week… thank God for that.'*

> **Tom (field notes):** *'phew… I'm glad that's over.'*

As a result, clients would continue their session on a high, safe in the knowledge that they had managed to control their weight for another week. The ways in which YLW clients dealt with a negative result differed between clients and reasons for this are explored in Chapter 6. However, while weight loss evoked a positive response amongst clients, the nerves and fear it instilled upon them beforehand, and the relief associated with a positive weigh-in, was a concern for Alice:

> **Alice (field notes):** *'It's great when they lose but if that's followed by a gain it hits them ten times harder… it's a double edged sword.'*

The persistence of weigh-ins initiates what Alice believed to be an unhealthy preoccupation with weight status that takes the onus away from other positive outcomes associated with engaging in healthier lifestyles that are highlighted in section 6.1.

## 6.4   Support during YLW sessions

Support during YLW sessions is provided primarily from the YLW trainer. However, there is an obligation for parents to attend four YLW sessions with their child to ensure they can support their child to make healthy lifestyle changes in the home environment. However, there were differences in client experiences that related to the level of support families provided their child and how effective their methods were. These will be explored in Chapter 7. Section 6.4.2 of this chapter will purely focus on the effect of parent and family attendance during YLW sessions.

### 6.4.1   One-to-one support from a professional

The relationship a client has with their trainer is articulated as an integral means of support and encouragement during YLW. Trainers express the importance of building an empowering, encouraging relationship with clients:

> **Alice:** *'It's, kind of not making it into a PE lesson at school and trying to give them more decisions. So, almost giving them that, kind of, adult consideration and empowering them to make the choices as opposed to us telling them what to do because that's what they get at school and then they shy away from that.'*

> **Trainer 1:** *'I think they really enjoy getting to make decisions, they feel quite empowered by it and ultimately we need to empower them for the rest of their adult life.'*

Trainers take a collaborative approach when discussing and establishing goals with their clients, encouraging them to take ownership of decisions and plan lifestyle change strategies themselves.

Clients expressed the importance of their relationship with their trainer as being one that motivated them to progress and adopt healthy lifestyle changes, without being forced into behaviours:

> **Jess:** *'Alice was really important, she was someone there to talk to... she never had a go at you, she was always there to just correct you and talk through stuff with you instead... she'd go through it step by step.'*

> **Megan:** *'She gave me a lot of advice on what to do in terms of my eating, and then tell me what was best to use in the gym and how I should do each one, and it was more encouragement from her as well... she motivated me a lot, obviously giving me advice on what to do helped me a lot.'*

> **Hannah:** *'I tried it on my own trying to keep healthier but it just, it's not easy trying to do something like that on your own, especially when you're a bit younger…Having support however often I wanted it, like having meetings with Alice…'*

> *…*

> *'I think Alice and I… we were really open with each other and we would talk about things… Definitely a friend and a motivator as well, cos if I'd had a bad week or there'd been a problem she would always make sure I was back on track.'*

> **Previous Client 1**: *'She helped me a lot because she found out things that... like... I didn't know... like... about eating and stuff.'*

> **Previous Client 3**: *'When I was in the gym she would often come and see how I was doing.'*

Alice approached discussions with her clients in a relaxed and informal manner. For male clients in particular, conversations would involve incorporating what Alice referred to as *'friendly banter'* (**Alice: Field Notes**). For example, Tom, on a number of occasions, would attempt to stand up to Alice in a lighthearted manner and prove her wrong in one way or

another. When Alice was discussing his food diary, she questioned him about chips: *'I see a lot of chips cropping up in here Tom'* (**Alice: Field Notes**); *'you said eat more potatoes… chips are potatoes'* (**Tom: Field notes**). This was followed by an eye roll from Alice and a huge grin from Tom and a nod of acknowledgement that he understood her point, but equally revelled in winding her up. Parents also expressed similar opinions to the supportive role of trainers:

> *Megan's Mother:* *'[Megan] had a good relationship with [Alice]'*
>
> *Jess' Mother:* *'[Alice] never put pressure on [Jess]... she didn't make it feel like it was pressure to lose weight, she didn't go "for goodness sake you haven't lost any weight this week" or "I'm disappointed in you".'*
>
> *…*
>
> *'I was actually really glad of the help, I thought yes... we might be able to get on top of this now.'*
>
> *Harry's Mother:* *'She did have a good side with Harry... she had a good way of talking to him and a good way of breaking stuff down.'*

Mothers reiterated that Alice never scolded or disciplined their child. Instead she would take a cooperative approach when communicating and encouraging positive lifestyle change as opposed to enforcing strict behaviour change strategies and dietary regimes, clients perceived their trainer as a motivator and someone who encouraged them to continue their efforts as opposed to disciplining or acting in an authoritarian manner.

During all sessions with clients, Alice would take an interest in the individual: hobbies, interests, lifestyle routine, home life, and family dynamic. As a result, clients feel that they are understood and recognised as an individual with specific needs and not just a stereotypical overweight client who needs to learn how to eat well and exercise more. Discussing and acknowledging a clients' individual circumstances helped clients to establish their abilities to adopt lifestyle changes that catered to their specific needs:

> *Previous Client 4:* *'…I could tell her things and... like... stuff that I didn't really say to other people about. How I eat and all of this.'*

*Hannah:* 'I think Alice and I… we were really open with each other and we would talk about things… Definitely a friend and a motivator as well, cos if I'd had a bad week or there'd been a problem she would always make sure I was back on track.'

*…*

'…she had my meetings with me all the time and she was helping me with what exercise to do with being at work as much as I was, and riding and everything…we were really open with each other and we would talk about things…she understood that it was hard at times when you'd been at work all day mucking out however many horses, that the last thing you wanted to do was go to the gym, and it was harder to keep eating as healthy as you could when you really wanted an energy boost or something; and I think that really helped because she understood just how hard of a job it is to then be trying to lose weight and be healthy and active alongside it.'

*Client 1*: '…the one-to-one chats...I found out what was the reason I was... like that. Because I was always eating right. It was the fact that I was terrified of eating in front of people (res: right). So, when I went to school I'd go for the full school day without eating.'

*Researcher:* 'Right and then when you come home you would be hungry?'

*Client 1*: 'Yeah, which is what made me put on loads of weight... and eating bread and stuff.'

*Researcher*: 'So, it's quite nice to able to talk to someone and actually figure out what's going wrong?'

*Client 1*: 'Yeah. it... I started... like... managing. I used to sneak food in class once I found out it was that. And so I... like... used to eat under the table and stuff and eventually it got better and now, I'm fine... I can [eat in front of people].'

Alice became someone clients could open up to about their difficulties and struggles during their time on YLW and in life, in general. These open conversations regarding difficulties, challenges, and concerns clients were experiencing in their home life, allowed Alice to focus her approach to lifestyle change to one that catered to her clients' circumstances and needs at the time. For example, during an observation, Jess arrived at her YLW session extremely upset as she was being forced into running the 800m race on sports day. Alice acknowledged Jess' concerns and made suggestions to train for the 800m run:

*Jess (field notes):* '800 metres! I can't run... people have been laughing at me running… I'm going to get laughed at…'

> Alice (field notes): 'We can mark out 800metres on the field, walk round it a few times to get familiar with the distance and train for it.'

At first, Jess was reluctant but after a little encouragement she finally ran her first 800m with Alice and was surprised that she had managed to run the full distance. As a result, she ran the race in confidence at school and thanked Alice for her help on her first session back:

> Jess (field notes): 'I couldn't have done it without you.'

In Sophie's case, she dealt with a series of family issues that were extremely difficult for her during her time on YLW and would often attend sessions extremely despondent. At these times, Alice would listen to Sophie's concerns and then offer to reschedule her appointment. Her reasons for this were explained during our conversations between client sessions:

> Alice (field notes): 'you can tell her mind is elsewhere… what with everything that's going on I can't expect her to talk about food diaries and run on a treadmill.'

These examples highlight the importance of getting to know the client's circumstances outside of the YLW environment. Through an understanding of a client's individual circumstances, Alice was able to provide tailored support to manage lifestyle change, but also consider and acknowledge her client's wellbeing:

> Alice (Field notes): 'They need to feel comfortable around you so they open up about stuff at home. If we don't know if they are struggling with stuff that has an impact on their YLW then we aren't gonna get anywhere. If I can get them to trust me and feel comfortable then I have a better chance of understanding them better'.
>
> …
>
> Alice: 'It is all to do with the communication and also, kind of, the family context that they're within at home. You can't ignore the fact... what's going on at home it really does have such a big impact.'

The trainers' acknowledgement that issues related to home life and personal circumstances had an impact on their clients' progress highlights a major barrier when attempting to facilitate behaviour change and weight management. While Alice provided

guidance and support during difficult times, she was restricted to the one hour support she could offer during a session. This emphasises the impact of contextual influences on a client's progress that are out of the control of the intervention setting. This will be explored further in Chapter 7.

### 6.4.2    Parental attendance to YLW sessions

A number of clients and parents expressed how family attendance during sessions was favourable and assisted with the adoption of healthy eating in the home:

> **Jess:** *'My Nanna was my buddy and my Mum changed all my meal plans…. My Mum came with me to the meetings with Alice. My dad helped with swimming, cos he'd take me. Just, I think it was just a lot...of support.'*
>
> **Jess Mother:** *'Everything that Jess Learnt with Alice, Alice learnt me too… every exercise… everything that Alice explained, I got to learn too.'*
>
> *…*
>
> *'Obviously not knowing everything, obviously when she started the programme Alice actually made me realise that sometimes actually I wasn't doing the best by swapping certain things… They're the things that Alice makes you realise, that the programme makes you realise.'*
>
> **Tom's Mother (field notes):** *'Looking at it on paper and tallying up how much veg or chips you have really shows you doesn't it? They're so easy to chuck in the oven and you forget how many chips you can get through.'*
>
> **Client 3**: *'Our whole family was... like... doing a diet so it was quite easy…my parents came along with me [to sessions] which was good.'*
>
> **Harry:** *'My Mum learned as well… because then she could help me more.'*

The engagement of parents in the weekly one-to-one sessions ensures that they, too, become educated and aware of healthy eating and nutrition, facilitating the transferability of positive behaviours into the home. For those clients whose parents were not as engaged, it was clear that trainers were concerned about the ability to transfer healthy lifestyle changes into the home environment:

> **Trainer 6**: *'I think in some respects it's harder because whilst you can be talking to the* children, the young people, you know, they, they've got all the eating messages but if you haven't got the parents on board…'
>
> **Trainer 7**: *'That's where it's going to fall down, yeah.'*

**Trainer 2**: 'You can tell the kid's it's good to eat this but at the end of the day they might not be making the meals.'

**Trainer 5**: 'I've got one [client] now which I really am enjoying but just because Mum's there every session, you know? She listens and they're both doing it together so it's brilliant, but then you'll get another little one, like a thirteen-year-old, and Dad or Mum's just dropped, dropped them off.'

**Trainer 1**: 'My 12 year old [client]… with him being so young he is eating whatever Mum put's on his plate. He is finding that Mum is piling his plate up and he's being told he has to finish everything on his plate. Whereas a 16 year old can turn around and be a bit more responsible.'

This was more pertinent for younger clients, who have less independence and responsibility in their life, relying more so on their parents to provide healthy meals and opportunities to engage in physical activity. Trainer 1's example highlights how older clients have more of a voice and independence when it comes to choices in their life and will question their parents' behaviours.

The involvement of families during sessions is useful but not always seen as essential as many trainers express that an element of independence during sessions is beneficial:

*Trainer 5: 'Sometimes it doesn't work having the parents stay here all the time neither, I don't know if you've found that as well, that doesn't help sometimes. I think it's just having the parent maybe come down, like you said, do it, when you're doing like half an hour talks maybe or something; so they've, they've got the input but then leaving the kid to it.'*

*Alice: 'It very much depends, as well, on age because the older ones, I often find want to be a lot more independent.'*

*Trainer 2: 'I think the older ones will take a bit more responsibility.'*

*Researcher: 'Is there a big comparison between how you deal with the two types of client?' (referring to younger and older adolescents)*

*Trainer 5: 'You can give a little bit more responsibility to the older ones, where the younger ones need the, the full parent input don't they?'*

Trainers suggest that older clients tend to take on more responsibility for their behaviours, alongside a desire for more independence when it comes to making decisions regarding food choices and leisure activities. As already highlighted in the previous section,

older clients favour a personal relationship with their trainer. The attendance of parents during

sessions would often prevent these clients from opening up to their trainer about difficulties

they were facing:

> **Client 1**: 'Sometimes it was better when my Mum wasn't there because I could tell her
> even more stuff because my Mum's like… because you don't want to let your Mum
> down do you and get her upset and stuff.'
>
> **Client 4**: 'It would have been easier if Mum weren't there so then I could say more.'
>
> …
>
> '…I could tell her things and... like... stuff that I didn't really say to other people about.
> How I eat and all of this.'
>
> **Hannah**: 'It meant I could talk to Alice, and if there was a problem or whatever I could
> just tell her, no-one else would be there; I didn't have to worry about saying something
> that was maybe a bit personal or whatever… I probably wouldn't say as much [if
> Mother was there], I'd feel a bit, not restricted, but I'd be careful with what I said, I
> wouldn't want to say everything and just blurt it all out'.
>
> **Hannah's Mother:** '…I think Hannah needed outside influence as well, which worked
> for Hannah…so I think that that's what, why it worked for her, because sometimes they
> don't listen to their parents. She needed somebody else to talk to about it as well. She's
> just (sighs) they don't listen to, well she does, Hannah does listen to me a lot, we, we
> get on very well, but sometimes they don't think that what you know is right.'
>
> **Megan's Mother:** 'I just left Megan to it in that sense, because that's where the
> independence part of it comes in and if she wants to tell Alice stuff that she doesn't
> want me to know, that's fair enough, isn't it, you know.'

It was clear that some clients were concerned about being honest with parents and

family members about their feelings, and a number of parents did acknowledge and accept

that this was often the case. Those clients that did attend sessions without the presence of a

parent, felt more comfortable opening up to discuss issues and felt it was an opportunity to

confide in someone outside of their daily lives. For younger clients, they preferred having a

parent attend sessions with them and it was often a parent that articulated any challenges

when attempting lifestyle changes.

It became clear that, specifically for younger clients, attendance of parents and family

members was beneficial to their progress and essential to improve healthy eating habits in the

home. In other cases, typically for older clients, too much attendance from parents had

negative implications relating to how much information they were willing to divulge with their trainer, making it difficult for the trainer to support their client when facing challenges. In these cases, a balance between having a parent on board, but not always present for the entirety of a session was deemed valuable.

## 6.5   The shift from weekly to monthly sessions and completion of YLW

Clients, parents, and trainers highlighted the effects that moving from weekly to monthly sessions had on their abilities to progress:

> **Client 3**: 'It would have been nice to see the trainer more than what we did [after 16 weeks of weekly appointments] … just so you can catch up with where your weight is at and things like that.'

> **Client 4**: 'I kind of liked it when it was just... like... you saw them every week because then you know that they are there at the end of the week and you know you have to see them. But then when it's like a month... it's three weeks not talking to them, not saying what you've done bad and what you've done good and it's... it kind of goes downhill because they are not there every week for you to talk.'

> **Alice**: 'Mine are great at the start, really good. For the first month, pretty much kept it up. Erm, but they found themselves bringing me a month's worth of food diaries because they like doing them so I wasn't going to stop them doing that. But that was quite hard the second month to motivate them to keep going…they had no reason to come every week and then they just kind of dropped off and, say they lost a stone, by the time they came back at the end they had put a stone back on.'

> **Trainer 2:** 'I found when I'm booking them in every month, the first, few months they'd be fine and they'd come and report back to me but then they miss the extra bits they used to do. So, they don't do any classes anymore, and now they're not going to the gym… (**Trainer 3:** 'fizzles out') they're just coming to see me. So, it kind of fizzles out at the end.'

> **Megan's Mother:** 'It really just tapered off…I think not having that support from Alice, she kinda lost a bit of motivation as well. But when she was seeing Alice on a weekly basis she knew she had to be focused.'

The shift proved difficult for clients and affected their abilities to maintain weight loss and lifestyle change. The majority expressed a desire for more regular contact to give them the support they felt they needed:

> **Client 2:** 'Maybe if it wasn't monthly it would be just seeing them ... every week… every two weeks… make it like longer and easier…So then you're not going up from [seeing trainer] one week to... like every 4 weeks.'

Trainers expressed how clients experience difficulties when attempting to continue healthy behaviour changes without regular contact. Alice suggested that this may be a result of clients becoming reliant on their support:

*Alice*: *'I think that some of mine have got quite reliant on me…more of a crutch.'*

It was during the final eight months of contact with Alice that five clients, including Sophie and Chloe, dropped out of YLW. Reasons for their withdrawal will be explored in Chapter 6, but Sophie and Chloe's discussions with Alice during sessions implied that the reduced support they received was a factor in their withdrawal:

*Sophie (field notes)* *'I've been crap because I don't see you as much.'*

*Chloe (field notes):* *'I dunno… it's not regular anymore and so sticking to everything is hard and it gets on top of me.'*

For all clients, upon completing the full 12 months of YLW, reductions in exercise and healthy eating became apparent over the first initial weeks. For Hannah and Harry, they had experienced a drop in their engagement with their newly adopted healthier lifestyle over two months, but showed signs of continuing exercise:

*Harry:* *'In the two months since I finished the programme I don't do as much exercise but still quite active.'*

*Researcher:* *'OK. And why do you think that you don't do as much exercise, why is that?'*

*Harry:* *'Because when you're on the programme you're more pressured to do it.'*

*Hannah:* *'For the first few months I didn't really do anything, I just sort of backed off everything, I don't know why, I just didn't carry it on…, but these past sorta two or three months I've really upped it and been trying really hard to get back in, into a routine of everything again...Great North Run… that's my goal.'*

For Harry, he had reduced his levels of exercise as he felt less pressure from the programme to keep losing weight. In Hannah's case, she had been determined to get back into a healthy routine and had set herself the goal of completing the Great North Run; as a result,

she was continuing to maintain a healthy lifestyle. While Hannah and Harry had continued to engage in positive lifestyle change, it was clear that the completion of YLW instigated a reduction in their efforts to maintain a healthy lifestyle. However, others had completely reverted back to their previous lifestyle habits prior to YLW:

> **Jess:** *'It hasn't gone very well…because I don't, I don't really have that person that I speak to every week like, I don't have to go there and face somebody. That was a massive thing…Cos it, I, it kind of was like, kind of like, you know it was coming, you know you have to talk to someone, like your meals, so it was kind of one of them where you had to do it, whereas now I don't…I still get homemade meals… I still do walks and me bike rides… but it's like we've hundred percent got out of it…[I'm] kind of upset that I know that I can do it. So it's kinda I know I can healthy eat, I know I can exercise and all that.'*

> **Megan's Mother:** 'I think the end was, the way they deal with that… I think that if they [client] haven't reached where they want to be they should be offered the opportunity to go straight onto the adult Live Well, you know, so they've still got that continuity…Why put somebody on something for twelve months and then just cut it off and that person could go right back to where they started from…it shouldn't have just shut off; or, like I say, give 'em enough time to get the gym membership sorted out and, and that, but not just a total cut-off like that.'

> **Megan:** 'I've been going downhill a bit actually…It's cos I haven't actually got my membership at the gym anymore.'

> **Client 2:** 'I continued to do stuff... but after a while it started to slow down... I dropped gym because I didn't like… it was quite boring…and then as my leisure card ran out I couldn't get swimming for free anymore.'

For some clients, reasons were based upon the loss of access to Springfield Leisure Centre. For Jess, her main reasons were based on the loss of professional support from Alice. She expressed that she knew that she could make healthy lifestyle changes, but needed professional support to motivate her to succeed and have something to work towards. As this was Jess' second attempt at lifestyle change with YLW, this could further evidence her reliance on the programme. Megan and her mother also expressed reliance on YLW.

# Chapter 7 : Understanding the client experience in the context of adolescent development

This chapter presents findings that relate to the diversity of client experiences of YLW that relate to their ability to manage lifestyle change attempts and achieve positive results during their time. This chapter draws attention to the difficulties and challenges faced when working with adolescent clients as no one client experience is the same, highlighting the complexity and diverse nature of adolescent development and its effect on an individual when partaking in a healthy lifestyle and weight management intervention like YLW. During observations it became apparent that a client's stage of adolescent development and their environmental context had consequences with respect to how they were able to manage their weight; how important they perceived YLW and healthy lifestyles to be in their lives; how they responded to the YLW environment; how they responded to negative weight ins; how they responded to the empowering approach of YLW and negotiated responsibility and empowerment in their family; and how they faced challenges within their environment. Each case and client story reveals the difficulties that can be faced when attempting to integrating a weight management and lifestyle change programme during the stage of adolescence.

## 7.1 Differences in a client's stage of puberty and its effect on their ability to manage weight

During my time in the field there were a number of observations that suggested that the physical growth that occurs as a result of puberty had an effect on a client's progress and ability to manage their weight. A client's stage of pubertal development had implications for how they viewed themselves, their changing body, and their attitude to YLW. While this study did not attempt to determine what stage of pubertal development a client was experiencing, there were clear indicators during field work that suggested whether a client had initiated pubertal development, was in the midst of puberty, or had reached post pubescence. Taking Hannah as an example, prior to YLW, her mother explained how she had previously attempted to manage her weight by attending a community led diet group (Slimming World). She was 14

years of age when she attended Slimming World sessions and her mother highlighted how her age, and specifically her developing body, had an impact on her success:

> ***Hannah's Mother:*** *'I've also done Slimming World…and Hannah did come with me for a while but she would have a couple of good weeks and then be very stagnant for three, three weeks or so… and it, it was very up and down with her; and I think, in hindsight, she was possibly a little bit young at that point. I think a lot because of how her body was changing…at the time, she would, she would have been probably about fourteen-ish… she used to suffer with really, really bad periods, which in itself made quite a difference to her…you know, on a, a monthly basis it, it used to make a difference to her weight and then she'd get downhearted and then you fall off it.'*

It could be suggested that the continual changes in growth, physical appearance, and weight that occur during puberty reduced Hannah's ability to achieve positive results at that time.

Jess' difficulties in managing her weight during her time on YLW can also be related to changes in puberty. When she first enrolled onto YLW at the age of 11, she had shown positive results in weight loss and had gained a great deal of self-confidence:

> ***Jess' Mother:*** *'The first time it was really, really, really successful. She went down from a ladies' size fourteen down to…between an eight and a ten in clothes…She, well she took her shorts in to show, her denim shorts, to show 'em (the trainers) and, I mean, you could've got two of her in 'em.'*

It could be suggested that at the age of 11, she was not yet experiencing the significant effects of pubertal development, and the physical growth and changes in physique that occurs. Maintaining her weight after her first attempts at YLW proved difficult for Jess. While multiple factors could be associated with this relapse, it could be suggested that she had started the transition into puberty. For Alice, it was apparent that Jess had started to physically mature:

> **Alice (field notes):** *'Look at you Jess you look so grown up… you are turning into a proper young woman now!'*

Alice expressed how there were significant differences to Jess' body shape and height in comparison to her first attempt at YLW. During conversations, she explained how Jess' changing body might affect her attitude on YLW, and this was evident during observations:

> ***Alice (field notes):*** *'She's really starting to develop now isn't she… what with new curves and all of that… it will impact her weight there is no doubt about it… it's part*

*and parcel. The older girls have dealt with that already and don't have to stress about new lumps and bumps so I reckon Jess is going to be a little bit more self-conscious of stuff.'*

**Jess (field notes):** *'My hips have come from nowhere and my boobs are killing me all the time. What am I meant to do chop 'em off?'*

**Jess' Mother (field notes):** *'We know she's growing and stuff and she gets that she's going to be changing and gaining weight so she don't see the point in it sometimes.'*

Jess saw her developing body as a hindrance when attempting to manage her weight, resulting in negative perceptions of the physical changes she was experiencing (weight gain, roundness, and increased body fat). Alongside the pressure to step on the scales each week, it could be suggested that the developmental changes that occur during pubertal maturation create a barrier for females when attempting to manage their weight and motivate themselves to engage with YLW. This has negative implications on their perceptions on progress, self-esteem, and body image.

The effects of physical growth were also acknowledged amongst male clients. In Harry's case, at the age of 11, he had not yet begun to mature in a physical sense. His mother expressed that his weight management would be facilitated once he started puberty:

**Harry's Mother (field notes):** *He's not started growing yet… it's a bit of puppy fat and then he will grow into his body.'*

Instead of seeing physical maturation as a barrier, Harry's mother believed that a growth spurt would help her son to lose his childhood weight and thus, Harry gained confidence that his weight would reduce over time. The effect of physical maturity and growth in male clients was highlighted during sessions with Tom's father, too:

**Toms Father (field notes):** *'He's a strapping young lad who can lift a bus if he wanted to... You can use your weight to make you stronger.'*

At the age of 16, Tom had shown signs of pubertal growth, he continually gained in height during his time on YLW and was managing weight loss concurrently. His father associated his increased height and stature with being a strong and capable male, a contrast to

the negative perceptions Jess held regarding her changing body highlighted above. In this sense, while pubertal development may be seen as conducive to positive weight management and physical appearance in males, the effects are unfavourable in girls, further increasing their negative self-perceptions.

## 7.2 Differences in how clients perceived YLW: how important was it to their life?

During my observations, clients often stated the reasons for enrolment onto YLW were based upon losing weight, increasing fitness, and improving their general wellbeing. Yet, over time it became apparent that real reasons and the importance of YLW differed amongst clients in relation to their psychosocial development:

> *Alice (field notes): 'A lot of the time they just tell you what they think you want to hear…they are quite confused as to what they really want if I'm honest... It's hard to get clients to really understand why YLW is important for them.'*

For the youngest of clients, like Harry, succeeding on YLW was important because of a desire to do well and prove their competencies as an individual. For Harry, and other younger clients observed, they had rarely acknowledged that there was a problem with their weight or lifestyle until receiving his National Child Measuring Programme (NCMP) results at primary school:

> *Harry's Mother: 'I think after he had the…the weighing and measuring at school (NCMP) and he come home and then he got his results he was like a little bit like, "oh well should I be that?" and he was questioning it a bit, and then; so that's when like mum (Grandmother) got involved and she said "Well shall we see if we can get him onto a programme? Do you think it might help him, might build his confidence up and might feel better about his self?"'*
>
> *…*
>
> *'I don't think he was aware, when he first started the programme, that there was too much like cause for concern, cos he was just an everyday child, just eating and doing normal eleven-year-old things.'*

However, once told that they would benefit from improving their lifestyles and losing weight, they were determined to succeed on YLW through a need to prove to their parents and the school nurse that they could make changes and successfully lose weight:

> **Harry:** *'It was for me to try and lose more weight because, because it was measuring it so I tried to improve more.'*
>
> **Previous Client 2:** 'I had to write down what I had for...breakfast, lunch and tea and what snacks I'd had... some of them [sessions] I had to... add up the amount of vegetables and fruit I had in a day and then at the end of the week you would come back and they [the trainer] would check.'

This was a similar case for Jess during her first attempt at YLW at the age of 11. She had also been advised by her school nurse to enrol and during her mother's interview it was apparent that at that age, she had been as driven and determined as the youngest clients observed during field observations:

> ***Jess' Mother:*** *'I mean she really did absolutely fantastic… she was more than happy to go to that gym or go swimming or do something every night of the week… that first programme Jess was, because if Jess hadn't have put in the effort she wouldn't have lost the weight.'*

This new found significance to change their weight resulted in younger clients having an extremely focused and dedicated attitude, rarely questioning advice and support offered by parents and Alice. For Harry, his main focus throughout was purely based on what he would refer to as *'beating my last score'* (**Harry: field notes**). Instead he perceived YLW as a test of his ability to lose weight, encouraged by the prominence of the weigh-in during YLW sessions. As younger clients perceived YLW purely as an opportunity to do well and succeed in weight loss, their perceptions of YLW had negative implications when weight gain occurred and will be explored in detail in subsequent sections. Alongside this, there was rarely a concern regarding a desire to change their appearance and weight status to gain peer acceptance. However, these concerns were often articulated by a parent's pre-empted apprehension that their child's attitude and outlook would change when moving into secondary school:

> **Harry's Mother:** *'I just wanted to give him… the best chance for when he was at big school. I thought because of his weight and his quietness and sometimes he don't mix well it's just that it was another thing for somebody to pick at.'*

For older clients, all expressed an interest in developing peer relationships and this increased desire to fit in with peers and be socially accepted was of upmost importance at this stage in their life and a reason for engaging with YLW:

> **Tom (field notes):** *'[my cousin] and his mates are off to the gym to get hench. That's what I want to do so I can join in with them.'*

> **Tom's Mother (field notes):** *'Now he's older and knocking about with people a bit more he just wants to be like the other lads. Weightlifting and showing off their muscles and what have you.'*

> **Jess:** *'I wanted to do something about my weight… because I weren't happy with myself…looks… I think it was just mostly my weight, being overweight… I've lost a lot of confidence…I lost a lot to do with other people and going out in big crowds…I think I was conscious about what others were thinking.*
>
> *'…*
>
> *'I think it's cos I'd started seniors… I was with other people that were a lot older than me… it had an effect on my confidence… bullying… it was mostly about my weight, that's what started it, like people making comments about me.'*

> **Hannah:** *'All my friends are really like, not skinny but a really nice size…they've always been smaller than me or… clothes sizes and things like that. Going to a party and trying to choose something to wear, trying to get ready, I'd always be real… indecisive of what to wear cos I thought something might make me look bigger or something was too tight.'*
>
> *…*
>
> *'…like when moving up to secondary school there's a lot more people there and it's more daunting and then you start, like you grow up more and you learn things and you get taught things and it, it makes you think a bit more.'*

This was intensified as a result of moving into and through secondary school where judgement from peers was seen to increase and have a greater impact. This was explicitly so for Jess who was receiving negative comments from older peers. For older clients, they expressed greater acknowledgement of feeling different to their peers as a result of their physical appearance. In this sense, to improve their appearance would reduce stigmatisation and increase their social desirability amongst peers. The shift associated with the importance of peer acceptance with age is highlighted in Jess' experiences. In comparison to her first

attempt described previously, Jess' second attempt at YLW at the age of 13, highlighted

changes in her attitude and determination to succeed. Jess explained that her desire to re-

enrol was based on her failure to maintain her weight loss after her first attempts on YLW and

a strong desire to not disappoint her family:

>  **Jess:** *'It was kind of all the clothes that I used to fit in, cos they should've still fit me,*
> *but that was kind of a motivation to get back into the clothes.'*
>
> *…*
>
> *'I don't wanna show my mum and dad up and like let 'em down, and I'd have no goal*
> *or motivation to go (if it wasn't for my family) knowing how much they wanted me to*
> *do it.'*

It became apparent that Jess held a great deal of self-resentment for reverting back to

her previous lifestyle. As a result, she believed that her family were disappointed in her efforts

and she was worried that she would let her family down if she did not succeed a second time

around. However, new priorities were emerging in Jess' life:

> **Jess' Mother:** *'but then all of a sudden, I think the older Jess got we hit a dip; we sorta*
> *like hit an age barrier I think as well. She wanted to spend, I think, more time going out*
> *with her friends and didn't wanna spend as much time and effort on it as what she had*
> *originally… boys also come into play. So then they like to try and spend as much time*
> *with the boyfriend as possible and everything else goes out the window...'*

Now at the age of 13, Jess began to battle a desire to please her parents and engage

with YLW, but also meet her needs as an individual, with an increased desire to build

relationships with peers. In Megan's case, when she was younger, she was an extremely active

girl, playing football and engaging in physical activity with her friends. However, at the age of

15, she moved from her childhood home to Springfield, leaving her peer network behind:

> **Megan's Mother:** *'When Megan was young... I think thirteen, twelve/thirteen she used*
> *to be a footballer, she was always there and she was always sporty, she was never in*
> *the house, and I think it was a big, a big change moving... She didn't know people, she*
> *was playing with all the kids in the street, you know, back home, and she went from*
> *having that to having nothing really.'*

It could be suggested that her ever increasing need to fit in with peers resulted in her

adopting their sedentary behaviours and unhealthy eating habits. A number of older clients

would often choose to engage in behaviours associated with peer appraisal, viewing their success on YLW and healthy lifestyle change as a lower priority. In Tom's case, while he had stressed that he saw YLW as an opportunity to improve his abilities to lift weights with his cousins, he had a greater desire to play video games with his friends as a means of socialising and fitting in, conflicting and overriding his desire to attend SLC:

> **Megan's Mother:** *'The friends she got at school here, it, it's different...they would go out for like a burger or they'd go to the cinema, but they, you wouldn't see 'em play about in the street... The kids just don't run around the streets it's a, it's not the, like they don't go round in gangs or anything like that, but kids were all together playing and having a bit of fun back home, and here, like I say, it's, they'll be round the house, if it's a birthday they'll go to the cinema, you know.'*

> **Megan:** *'Cos I know a lot of meals that I did eat, they weren't healthy meals, so, and a lot of other stuff that I was having weren't great...I finished, I finished college last year and throughout that whole year when we had lunch we [Megan and college friends] went to McDonald's.'*

> **Tom (field notes):** *'He didn't want to come in today because he was going to miss his battle thingy with his mates on Call of Duty. Nothing comes before that.'*

While these clients held the belief that they would have a greater chance at fitting in with peers if they improved their physical appearance, this proved challenging when opportunities to socialise with peers arose as adopting a healthy lifestyle was not always reflective of typical adolescent behaviours. Their increased awareness of the importance of eating healthily and engaging in physical activity through attending YLW was often at odds with their need to fit in and socialise with friends and adopting their peers' unhealthy behaviours to gain acceptance and build friendships was more pertinent than their need to succeed on YLW.

Observations revealed that there were differences in attitudes further still for the oldest of clients. During Hannah's interview she expressed how only a few years earlier her attempts at positive lifestyle change were made difficult as a result of the importance of fitting in with peers, reflecting the experiences of clients above:

*Hannah:* 'it's not easy...especially when you're a bit younger and when, when your other friends are like, always like trying to eat and you're trying not to. If my mates were wanting junk food, I'd just have it too.'

She expressed how she had been more inclined to succumb to her peers' behaviours as a result of her desire at the time to fit in and be accepted. Now, a few years older, both Hannah and her mother felt she was able to manage these social pressures more effectively:

*Hannah:* 'If I was going out with friends, where we would go, what we would do. Like same if they came here or if I went to their house like if they said, "oh let's get a takeaway", yeah, it's you can have a takeaway every once in a while but I always made sure I tried to get the healthier part of a takeaway that you can possibly get.'

*Hannah's Mother:* 'I think probably that she's had, all her life, problems with weight and not been able to wear the same clothes as her friends; she's now not as hung up on that, she, she accepts that you don't have to be super thin... you are far better off being healthy and maybe holding a bit of weight... she also has friends that are like stick insects but they can't run for toffee... an hour in the gym and they are absolutely pooped.'

It could be suggested that the knowledge and information she received during her time on YLW facilitated her ability to adopt positive lifestyle changes; however, it became apparent that Hannah was not as easily influenced by peers and had a greater sense of self, irrespective of her differences in appearance to her peers. This is not to say that older clients did not still raise concerns regarding their physical appearance and its association with peer acceptance. These clients still had desires to look a certain way to appeal to others:

*Hannah:* 'it was mostly Prom, cos Prom was coming up and I wanted to lose some weight for Prom.'

*Sophie (field notes):* 'I want to feel confident in my bikini.'

*Chloe (field notes):* 'I've got my holiday sorted now so I need to get my bikini body.'

However, their appearance wasn't the only thing that they stressed as important to them during YLW. These clients had an increased focus for improving their health and fitness that was associated with future ambitions:

*Hannah:* 'I just wanted to be fitter and lose a bit of weight and try and like feel better...I didn't wanna just lose weight I wanted to get fitter as well, and healthier, it

*wasn't just actually losing weight, it was everything, trying to be healthier in general especially for my horse and college.'*

**Sophie (field notes):** *'It's great really because this means I can do what I've been doing so far but with that extra bit of advice and stuff when I need it that links to the army test.'*

**Chloe (field notes):** *'I need to sort my life out, get myself healthier and happier so I can move forward and do well for myself...like the smoking, it's not good especially when I'm gonna be lifeguarding.'*

As customary with age, the oldest clients had part-time jobs and were increasingly thinking towards their future and who they were as individuals moving into adulthood. They were coming to the end of secondary school and had established a strong friendship group with Chloe and Sophie, both having boyfriends. So it could be suggested that they were somewhat satisfied in their competencies to build friendships and relationships at this stage. Taking Hannah as an example, her motivation to become fitter and healthier may have been partly due to her keen interest in equestrianism. During her time on YLW she had purchased a horse and had taken up riding as her main hobby. Alongside this she had a part-time job at a local equestrian centre tending to horses and maintaining stables. As she was nearing the end of her GCSE studies she had also applied to an equestrian College with aspirations to work with horses in the future. Chloe had ambitions to train as a lifeguard and Sophie had made the decision to sign up to the armed forces upon completing her GCSE's. For Hannah, Sophie, and Chloe, they were beginning to take on more responsibility for their future and associated their potential as an individual, with being fit and healthy. This was evident in Chloe's case who expressed that she wanted to stop smoking alongside her YLW journey as it was impeding her progress. At this point in these clients' lives, their health and fitness was important to them and they were seen as something that they needed to improve.

## 7.3   Differences in client responses to the YLW environment and engagement with SLC

All clients expressed enjoyment and excitement at the facilities on offer at SLC and the opportunity for one-to-one support from a trainer (see Chapter 6, section 6.4.1). However, there were clear differences in how clients responded to and managed the public environment of SLC. For Harry, as he expressed little concern for peer acceptance, he was happy to tell his friends that he was on YLW and often utilised his buddy card to invite friends along to engage in exercise and physical activities with him at SLC:

*Harry (field notes): 'My friend comes to junior gym with me every now and again.'*

There were a number of occasions upon inviting a friend as a buddy, yet they declined the offer:

*Harry: 'I did use it with a friend a couple of times but he never came… my friend from school… I don't think he was that motivated to do exercise…it didn't make me feel sad because I knew he wouldn't come and I wanted to do it so I just did it with Mum.'*

His friend's lack of motivation to exercise did not deter Harry from his intentions to exercise, instead he was happy to engage in physical activity with his mother.

Older clients, on the other hand, held strong concerns about feeling scrutinised by peers, which affected their initial feelings towards starting YLW, attending SLC, and using its facilities:

**Tom (field notes):** 'I would rather run a marathon that set foot in the pool.'

**Researcher**: 'So, when you first found out, 'right I'm gonna be on this programme for 16 weeks' how did you feel about that? Were you excited, nervous?

**Previous Client** 3: 'I was at first.'

**Researcher**: 'You were excited at first?'

**Previous Client 3**: 'Yeah [but] I was shy… like my confidence…I felt like everyone was staring.'

**Previous Client 4**: 'It was like…exciting but... not really. Because I was a bit nervous…It was going in gym or going swimming and that…because there was loads of people there…people my age…it was... like... really embarrassing in a way… I just didn't like people my age there.'

**Trainer 6**: 'I had one boy who was thirteen and, and he really was conscious about his body, he was getting bullied at school; and we had a junior session here three till five thirty and that was the time he was coming to see me. So I, I did move him from the situation here and we went to the other site at B***; he was worried that the people would see him in the gym.'

**Jess:** 'I'd go on a late night swimming and no-one's there.'

**Researcher:** 'OK. And ddi you prefer that?'

**Jess:** 'Yeah… Because I felt like no-one was looking at me.'

It became clear that the intense feeling of being judged by others outweighed some clients' desire to engage and enjoy their YLW experience. These attitudes reflect the clients' increased need to be socially accepted by peers as identified in the previous section. Jess refused to attend the gym at busy times or during junior gym sessions unless a parent could supervise her. She preferring to visit late in the evening to reduce the risk of being seen by peers:

> **Jess:** *'like after school, it was really busy and I didn't like being in that kind of environment by myself… my self-conscious that affected a lot… I felt like people were looking.'*

A number of clients also preferred not to tell their peers that they were part of YLW and in most cases wanted to hide it from them, preferring full discretion:

> **Previous Client 1:** *'It was just... like... me and my mum. I didn't really tell my friends but... like... I told them I was going to the gym but I wouldn't tell them I was on this course type thing.'*
>
> **Researcher:** *'Why didn't you tell your friends?'*

*Previous Client 1:* 'I don't know. Well, we have this joke 'I'm off to the gym' and I was just going to the gym really I didn't tell them I was doing that.'

*Researcher:* 'So, again, you didn't want... you didn't tell your friends?'

*Previous Client 3:* 'no.'

*Researcher:* 'why didn't you tell your friends?'

*Previous Client 3:* 'just... like... it was real embarrassing...I didn't want them to know.'

*Trainer 1:* 'He's so intimidated to come by himself... he used to come to junior gym with his friends, but now because he is on the programme, he's not coming because he's scared of what his friends will say... he is quite embarrassed of telling his friends about it.'

*Alice:* 'A lot of mine probably don't tell their friends. They just treat it as they are at a swimming class and they say 'oh, yeah Mum's got me a card'.'

Telling friends about YLW was seen as a challenge for these clients. This discretion was often related to feelings of embarrassment in explaining they were part of a weight management and lifestyle change programme and not that they were attending SLC. As a result, clients would miss out opportunities provided to them by YLW through fears of being seen and judged by others.

One positive experience that these clients expressed was the engagement in group sessions and the opportunity to meet other YLW clients:

*Trainer 2*: '*Mine* (clients), *luckily, they all know each other. So, I decided to take them all in together so they all come at the same time...It's worked a lot better because now* I see them together in the gym so they will come together and their parents will bring them together... I think because they are all in the same situation.'

*Previous Client 1*: 'You put more effort in because at school you're... like... I don't want to be sweaty for... like... the next time at school [lesson] and it's in front of other people that don't really care about their fitness because they can eat as much as they want and stay skinny.'

*Previous Client 5*: 'It was good fun...It was a more relaxed environment than a PE session because in a PE session you'd have your PE teachers telling you what to do and

how you should do it. Whereas you could play...the game that you're playing, you could play it how you wanted to *play it.'*

Clients who had expressed concerns relating to peer acceptance found group sessions fun and enjoyable as a result of their supportive, laid back nature in contrast to experiences of the authoritative environment of PE lessons. They also felt more comfortable engaging in physical activity with like-minded peers in a safe and supportive environment as there was a reduced feeling of being judged, and no pressure to perform well. In trainer 2's example, her clients' experiences were facilitated by the realisation that others were in a similar position to themselves, and they were not alone in attempting to manage their weight and adopt healthy lifestyle behaviours.

The oldest of clients (Hannah, Chloe, and Sophie) did not express the same doubts and worries about accessing SLC. They attended their first session with optimism, smiling and acknowledging other SLC staff and members, and would enter the gym confidently, rarely phased by the busy environment. A contrast to others who only began to show signs of confidence once they experienced positive outcomes (see Chapter 5). For the older clients, they preferred to exercise independently and chose not to engage with group sessions:

> **Hannah:** *'I prefer exercising on my own… I like to put my headphones in and just go rather than, I always find when you're with someone you feel as though you have to talk to them or you have to do better than them or compete with them, but whereas if you're on your own you can just put your headphones in and you can do what you want and set your own goals and just go.'*
>
> **Sophie (field notes):** I don't *need to hang around with the others because I'm happy on my own doing my own thing and not doing kids' stuff.'*

On occasions however, Hannah would attend Zumba classes or gym sessions with friends. This was a similar case for Sophie and Chloe who regularly attended the gym with their boyfriends:

> **Hannah (field notes):** *'It (Zumba) was so good… I can't believe how much I've sweat… I wouldn't have worked that hard in the gym today.'*

*Hannah's Mother: 'She likes to do things on her own does Hannah, she's very well motivated on, on her own, but she did also see quite a few of her friends there. A lot of them I think more male than anything, from school, and, and they seemed to really help her; you know, she used to come back and say, oh I've seen so-and-so at the gym, and, oh I'm meeting them there... So it was, you know, they'd arranged to meet up and, and maybe try some different things, a different form of exercise, different, you know, different regimes.'*

*Chloe (field notes): 'He's (boyfriend) meeting me after this to do a legs workout... he's real into it and knows his stuff so it will be good.'*

*Sophie (field notes): 'I lifted more than him (boyfriend) yesterday so he's determined to beat me today.'*

In these instances, the social support from already established peer relationships increased clients' motivation to exercise and was an opportunity to engage in social activities with peers, which is of heightened importance during the adolescent years.

A clear difference in client responses occurred during the experiences of bullying and victimisation for both Jess and Sophie. Jess had previously stated that she had been bullied at school for her weight, which was a driving force for enrolling onto YLW. On arrival at her 12<sup>th</sup> session, Jess' attitude had changed in comparison to previous sessions. She was withdrawn, shy and constantly looking around the gym as if she was being watched. Discussions between Alice, Jess and her mother revealed that she had previously been targeted outside of SLC:

*Jess' Mother (field notes): 'Go on... tell Alice what happened outside the other day ...she's being bullied about her weight.'*

*Jess (field notes): 'They called me fat and said what the hell was I doing here.'*

This negative interaction with peers increased Jess' feelings of self-consciousness and had an impact on her effort to engage with the session thereafter. Similarly, Sophie experienced negative attention with peers from school during her time on YLW. On regular occasions, she would come into contact with girls from school while exercising in the gym. This often resulted in comments and remarks about her attempts at lifestyle change:

*Sophie (field notes): 'oh she's been at it again hasn't she... dirty looks and snide remarks. Sod her!'*

> *…'*
>
> *'you can't do right for doing wrong. Because if I eat a salad I get laughed at but if I have chips they look at you and roll their eyes and say "no wonder you're fat".'*

While she still felt judged by her peers, unlike Jess, who became embarrassed and withdrawn, Sophie was able to discuss the situation and move forward with her sessions. While this is not to suggest that the comments made by peers did not have a damaging effect on her and other clients in similar positions, these adolescents were usually able to manage their emotions and deal with negative perceptions positively:

> ***Sophie (field notes):*** *'Everyone's entitled to an opinion aren't they? I'm just happy doing me.'*
>
> ***Chloe (field notes):*** *'I'm not fussed what people think… we are all in the gym for a reason after all.'*
>
> ***Previous Client 2****: 'Like… at school, if anybody said to you anything about your weight or something you can be like… "well, I probably do more [exercise] than you".'*

Peer perceptions for older clients, however, did not have such a significant impact on their behaviours and attitudes to engaging with YLW in comparison to other clients.

## 7.4   Differences in client responses to weight gain

Chapter 6 draws attention to the way in which YLW measures success through weight loss each week and highlights how all clients were nervous and fearful about stepping on the scales (see section 6.3). During observations it became apparent that there were differences in how clients managed their responses, in particular their emotions to negative weigh-in results. The oldest of clients were able to regulate their emotions after a negative result and come to an understanding of why the result had occurred:

> ***Sophie (field notes):*** *'I had a feeling I had gained but it's not a problem. I've had a bad week is all.'*

> *Hannah (field notes): 'It's been one of those weeks where I've just not been into it.'*

In these cases, clients would discuss the challenges they had faced during the week to determine a reason for the negative result. Furthermore, in instances of weight maintenance these clients were able to see this as a positive, and still managed to strategise and plan for the following week.

In comparison, younger clients found it extremely difficult to think positively when receiving a negative result:

> *Harry's Mother: 'I think he'd put on like three pound or something I felt like real crappy for him because he was upset and I didn't like seeing him upset, and he sort of like did shed some tears at night…'*
>
> *Harry (field notes): 'How has it gone up? I've done everything you said! I don't believe it.'*
>
> *Jess: 'I think I'd get disappointed if I didn't lose the weight I wanted…because of all the work I'd put in and not lost anything…Cos I kind of wanted to lose the weight and I kinda, when I'd get the result I'd kinda get disheartened.'*

In the instance of weight gain, younger clients would express disappointment and upset often resulting in frustration and dissatisfaction with the result. For younger clients, weight gain or maintenance would have an impact on their attitude to their YLW session, causing uncertainty and ambivalence regarding their competencies to lose weight, reducing their self-esteem and confidence in their ability to progress with YLW. As a result, they were unable to refocus their attention on their session and could not determine logical causes or reasons for weight gain. Instead, clients suggested that they had done everything Alice and their parents suggested and, as a result, became despondent in their session. At this stage, it was the responsibility of Alice or a parent to encourage the client to think positively:

> *Jess: 'they'd kinda be like don't give up…it's like a kind of motivation, like don't give up, keep going.'*

*Alice (field notes): 'So you've just seen how a client can fly off the handle when they aren't doing well. You literally have to drag them out of their stink.'*

In these instances, clients' emotions prohibited them from processing their feelings, challenging their ability to think rationally and problem solve. These clients would roll their eyes and become frustrated at Alice and their parent's attempts at encouragement.

## 7.5 Differences in how clients respond to the empowering response of YLW and negotiated responsibility and independence in their family environment

As highlighted in Chapter 6, support from the trainer and family members plays a key role in a client's journey. Trainers attempt to empower clients to take control of their decisions regarding lifestyle change and exercise; however, there were differences in how clients responded to this empowerment and independence and how much reliance they had on their trainer and their parents to maintain progress.

### 7.5.1 Clients who had a reduced capacity or independence and greater need for support

The youngest of clients often struggled to make choices and decisions for themselves:

*Harry (field notes): 'I just want you to tell me what I need to do.'*

During sessions, when Alice attempted to encourage Harry to decide what he wanted to work on during his session he would often state that he was uncertain, expressing a need for her or his mother to take control of his sessions and lifestyle change strategies. In these instances, the youngest of clients preferred their trainer to set prescriptive tasks and set goals for them and would often get frustrated or disgruntled when they were asked to make decisions for themselves. They had a desire to be given as much knowledge and information as possible in order to succeed and felt that this was the trainer's responsibility:

*Trainer 1*: 'I think for me I am trying to encourage him not to see me as a teacher…
*Trainer 6*: 'I have the same…'
*Trainer 1:* '…because he still does call me like "ah miss what do I do?" … I'm trying to tell him you know I'm just somebody that's trying to help you with the exercise. I'm a trainer for you, I'm not your teacher'.
*Trainer 2*: 'That's his age as well.'
*Trainer 1*: 'I was gonna say, he is young anyway so he is used to having...'
*Trainer 3*: 'You do find that. You find that if they are young, like, eleven or twelve years old then they see you more as a teacher figure. Whereas, if they are 16, 17 years old it's more of a trainer relationship.'
*Trainer 2 & 6*: 'yeah. yeah.'

*Alice (field notes):* 'some of the younger ones just don't have anything to work towards. The only suggestions they make are to do with eating more veg and reducing their weight. They don't see past it and get annoyed when I ask them what they think.'

During observations, it became apparent that for the youngest clients, relationships with their trainer rarely developed into anything more than that of a teacher and student, proving challenging for trainers whose aims were to encourage independence and responsibility in their clients.

Furthermore, the responsibility and choice regarding their YLW journey was often perceived to be in the hands of their parents. For Harry, at the age of 11, he was not granted the same independence in his life as older clients and was reliant on his mother to organise, plan, and regulate his day-to-day schedule:

*Harry:* 'I just ate what Mum gave me… Mum supported me a lot… she said let's go on a bike ride, or let's go swimming or something… she reduced some of the portions and she just said do you want an apple or stuff like that… she always motivated me to do exercise.'

*Harry's Mother:* 'just basically with food and making sure he's you know… probably more the exercise… if we'd have a weekend spare we would go, I mean we have been known to do a swim, a gym… and a badminton all on the same day… he's not opposed to the idea… he never said no.'

…

'He went over to a friends, and… I would say to her [friend's Mother] "He's on Live Well programme so please don't give him loads of rubbish" …and like "Harry please don't go to the shop and please don't buy loads of rubbish".'

As Harry's was only 11, his Mother was able to monitor and control his behaviours more effectively than older clients as Harry did not question his mother's control, accepting

her suggestions to exercise and eat healthily. However, this level of control may have proved

challenging if he had been older, and his desire for independence was greater (examples of

this will be explored in section 7.5.3).

As a result of his mother's monitoring, and the importance he placed on his need to

lose weight to succeed on YLW, Harry put a great deal of effort into engaging in healthy

lifestyle change:

> **Harry's Mother:** *'He just enjoyed it… he was like "oh when, when's me next Live Well" and you know "what are we doing this week" … I think it give him summat, like, you know, to look forward to in the week… keeping him busy.'*

Harry was able to focus his attentions on YLW as he had no other responsibilities in his

life at his age. However, the responsibility his Mother had to take for his behaviours often

proved difficult for her and she would often feel guilty when she struggled to manage her time

around Harry's increasing desire to exercise and eat healthily:

> **Harry's Mother:** *'that made me harassed and stuff, and I was thinking oh God, he's gonna come out and he's gonna be like really mad if he's put weight on… well the next week… he'll want to do more and try harder and things like that… so I'm like, you feel like you're as a parent you are running yourself ragged…cos I'd been working out during the day and then he'd be like, oh he wanted to go swimming at night time and I'm like… I've done enough for today.'*

Harry's mother became frustrated with YLW and specifically Alice, suggesting that she

was too hard on Harry in incidences of weight gain, and this attitude was reciprocated by her

son:

> **Harry's Mother:** *'Sometimes I didn't feel like he got the praise that he could have done…one time he'd done really really well and she sort of, like she [Alice] went "oh yeah, you've done very well this week". But then there was one week… and I think he'd put on like three pound or something… and I just felt at that point she just went quite heavy on him… …at that point I thought should I just pull him out, do you know what I mean, cos nobody likes to see their child upset…and I just thought, you know, he's followed everything, you know, you've put to him, he's followed the food, he's followed the exercises, he's enjoyed it but don't make him feel bad cos he's put a bit of weight on, do you know what I mean, it's not, not good.'*

During every observation with Harry, there was never an incidence where I believed Alice to be acting in this way. Instead, she would try and downplay Harry's weight status in a lighthearted manner. This was also acknowledged by Harry's mother during interview:

> **Harry's Mother:** *'she appreciated that he's a number fanatic and stuff, so she would be quite entertaining towards his love of number… had a bit of banter when they were doing the BMI and, and things like that'*

Harry's mother was contradictory towards Alice's attitudes in her interview, and as I was able to see the relationship first hand during sessions, it could be suggested that his Mother would place the blame on YLW and reflect the responsibility for weight gain onto Alice during times when she felt under pressure to manage Harry's lifestyle change behaviours in the home.

## 7.5.2   Clients who had an increased capacity for independence

The collaborative nature taken by trainers to empower clients to make decisions regarding their exercise and lifestyle was well received by the oldest of clients:

> **Hannah:** *'I had a lot of independence...I would make sure that I was there on time, that I'd plan with whoever was taking me to the gym or if I couldn't get taken through that I'd make sure I was there on time, setting my own challenges for in the gym, making sure that I was achieving that...It made me feel a lot more independent about everything and more grown up...and I can make my own decisions'*
>
> **Chloe (field notes):** *'I feel like I have a purpose and I'm making the decisions.'*

These clients were able to determine plans and strategies independently and appreciated the independence and choice given to them. They would take control of their sessions, set their own goals, and determine what they wanted to focus on without the requirement of the trainer telling them what they needed to do:

> **Chloe (field notes):** *'I really could do with some swimming sessions to prepare me for lifeguarding... I need to be able to do fast lengths and stuff like that.'*

*Hannah (field notes):* '*I've got to try and get through seven stables Saturday so I best work on my arms today.*'

*Alice (field notes):* '*it's so easy with Sophie because she is organised and structured and gets things sorted. Like getting her exercise in and making time for it. I never have to kick her up the bum to check in on her.*'

Sophie, Hannah, and Chloe took the initiative during their time on YLW and self-governed their sessions and their healthier lifestyle. During one of the very first meetings with Hannah, she presented Alice with an enhanced food diary that she had created independently, going so far as to purchase a notebook and create her own standardised, organised table to fill in her daily food intake. As time went on, she also began to incorporate an exercise log and a thoughts and feelings section without any input from Alice. All three girls would take pride in their food diaries, ensuring they were filled in and detailed, attended sessions without fail and organised their time around exercising. They valued the empowering nature of YLW, expressing greater autonomy in managing their experience, and identified YLW as an opportunity to take responsibility, and gain independence and an element of control for their lives. At this stage in their life, these clients were taking on other responsibilities such as part time jobs, exams, household chores, and social endeavours. Even so, their strong association with and responsibility for a healthy lifestyle enhanced their capabilities to manage these additional duties and successfully multi-task:

*Hannah's Mother:* '*It was Hannah...She was determined...That's how Hannah deals with things; I mean as, as stupid as it is where she works, she's only mucking horses out but she sets herself goals to get from there to there to there so that it's not, oh I've got a whole day of this; she would make time for the gym, you know, and that is how she deals with things. It was the same with her exams, everything, she would set herself goals on her revision, and, and, and do them and work through it that way; and then go to the gym and I think that's how Hannah motivates herself, very much so...I don't quite know if Hannah wasn't as driven herself whether it would have been as successful.*'

*…*

'*you know, if she was going, like she did the Leeds Fest thing and, and what have you and she, she said, you know, well before she went; she took some things that, you know, that she knew was, was better for her, but just tried to make better choices while she was there.*'

> *Sophie (field notes): 'I've set myself a plan to sort my days out so I can get my gym in around my shifts and exams and that.'*

### 7.5.2.1   Examples of positive family support that encouraged empowerment

For Hannah, her time on YLW was enabled by the facilitative approach taken by her family, and in particular, her mother:

> *Hannah: 'My mum started the other Live Well so she was in the same boat as me trying to do well and lose weight and get on the programme, but then, also my brother was losing weight as well at the same time; so there was a few of us all at the same time trying to incorporate it all into one, if you like.'*

> *Hannah's Mother: 'Well I've been on the Live Well programme myself and that's where it came about from when, when I did it before; I think it was Alice asked me about Hannah doing it, cos she had sort of started going to the gym initially.'*

Hannah's mother had suggested and asked if she would like to enrol onto YLW. Hannah felt that she was under no pressure to enrol and did so out of choice, seeing the potential in YLW to support her attempts at healthy lifestyle change. Hannah's family were also engaging in healthy lifestyle changes and her mother adopted a facilitative role throughout Hannah's journey acknowledging her daughter's need for independence and increased responsibility:

> *Hannah's Mother: 'She's a very grown up girl, she, she is very...she's always had her head screwed on the right way and, and always be, been very dependable, and, and just very grown up in the decisions that she makes, how she reacts to things...So it, it wasn't an issue for her to go off and do that on her own because it's what she wanted to do and I didn't have a problem with it'*

> *...*

> *'She'd often say "what are we having for tea tonight?", and I'd say, "oh I'm having, we're having such-and-such", and there was times she'd say "I don't want that mum". And so I'd say "Well either do you want me to do something different or do you want to do yourself something?" And quite often she'd say I'll just do myself something, you know, you, you know, that fitted in better for her, shall we say.'*

> *...*

> *'I mean well last year she was actually on, on her own steam because she had her moped on the road so she'd, we'd got her sorted so she could, you know, get places on her own which made a big difference.'*

While Hannah attended sessions alone, her family were very supportive of her healthy lifestyle change journey in the home. The empowerment she received from her mother in terms of making choices regarding food and the ability to travel on her own allowed Hannah to feel in control of her YLW journey. When asked how she thought she would have managed if she had not received as much independence, Hannah responded with:

> **Hannah:** *'It would have been a lot harder. Cos it wouldn't have fit in around me, I probably wouldn't have, have been as motivated to go, cos when you're in that frame of mind to go you need to go then...rather than the next day; the next day your parents would probably be like, oh do you want to go now, and you'd think no I don't want to go now, I wanted to go yesterday.'*

That being said, she reiterated the importance of her family's support during times where she did feel a lack of motivation and when the responsibilities of everyday life got the better of her:

> **Researcher:** *'So were there ever, ever times where they'd say, 'right, Hannah get up, we're going for a run'*
> **Hannah:** *'Yeah, that was a positive thing, because……although I do like doing things on my own but it gives me more motivation to get up earlier and try and do things before the day started rather than waiting until night time, and trying to make your days a bit shorter rather than trying to cram everything in after school or college or whatever it was.'*
>
> …
>
> *'I do cook but I don't really know what's what, you know, like what good things you can put in, what bad things, whatever, and I just wouldn't have had the motivation to either cook anything nice and healthy from scratch either; when you've had a long day you just want to have some tea and go to bed, and she made sure that when I did come in there was tea ready so that I wasn't picking away and I wasn't waiting for something unhealthy, it was always there ready.'*
>
> **Hannah's Mother:** *'there'd be odd weeks when you, you know, if she'd had a really, really…busy week at work…you know, and she used to say, 'oh I can't, I just, I don't want to go, I don't want to go this week… I think that was when I used to try and step in and, and really say it doesn't, you know, it doesn't matter, we'll just work to next time, you know.'*
>
> …
>
> *'I mean she's into, she's, she's doing her running now and, and my role is to get her up at six o'clock on a morning to get her out there… so the night before she'll decide if she wants a run, but I always poke my head round and say 'Hannah it's six o'clock, are you going?' And I'll either get a, 'yeah, five minutes', or 'no, I'm not going to go for it' and I don't say, come on…'*

This support from Hannah's family was well received as a result of the empowering approach they took. Her mother encouraged her to maintain her healthy lifestyle and manage her time, but still provided Hannah with the choice and independence she required for her age and level of maturity.

7.5.2.2    Examples of no family support that prohibited client empowerment

The effects of no support, even for the most independent and responsible of clients is highlighted in both Sophie and Chloe's experiences. During Chloe's first meeting (which is compulsory for parent/s to attend), Alice asked *'Why couldn't your Dad be here today?'* (**Alice: field notes**)*.* Her response was that *'He couldn't be bothered'* (**Chloe: field notes**) followed by a roll of the eyes. They both decided to phone her father to discuss the programme. When asked what he thought Chloe needed help with, he stated that he did not know and that *'she needs to do it for herself'* (**Chloe's father: field notes**). He agreed that Chloe would benefit from the programme but when asked if he would be able to get involved and support her through the process, he was very adamant that he *'won't have the time for that'* (**Chloe's Father: field notes**). He was reluctant to provide any active support during her time on YLW and forced her to take on the task independently. Chloe had recently moved in with her father due to an argument with her mother and as a result, Chloe had to take on a lot of responsibility for her progress on YLW, and within her home. This was a similar case for Sophie whose parents did not attend any of her YLW sessions during her time on the programme. When asking Sophie if her parents were happy for her to start the scheme, Sophie shrugged: *'They aren't fussed'* (**Sophie: field notes**)*.* Alice raised concerns for the lack of parental involvement for both girls:

> ***Alice (field notes):*** *'It's so frustrating when the parent isn't part of it. I will have no idea if their parents are actually helping them or taking it seriously…they will more than likely find it too much to take on alone.'*

Alice worried that while Chloe and Sophie were motivated, engaged, and self-sufficient, they lacked the support they needed in their home life. This lack of support had a substantial effect on their experience and often both girls would break down to Alice about

how difficult it was managing lifestyle changes and commitment to YLW alongside other

aspects of their lives:

> **Sophie (field notes):** *'I sometimes feel totally alone in it. They don't try to help and I get that it's up to me and I have to do it for myself but it wouldn't hurt just to give me a hand every now and again… at least encourage me instead of buying takeaways and crappy food left right and centre'.*

> **Chloe (field notes):** *'I don't drive so have to get here myself and Dad's home he just don't bring me. I do the food shop for him but he moans because I get good stuff and not chips. I'm not the best at cooking either and he won't so it's easier to whack in a pizza to not cause a fuss.'*

This lack of support in their home lives created barriers for both Sophie and Chloe

when attempting to adopt healthy lifestyle changes, often admitting defeat through lack of

encouragement and stubbornness from parents. For clients who were extremely independent

and self-governed, it became apparent that they still need an element of family support when

managing lifestyle change.

### 7.5.3 Clients with a lack of ownership as a result of too much control from their parents

Tom and Megan were more reluctant to express ownership for their YLW journey in

comparison to Hannah, Sophie, and Chloe. This may have been a result of feeling that they had

not made the decision to enrol onto YLW:

> **Megan's Mother:** *'I done it (signed her up) without Megan even knowing (laughs) about it... and I come home and says "right" 'I've got an interview at the gym" and I said "just come and have a look, come and see what you think". And I actually dragged her there kicking and screaming the first time.'*

> **Megan:** *'My mum… phoned me to tell me that she was putting me on the Young Live Well thing, and at that, at the start I wasn't too encouraged about it…I didn't have any motivation to go to the gym at that time…I'd say I was forced.'*

> **Tom's Mother (field notes):** *'I've been told that we have to do something about his weight problem. He's not 100% happy about it are you lad?'*

> **Tom (field notes):** *'you'd best do something about it then hadn't you Mum.'*

For Jess, she may have felt that she had no choice to enrol as a result of her weight gain after her first YLW attempt. The difference in having made the decision to enrol and feeling expected to enrol presented differences in client attitudes, specifically related to responsibility for their YLW journey. Whilst all three clients engaged with YLW, exercised both in and out of SLC, and adopted healthy lifestyle changes, they perceived their success to be the responsibility of their family:

> **Tom (field notes):** 'It's Mum's job to get me here and sort my food diary out. It's not my fault if I haven't done anything this week.'

> **Toms Mother (field notes):** 'well if it hadn't been for me feeding him and getting him out and about he wouldn't have bothered.'

> **Megan's Mother: '**I never let her miss any of the sessions at all, and I think if I didn't, she wouldn't just, she just wouldn't go...'

> **Researcher: '**Do you think you, were you, were you motivated to actually work really hard in the gym on your own?'
> **Jess:** 'No, I didn't really do much on my own in the gym...I did much more with someone there... [because] then I would have to do like do a bit of everything because they would make me...My nanna... she was the one that took me to the gym and that and without her I probably wouldn't have gone.'

> **Jess' Mother:** 'Yeah, she wouldn'ta done it without the encouragement, she wouldn't have gone to the gym on her own. She wouldn't have, you know, she wouldn't have done them things on her own; yeah, she needed us to help her but she was the one that put in the effort while we was there.'

Tom, Megan, and Jess relinquished control during their time on YLW and believed that it was their parent's responsibility to ensure they attended YLW sessions and engaged in healthy lifestyle changes. It became apparent that their parents took on this responsibility and controlled and monitored their child's behaviours throughout their time on YLW. While this level of support facilitated progress on YLW, it was not effective in empowering the client to take control for themselves. At their age, these clients were gaining greater independence in their lives like that of Hannah, Chloe, and Sophie. However, when dealing with the responsibilities and independence associated with growing up (part-time jobs, socialising with friends, etc.), these clients often failed to prioritise and multitask effectively in order to maintain a healthy lifestyle without the support of their parents:

*Megan's Mother:* 'Then you've got the work basis as well, so she missed out a bit of gym because she was at work, she'd buy lunches at work, you never saw what she was buying, you know, whether it was a diet Coke or a full-fat Coke, you never had control over her. So yeah, on that base I feel that she could ha done better; overall she could have done better.'

…

'If you left Megan to her own devices Megan just eats what she wants to eat; so if my mum was to give her some random food that's totally wrong, Megan would eat it, she wouldn't say, well no, I don't want that, I'll have summat healthy. She will eat whatever you put in front of her she will eat regardless of how unhealthy it actually is.'

**Jess' Mother:** 'When I'm at work it's up to Jess… but she doesn't do it because then Jess likes to sleep in and get up and not have breakfast and start eating rubbish at dinnertime.'

**Tom Father (field notes):** 'he's great when he is here, but give him an inch and he'll take a mile.'

With their increasing opportunities for independence in their home life, it was the client's responsibility to manage their behaviours. While Hannah, Sophie, and Chloe managed this effectively, Tom, Megan, and Jess were not as successful as they were not given encouragement and empowerment from their parents. Typically, they were blamed for their negative behaviours and lack of success:

**Tom's Mother (field notes):** *'You could have tried harder this week.'*

**Jess' Mother:** *'She just didn't put the effort in.'*

As a result of their frustrations with their child's behaviour, parents would increase their attempts to monitor and control their child's behaviours. This would be received in a negative light by clients, resulting in tense conversations, arguments, and acts of protest:

**Jess:** *'Well there was a couple of times with like food... like nagging about food and, and nagging about going to the gym constantly. "Are you going tonight?" or "How many times have you gone this week?" "Do you wanna count how many times you've gone?" "How many calories do you have to burn?" stuff like that. It was kind of a constant thing… I was quite annoyed. Like I was trying my best but it wasn't good enough. I think it kind of made me go down a little bit...A little bit more down in the gym, like tried less.'*

**Megan's Mother:** *'It's like I left her to her own devices during the daytime, and I'd say have a look in the freezer what you've got, you know, think about what you're eating;*

*but that's all I could do. If I come home and she's ate a whole pizza there's nothing I can do about it because it's already done. But then I would say, you know "Why have you done that, why didn't you eat half?" [Megan's typical response:] "Don't have a go at me" blah, blah, blah "it's my dinner".'*

**Jess' Mother** *'We all try still, and nanna still comes down twice a week, she forces her to go for, for these power walks and, you know, we do try, but, like I say, we have hit that age barrier where it's, 'I'm not doing it, you can't make me', 'I'm not eating that', 'I'm not doing this', slam! Bang! Upstairs they go, or out the door.'*

In Jess' case in particular, her mother struggled to provide the right level of support for her daughter. Over the course of Jess' time on YLW, she attempted to rectify her controlling behaviour and provide Jess with independence. However, it was clear that the effects of her overly controlling support had taken a toll on Jess' attitude:

**Jess' Mother:** *'I gave her the responsibility of trusting her while she's at school, thinking that, she wants this as much as what we're all believing that she does… Trusting her at school not to eat all the rubbish, thinking that she was responsible and grown up enough to take it into her own hands…Jess was breaking the rules while she wasn't in the house but didn't want us to know... I think she was on like cookies and crisps and, yeah? And this is why the weight was coming on; we're, we're thinking hang on a minute.'*

These clients also struggled to acknowledge and perceive their parent's regulations and monitoring as support and saw this instead, as a lack of freedom. Tom, Megan, and Jess were at an age where they had greater desire for independence and increased responsibility, and unlike Harry who adhered to parental regulations and monitoring, they found their parents' support to be controlling and unconducive to their needs. In turn, they would tend to distance themselves from all efforts during YLW sessions, showing little interest in exercise and discussions with Alice that focused on goals and lifestyle change.

What was interesting upon interviewing both Jess and her mother 18 months after the start of observations was how her attitude towards healthy lifestyle change was changing as a result of her age:

**Jess:** *'I'm kind of upset that I know that I can do it. So it's kinda like I know I can healthy eat, I know I can exercise and all that…It kinda makes me upset because it's like kind of gutting, cos I know what I can do…I get support from my family all the time, it's, now it's up to me to do something.'*

*Jess' Mother:* '*I think we're, I think we're sort of at that point because we're hitting nearly fifteen now, and the boyfriend's been around for a coupla years now and, yeah, I think we're hitting that point. She's starting to think about prom… and I think she's sort of like, 'oh hang on a minute, I maybe should've took that opportunity when I 'ad the chance.'*

She had been in a consistent relationship with her boyfriend and was starting to express greater responsibility for her actions and behaviours, understanding that her family were there to support her and that it was her choice to make changes happen. This small insight into Jess' perceptions 18 months after YLW highlights the dramatic changes in attitude and outlook that can occur during adolescence.

## 7.6   Environmental and contextual challenges

One clear observation during my time in the field was that, no matter how important YLW is to a client and even when encouraged and positively supported by family, adolescent clients face a number of environmental and contextual challenges in their daily lives that can impact their ability to manage and maintain healthy lifestyles:

> *Trainer 3:* '*All of them went through quite big changes, they either moved school, or it was exam times or they went to college and things so that was quite a big change for them and lots of different things happened at home.*'

### 7.6.1   Changes in routine related to school and work

A number of lifestyle and environmental challenges were acknowledged as having a negative impact on a client's progress on YLW. These included changes in routine and lifestyle related to school (exams, transitions to secondary/ college, school holidays) and transitions into work:

> *Client 4:* '*When you are at school you know what you are eating because you have a thing you eat every day...and then when it... it kind of went bad at the summer holidays because then it was... like... You don't know what you're eating and then when you eat it, and you look back you are like 'aaawww'. But the when you go back to school it gets better again.*'
>
> *Client 1:* '*We'd have the holidays and then it would be back to square one.*'

*Researcher: 'So what about the school day then, so once you got to school how was, was that quite easy to make sure you were eating OK and exercising and stuff?'*
*Jess: 'Yeah, that was quite easy...Because I knew, cos we have set times for dinner and that, but it was easier. '*
*Researcher: 'OK. So obviously it was easy for school and during the school days, what about school holidays?'*
*Jess: 'That, that was harder. Because I was getting up later, so I might be getting up around dinner time...And then my eating patterns are, they're different...Cos dinner would be like breakfast and the, and then I'd get hungry after and then I'd kinda pick at stuff. But then tea was the same, but then I'd get hungry and I'd pick at stuff like on a night.'*

During term time, it was evident that attending school provided clients with a sound structure and day-to-day routine. Clients expressed how they felt in control of what they were eating, what their plans were, and what needed to be done that day. With this predetermined plan, they organised which days and times to exercise or participate in physical activity and infiltrated this into their weekly routine, making healthy lifestyle choices a normal part of everyday life.

The lack of structure of holidays and school breaks was caused difficulties managing and maintaining healthy lifestyle changes, and having the motivation to do so. Clients would attend sessions exasperated and dismal as a result of their lack of routine. Whilst there was delight in not having to get up early and attend school or college, this lack of productivity caused a disruption in health promoting behaviour.  During holidays clients had a great deal more freedom and opportunity to engage in unhealthy lifestyle behaviours:

*Harry: 'if you're in the holidays you can just snack and snack...'*

Clients admitted that it was too easy to snack constantly throughout the day, especially during the Christmas holidays:

*Hannah: 'I think it's cos it was around Christmas time and everyone gets like that around Christmas, and then like you eat so much over Christmas and then afterwards you think oh I've eaten so much so it don't matter anymore, and it just takes a little bit longer to try and get back, and you need a bit of motivation to get going again.'*

Lack of day-to-day routines and greater time out with friends and family for excursions provided challenges with regard to healthy eating as preparing and packing lunches and dinners was something that was rarely practiced.

Hannah and Sophie were both entering their final year of GCSE's and as a result upcoming exams became a priority:

> **Hannah:** 'There was times where I thought oh this isn't too bad, I can, you know, I can carry on going to the gym being healthy and do my exams; but then there was a couple of weeks where I had like seven exams in two weeks and it was a lot to do so I wasn't really bothered about what I was eating, it was just grabbing whatever you could to keep you going for the day, and just getting through the exams really.'

> **Sophie (field notes):** 'everything else just has to wait... I barely have time to eat, let alone exercise.'

For Megan, Sophie, and Hannah, each maintained weekend jobs that developed into full-time vacancies during school holidays. Managing to plan exercise around work times and prepare a healthy balanced lunch in an attempt to stick with their new health changes often proved challenging:

> **Megan:** 'I've been working a lot so the motivation to eat healthier and then do exercise is just gone...Work has a biggest influence, cos...cos whenever I'm working it's the same times where I would normally go to the gym.'

> **Hannah:** 'It was hard at times when you'd been at work all day mucking out however many horses, that the last thing you wanted to do was go to the gym, and it was harder to keep eating as healthy as you could when you really wanted an energy boost or something.'

Part-time work brought about feelings of fatigue and low motivation to exercise. For Sophie, her feelings of fatigue were often heightened as a result of working late night shifts in a pub:

> **Sophie (field notes):** 'I got in from the pub at 2 this morning so don't expect to get much out of me.'

Even for the most independent and self-governed clients, their environmental context proved challenging when determining strategies for healthy lifestyle routines.

### 7.6.2 Home life and personal circumstances

Challenging family circumstances and issues that occurred during a client's time on

YLW had a significant impact on progress:

> ***Trainer 7:*** *'I've just rang another two people up, bearing in mind they are sixteen and they've both just dropped out of college and they, they left school, you know, they're, they're not very committed to anything and, and they don't really know what they want to do or where they're going in life'*

> ***Trainer 6:*** *'He lost [weight]...and he was looking great. She (Mother) then split up with her long-term partner which he had trouble with, weight piled back on, and because of* everything that was going on in her life she didn't fully engage [with the programme], and he's, he's, he's getting there now but it's taken months.'

> **Hannah:** 'Oh there was a couple of family problems...'
> **Researcher:** 'Yeah, OK, you don't have to go into too much detail...'
> **Hannah:** 'No, no, it's OK... Just when everything feels a bit down you never want to get up and do anything or, you know, like the last thing that's on your mind is trying to eat healthy and be motivated, you just want to try and get through that time'

> **Jess' Mother:** 'I mean there was times when obviously, you know, there was times when, at one point me and her dad went through, he'd lost his job and I didn't have a job and we were finding it financially difficulty, so I think she felt like she was putting pressure on the family by wanting certain things (healthy food).'

> **Harry's Mother:** 'I broke up with his dad; his dad was going through a period where he was giving him a lot of sweets and a lot of rubbish while I was at work, and I don't think I was aware of how much he was actually having, in a sense, cos when I was with him we didn't eat a lot of, a lot of rubbish we just ate everyday things, but at sort of that point I was battling an everyday battle cos I didn't know obviously that he was having this rubbish with his dad...he didn't do an awful lot of keep fit at that time because he was just trying to get in, in the, in the transition of dealing, dealing with the split, cos it was a quite emotional time for him and he didn't handle it very well, had a lot of anger. So it was, at that point it was just trying to make sure that mentally that he was in a good place.'

Difficult personal circumstances often caused clients and parents to become

demotivated, with a lack of focus towards YLW and lifestyle change. In the case of the three

siblings whose mother withdrew the family from YLW, this was a result of a family

bereavement:

> ***Alice:*** *'They can't commit because they've got way too much to deal with at the*
> *minute.'*

During my interview with Hannah, she explained clearly the effects that environmental challenges and life circumstances had on her progress and how she had wished she could put her YLW journey on hold:

> **Hannah:** ' I just think when I did the programme it was a really busy time with like, from when I started, throughout, and there was times I was really up and down, and I think if I'd done it at a time where I knew there wasn't as much going on I would have had a much better, well a higher outcome, if you like, that would have helped if, yeah, if, or if you could space it out; it sounds stupid, but if you could say oh could I please do six months of it now and then have a little bit of time off because I've got this, this and that on and then start again after, cos the year soon goes.'

Even though Hannah was one of the most successful clients observed during my time in the field, it was clear that the changes and pressures that occur during the adolescent years associated with school, jobs, and increased responsibilities have an impact on a client's ability to manage and balance the multiple demands that are placed on them, resulting in them having to prioritise certain aspects of their life, often at the expense of YLW.

# Chapter 8 Discussion

## 8.1 Overview

YLW is seen as an opportunity to adopt healthy lifestyle change through access to one-to-one professional support from a trainer. Specifically, clients expressed that increases in healthy eating, exercise and physical activity were a result of the holistic tailored intervention. This includes knowledge and information on nutrition and healthy dietary habits; the opportunity to access and actively engage in exercise; and the motivational support from the YLW trainer that offers strategies to implement lifestyle change into their home environments (Kebbe et al., 2019; Owen et al., 2009; Reece et al., 2015). Multicomponent approaches like YLW have been found to provide greater opportunities to improving lifestyle change than single component interventions alone (Kebbe et al.; Spear et al., 2007; Sutcliffe et al., 2018) and my observations and the perceptions of clients, parents, and YLW trainers support this assumption. However, my integration within the field and observations during client sessions revealed that client behaviours were a result different perceptions and attitudes to YLW; how they responded to peer influence in and out of the SLC setting; how they managed and responded to the weigh-in; and how they received and interpreted the support from their trainer and family when attempting lifestyle change. Furthermore, each client journey was affected by environmental and contextual factors that hindered their capacity to manage positive lifestyle changes.

Chapter 3 highlights that the period of adolescence instigates a number of biopsychosocial and developmental changes that impact a young person's functioning and behaviour, their relationships with significant others, and their response to their environment (Christie & Vaner, 2005; Hagell et al., 2015; Schulenberg et al., 1997). Therefore, it is imperative to acknowledge these changes, and their effects, when working with adolescents in any context. As a result, I discuss the findings from Chapters 6 and 7 in unison; drawing upon previous findings related to adolescent experiences of weight management and lifestyle

change interventions, alongside adolescent developmental theory (i.e., Erikson's psychosocial development theory) to attempt to reason why such complexities and diversities in client experiences can occur within the same intervention.

## 8.2    Differences in client perceptions and attitudes towards YLW

Previous research suggests that adolescent motivations to engage with weight management and lifestyle change interventions stem from a desire to lose weight, increase fitness, and improve general wellbeing (Daley et al., 2008; Hester et al., 2009; Holt et al., 2005; Morinder et al., 2011; Peeters et al., 2012). While YLW clients expressed similar motivations at the start of YLW, it was revealed that these were not true reflections of how important they perceived YLW, healthy lifestyle change, and weight loss. Instead, the pertinence of engaging with YLW was dependent on a client's psychosocial development, which in turn, determined how they responded and navigated their YLW journey.

For the youngest clients, the importance of YLW was based upon their desire to succeed and prove their capabilities to their family and the trainer. From a psychosocial stance, Harry, at the age of 11, and Jess (aged 11 during her first attempt at YLW) were focused towards achieving competence; the basic virtue of the Industry versus Inferiority stage of Erikson's psychosocial development theory (Erikson, 1958; 1963; 1968). During this psychosocial stage, individuals strive to receive praise from parents, teachers and significant others, and to develop a sense of pride in their abilities and accomplishments, reflective of both Harry and Jess' attitude (during her first attempt) towards YLW. Harry acknowledged and accepted his mother's advice to enrol onto YLW without question. It could be suggested that as a result of his age, he was not yet at a cognitive capacity to establish moral thought and reason as his aim was to please his mother and adhere to her suggestions related to YLW, indicative of the pre-conventional stage of moral development (Gentry & Campbell, 2002; Kohlberg, 1984; Smetana & Turiel, 2006). It could be suggested that had Harry been older, his outlook and response to the NCMP his mother's suggestions, and his perception of YLW and

weight loss, could have had a different outcome as he may have had a greater capacity to question their suggestions and establish his own decisions and choices (Erikson, 1958; 1963; Hazen et al., 2008). This change in attitude and perception became apparent in Jess' case when she reenrolled at the age of 13 and for other clients who were in the midst of adolescent development.

Jess, Tom, Megan, Hannah, Chloe, and Sophie, all verbalised concerns and dissatisfaction in their physical appearance and body image, expressing low levels of self-esteem and reduced confidence amongst their peers and society. This highlights that with age, clients become more concerned with their physical appearance with respect to how they are perceived by others (Erikson, 1968; 1980; Pittman et al., 2011). As evidenced by Harry, he expressed lower levels of concern regarding his physical appearance and body image when first enrolling onto YLW and it is suggested that at a younger age, negative self-image is not as pertinent in comparison to adolescent ages (Kaplan & Wadden, 1986; Sallade, 1973). However, Harry's mother's concerns for her son when he moved into secondary school and the results of the NCMP increased his awareness of his weight status. The concerns raised by clients are comparable to literature that draws attention to the psychosocial consequences of weight status in adolescents (Dietz, 1998; Heinberg & Thompson, 2009; Tyler et al., 2007) and the increased concern that adolescents acquire with regard to their physical appearance, body image, and a desire for peer acceptance (Backett & Davison, 1992; Bibiloni et al., 2013; Harriger & Thompson, 2012; Shucksmith & Hendry, 1998). Obesity and overweight has been found to be one of the least socially accepted conditions across the lifespan and results in stigmatisation, discrimination, and judgement, reflective of client experiences in this thesis (Curtis; 2008; Craig et al., 2004; Puhl & Latner, 2007; Sahoo et al., 2015; Schwimmer et al., 2013).

The increased attention and importance adolescents place on how they are perceived by others may be a result of the transition into the psychosocial stage of Identity versus Role Confusion (Erikson, 1958; 1963; 1968; Marcia, 1980; Pittman et al., 2011). At this stage, greater onus is placed on how adolescents believe others perceive them as they begin to establish their identity and sense of self (Erikson, 1958; 1980). Alongside this, friendships intensify as young people prioritise peer relationships and peer acceptance in an attempt to determine a strong sense of who they are and where they fit in society (Rageileien, 2016; Whitmire, 2000; Zarret & Eccles, 2006). This could suggest why, Jess, Megan, and Tom they often prioritised socialising with peers over their engagement with YLW. This concurs with previous findings highlighting that adolescents face challenges to maintain healthy lifestyles through conforming to peer pressure, and engaging in unhealthy eating or sedentary behaviour (Alm et al., 2008; Zabinski et al., 2003). Furthermore, as their cognitive capacities to manage and self-regulate behaviour were still being established, they were more susceptible to conformity, peer pressure and impulsive behaviours unconducive to weight management and lifestyle change (Choudhury, Blakemore, & Charman, 2006; Sales & Irwin, 2009; Somerville et al., 2011; Steinberg, 2007).

It is a common trend to associate adolescent perspectives of health with the here and now, with little concern for long-term health consequences (Coleman et al., 2007). The findings in this thesis concur with this assumption to a certain degree, as most clients associated being healthier with improving their physical appearance and improving their self-esteem, with no mention towards their future health status. However, Hannah, Sophie, and Chloe focused a great deal of attention to their future self and associated improved health and fitness with vocational plans and potential career pathways. It could be suggested that they were further ahead in cognitive maturity and identity formation than clients like Jess, Megan, and Tom as a result of their ability to plan ahead and establish personal, futureorientated goals (Christie & Viner, 2005; Erikson, 1958; 1963; 1968; Giedd, 2004; Pittan et al., 2011; Wigfield et al., 1996). The effect of pressure from peers for these girls was not as pertinent, as with age, it

is implied that they were achieving greater levels of emotional autonomy and intelligence whereby they could maintain their healthy lifestyle behaviours when faced with pressures to conform to unhealthy behaviours from peers (Noom et al., 2001; Russel & Bakken 2002).

## 8.3   Client responses to the tailored approach to YLW

All clients responded well to the tailored approach to exercise and education taken by YLW and expressed that this improved their abilities to adopt healthy lifestyle changes successfully into their home life and routine. Offering a tailored approach has been referenced in previous studies as a key factor for improving young peoples' abilities to initiate healthy lifestyle changes by catering to individual circumstances and focusing on the individual (Alm et al., 2008; Jones et al., 2019; Morinder et al., 2011; Woolford et al., 2012b).

Gaining knowledge and understanding of healthy eating and nutrition has been shown to be beneficial within multicomponent interventions (Hester et al., 2009; Howie et al., 2016; Melnyk et al., 2007). The tailored approach utilised by YLW that focuses on food diaries as opposed to week-by-week nutritional education helps trainers to determine how much knowledge a client already has with regards to healthy eating to ensure the nutritional information they provide will benefit them moving forward. As a result, food diaries raise awareness of a client's quality and quantity of food consumption to determine small, manageable changes that they can implement into their routines, reflecting previous findings amongst adolescents (Daley et al., 2008; Reece et al., 2015).

Studies have highlighted that active engagement in physical activity as part of an intervention and access to exercise facilities is perceived as important (Kebbe et al., 2018; Peeters et al., 2012); however, there are discrepancies within research as to the types of exercise adolescents prefer. Studies have shown that some adolescents prefer the use of gym facilities (Peeters et al.) while others favour sport and other forms of physical activity (Woolford et al., 2012a). YLW gives clients the option and choice as to what physical activity

they participate in and ensures that exercise is tailored to their hobbies and interests to provide a personal experience relevant to their individual preferences (planning gym routines around horse-riding and incorporating boxing into sessions presented in Chapter 6 are examples of this tailored approach to exercise). An important aspect of weight management and lifestyle interventions for adolescents is engaging in exercise and physical activity that is personable and enjoyable (Banks et al., 2014; Watson et al., 2016; Woolford et al., 2012b). The focus on enjoyment encourages positive perceptions of physical activity amongst YLW clients who express that they feel fitter and more energised as a result (Peeters et al.; Woolford 2012a). SLC setting enhances this personalised experience by providing multiple high-tech facilities and a range of exercise options that clients can access (i.e. fitness suite, swimming pool, and sports hall). This provides a stimulating and adaptable experience for YLW clients that reduces boredom and monotony when exercising; something that adolescents have expressed in previous studies as a barrier to structured exercise regimes, desiring more choice and exercise options in an intervention (Lindelhof et al., 2010; Peeters et al.).

Some adolescents have expressed increases in confidence and enjoyment when engaging in physical activity and acceptance as they feel part of a group with similar experiences and issues (Peeters et al., 2012; Woolford et al., 2012b). Others have highlighted fears of attending groups sessions due to concerns related to not fitting in, and stigmatisation (Watson et al., 2016). Alongside this, some adolescents suggest that interventions that group together a wide age range do not meet their individual needs (Banks et al., 2014; Holt, et al., 2005; Morinder et al., 2011; Reece et al., 2015; Woolford et al.). The advantage to the tailored approach taken by YLW is that clients are given the option to engage in both independent and group exercise. These options cater to the diverse needs of each client as not all express a desire to exercise with others (highlighted in Chapter 7). The flexibility that YLW affords clients in terms of making their own choices regarding how, when, and with whom they exercise, highlights the importance of tailoring interventions to personal preferences to facilitate positive engagement (Banks et al., 2014; Morinder et al.; Watson et al., 2016; Woolford et al.).

Findings concur with previous research that highlights how the public setting of an intervention can prove challenging for clients who express concerns about being seen by peers and judged as a result (Howie et al., 2016). These concerns were more pertinent for those clients in the midst of adolescence. For example, Jess, Tom, and Megan were verbalising a greater desire to fit in and seek peer appraisal as a result of their stage of adolescent development, hindering their engagement with YLW by refusing to attend SLC during busy times (Backett & Davison, 1992; Bibiloni et al., 2013; Erikson, 1958; 1980; Harriger & Thompson, 2012; Shucksmith & Hendry, 1998).

In comparison, Hannah, Chloe, Sophie, and Harry, did not express these concerns. For Harry, as highlighted previously, the effect of peer acceptance did not impact his experience of YLW like the older clients. His desire to prove his competencies outweighed his need to fit in with peers as a result of his moral and psychosocial development. Instead, his engagement with YLW was an opportunity to be seen to be doing better than his peers (Erikson, 1958; 1963; 1968). For Hannah, Chloe, and Sophie, the effects of peer influence and feelings of judgement were reduced as they were developing an increased confidence in their identity and personal values associated with their self and future ambitions (Eccles & Wigfield, 2002; McElhaney et al., 2008; Steinberg & Monahan, 2007), alongside greater levels of emotional intelligence and stability that improved their abilities to manage stigma and judgement (Bauminster et al., 2003; Campbell & Lavallee, 1993; Lavoie, 2012; Noom et al., 2001; Russel & Bakken 2002). The differences in a client's adolescent development with regards to managing stigma are apparent in both Sophie and Jess' experiences of victimisation at SLC in Chapter 7. Jess' response was to shy away from SLC with increased concerns that she was going to be targeted again, reducing her confidence and engagement with YLW sessions. In contrast, Sophie managed to control her reactions to stigma and did not let this affect her attempts at lifestyle change and engagement with YLW and SLC.

## 8.4 Client responses to the weigh-in as a measurement of success

Success on YLW is measured in weight loss. While research suggests that the measuring and recording of results can help clients focus their motivation to engage with an intervention, it can also evoke fear and anxiety in the anticipation of their weight result (Alm et al., 2008; Banks et al., 2014; Morinder et al., 2011). YLW clients expressed similar feelings as a result of the persistence of measuring and recording weight status. In the instance of weight loss, clients verbalised increases in self-esteem and feelings of accomplishment, yet weight gain negatively affected a client's self-esteem endorsing feelings of failure and disappointment, reflective of previous findings (Alm et al.; Morinder et al.).

The impact that a weigh-in had on a client was affected by a number of biopsychosocial factors associated with development. Firstly, a client's pubertal development affected how clients were able to manage their weight loss attempts (Alvero & Schlaff, 2007; Christie & Viner, 2005; Dietz, 1998; Frelut & Flodmark, 2006). The effects of physical growth and one's stage of puberty during a client's time on YLW had an impact on their abilities to manage their weight, their perception of self and in turn, their attitudes towards YLW sessions. It could be suggested that female clients were faced with a biological disadvantage as a result of the continual increases in body fat that occurs as a result of natural adolescent maturation. In contrast, the naturally occurring reductions in body fat for male clients may have facilitated their attempts at weight loss (Alvero & Schlaff; Frelut & Flodmark; Rolland-Cachera et al., 1991; Siervogal et al., 2003). In Jess' first attempt at YLW the onset of pubertal development had not initiated, making weight loss more manageable and achievable. Similarly, Harry had not started pubertal development, so, he did not yet have the biological advantage that Tom did at an older age. During Jess' second attempt at YLW, and Hannah's previous attempts at weight management, there were clear indicators that puberty had initiated and the challenges of managing their developing bodies resulted in feelings of low self-esteem, dejection, and reduced motivation similar to previous findings associated to puberty amongst girls.

Specifically, in western society, the slim ideal is not reflective of the weight gain, roundness and increased fat that is indicative of pubertal development (Brooks-Gunn, 1988; Eccles et al., 2000; McNeely & Blanchard, 2009). In these instances, dealing with physical maturity during YLW for female clients may have contributed to the enhancement of already diminished levels of self-esteem, self-confidence, and negative body image associated with weight status (Dietz, 1998; Heinberg & Thompson, 2009; Tyler et al., 2007). In contrast to this, for Tom, physical growth and maturity may have encouraged positive attitudes to his weight status as increases in physical size and broadness are associated with masculine ideal traits amongst men in western society, initiating feelings of positive self-esteem and social status. (Eccles et al.; McNeely & Blanchard, 2009).

Trainers and parents would encourage clients to understand that weight loss is not the most important aspect of YLW; however, there were differences in how clients responded to these efforts, and managed their behaviour when faced with weight gain. For Hannah, Chloe, and Sophie, their cognitive capacity increased their ability to regulate their emotions during the weigh-in by thinking logically to determine a strategy for moving forward (Arain et al., 2013; Demetrious, 2000; Giedd et al., 1999; Gogtay et al, 2004; Zarrett & Eccles, 2006). Here, maturity brought about an increased capacity to regulate, process, and evaluate their feelings in order to adapt to the challenging situation (Goleman, 1998, 2006; McNeely & Blanchard, 2009). Furthermore, the development of self-esteem associated with cognitive maturity suggests that these girls could express optimism, motivation, and persistence when faced with challenging circumstances (like a negative weigh-in) (Bauminster et al., 2003; Campbell & Lavallee, 1993; Lavoie, 2012).

In comparison, Jess, Harry, and Tom showed lower levels of cognitive capacity as weight gain caused emotional outbursts, anger, and frustration resulting in an inability to rationalise and strategise during their session (Gentry & Campbell, 2002). It could be suggested that these clients may not have established the increased self-regulatory competence and

emotional control that comes with cognitive development as the limbic system develops

earlier than the prefrontal cortex (Arain et al., 2013; Dahl, 2003; Steinberg, 2007). In Harry's

case, as his main focus was to succeed in weight loss and prove his worth, a negative result

intensified his feelings of failure and inadequacy (Erikson, 1958; 1963; 1968). As self-esteem is

seen to reduce during the initiation of adolescence, and improves with cognitive maturity, the

continual recording of weight each week fuelled these clients' feelings of low self-esteem,

worthlessness, and negative attitudes towards YLW sessions (Abdel-Khalek, 2016; Mackinnon,

2015; Stavropoulos et al., 2015).

The continual recording of weight each week diverts a client's attention away from

positive psychological outcomes associated with physical activity and healthy eating, back to

feelings of low self-esteem and self-worth (Banks et al., 2014; Morinder et al., 2011).

Furthermore, pubertal development can be detrimental to one's ability to succeed. Even for

older clients who can regulate their behaviours, the fear and anxiety indicative of the lead up

to a weigh-in highlights that there needs to be greater intentions and efforts to reduce the

focus of weight during interventions like YLW and focus more so on psychosocial outcomes

associated with positive lifestyle change.

## 8.5   Client responses to support during their time on YLW

The findings in Chapters 6 and 7 highlight the importance of support during a client's

time on YLW, both in and out of the YLW setting. The one-to-one support provided by their

trainer is seen as an integral component to YLW, consistent with previous literature that

stipulates the importance of professional support when attempting lifestyle change (Jones et

al., 2019; Twiddy et al., 2012; Reece et al., 2015; Stewarts et al., 2008). The friendly nature of

the trainer facilitates a positive relationship that is perceived as supportive and encouraging as

opposed to forceful and demanding, which has been acknowledged as desirable in previous

studies in comparison to authoritarian approaches that have resulted in negative experiences

linked to a lack of decision making and adherence to advice (Alm et al., 2008; Holt et al., 2005;

Morinder et al., 2011; Owen et al., 2009; Twiddy et al.). Alongside this, the positive effect of YLW trainers' attention to topics associated with personal circumstances in a client's life, related to self-esteem and general wellbeing and not just weight loss, is well received by clients. This mirrors previous findings that have highlighted the importance of being valued, listened to, and recognised as an individual with specific needs (Morinder et al.). Literature suggests that conversations related to personal goals, objectives, and lifestyle change strategies increases a client's sense of ownership and motivation during interventions (Alm et al.; Sparud-Lundin & Andersson, 2015). The collaborative approach taken by trainers to work alongside their clients to focus attention on personal aims and lifestyle change strategies associated with their current habits and behaviours is reflective of these findings.

My observations revealed that trainers attempt to empower clients to take responsibility for their YLW journey by encouraging them to make decisions and choices related to physical activity, healthy eating, and lifestyle change. However, there were clear differences in a client's ability to manage this responsibility, alongside a desire and preference to. The youngest clients often viewed their trainer as a teacher, relying on them to guide them on how to make healthy lifestyle changes and set goals and strategies. This reflects previous findings according to which a prescriptive approach to intervention is preferred and desired (Hemetek et al., 2015). Reasoning for this can be linked to a client's cognitive ability. At this age, a client's capacity for thought is based on concrete, operational processes (Albuhairan et al., 2012; Keating, 1990; Wigfield et al., 1991) As a result, they are not yet able to problem solve and process complex information in order to generate strategies and make decisions independently (Dahl, 2003; Giedd, 2004). In this sense, attempting to encourage the youngest clients to manage and take ownership of their lifestyle behaviours often resulted in frustration and annoyance with their trainer. Here, a trainer's expectation that the youngest clients would be able to plan, strategise, and establish their own goals highlights their lack of knowledge and consideration to a client's cognitive capacity at this age (Kegan, 1994).

In contrast, older clients respond well to the empowering nature of trainers as they are provided with a sense of independence and responsibility, seen as integral for adolescents in previous findings (Morinder et al., 2011; Owen et al., 2009; Speare et al., 2007). As a result of adolescent development, clients have an increased desire for autonomy and self-governance as they begin to navigate their life independently (McNeely & Blanchard, 2009; Noom et al., 2001; Russel & Bakken, 2002). The findings in this thesis suggest that older clients may have been establishing attitudinal/cognitive autonomy as they were appreciative of the freedom to decide and define goals for themselves in relation to their YLW journey (Beckert, 2007; Noom et al.; Russel & Bakken; Speare & Kulbok, 2004). Furthermore, older clients pay greater attention to establishing and building personable relationship with their trainer. This trusting and personal relationship encourages open discussions regarding challenges and personal barriers to managing healthy lifestyle changes. Previous research amongst adolescents has revealed similar positive responses to a personal and meaningful relationship with professionals and those who do not receive this level of attention from a professional often feel neglected and misunderstood, resulting in a lack of motivation to adhere to the professional's recommendations (Morinder et al.). Furthermore, during the period of adolescence, young people have an increased desire to build and establish relationships with significant others external to their immediate family (Shonert-Reichel & Offer, 1991; Rhodes, 1994). In this sense, trainers became mentors for older clients, providing emotional support, companionship, and guidance with difficulties and challenges related to YLW and their lives in general (Claes et al., 2001; Hendry et al., 1992; Lempers & Clark-Lempers, 1992).

Alongside support from their trainer, it was clear that a level of engagement from parents was deemed necessary for clients to transfer skills into their home environments. This is a well acknowledged observation across literature and findings have highlighted that the integration of families during interventions provides greater success rates and the adoption of

healthy lifestyle changes in the home environment (Sparud-Lundin & Andersson, 2015; Twiddy et al., 2012). Parents who engage with YLW sessions increase their knowledge of healthy eating and nutrition and are made more aware of instances where they have been providing unhealthy meals for their child. As a result, they become better equipped to make healthy changes in family meals and food options they provide in the home (Owen et al., 2009; Sparud-Lundin & Andersson; Twiddy et al.). Trainers expressed that if parents are not present during sessions, their lack of understanding of healthy eating can result in the provision of unhealthy meals and food options in the home, conflicting with the messages delivered by YLW and reducing their clients' abilities to make positive changes to their diet. The negative impact of parental disengagement highlighted in this thesis has been found in previous studies (Morinder et al., 2011; Twiddy et al.).

This lack of support is often more pertinent in younger clients, as they are more reliant on their parents to provide healthy meal options in the home in comparison to older clients who have greater responsibility for the choices they make in their lives. Twiddy et al. (2012) suggest that adolescent interventions need to consider one's age and in turn, level of responsibility they have for their lives suggesting that interventions need to focus more on educating parents as well the adolescent client. In comparison, for older clients, interventions need to focus more on educating the individual as they have increased control over their eating habits and lifestyle. Furthermore, trainers and clients express how discussing certain topics related to behaviours and progress is more productive in the absence of a parent because of the concern of how a parent will react or respond to the information. Previous studies have highlighted that the openness to discuss information related to difficulties with lifestyle change behaviours amongst adolescents is improved in the absence of parents and family members (Cohen et al., 2005; Kang et al., 2003; Owen et al., 2009). These findings highlight the complexity of how regularly a parent should attend sessions. On the one hand, parental integration is vital (especially for younger clients); yet, the attendance of a parent to

every session inhibits a strong trainer-client relationship and feelings of empowerment for older clients.

The effectiveness of the approach taken by families (and parents, in particular) to support their child in their pursuit of weight management and lifestyle change was ever present during my field work. The findings concur with previous research suggesting that active engagement in healthy lifestyle changes, the provision of healthy food in the household, and emotional support and encouragement to engage in both YLW and lifestyle change behaviours is important for progress (Alm et al., 2008; Kebbe et al., 2018; Murtagh et al., 2006; Watts et al., 2015). However, it became apparent that a client's response to the level of support provided by parents had implications for their progress on YLW and attitude towards lifestyle change. For the youngest clients, they were reliant on their parent to manage and control their lifestyle change behaviours. In Harry's case, he required and often encouraged his mother to make decisions and establish rules and regulations, which he aimed to adhere to, with little capacity to question or defy her suggestions (Gentry & Campbell, 2002; Kohlberg, 1984; Smetana & Turiel, 2006).

Older clients, however, desired independence from their parents as a result of adolescent development (Collins, 1990) and would often become frustrated with their controlling attitudes towards their behaviours. These negative responses have been found in previous research and it is implied that pressure from parents can cause conflict, resentment, and reduced motivation to take ownership of their lifestyle change journey (Brennan et al., 2012; Twiddy et al., 2012). This was specifically the case for Jess, Tom and Megan, who had felt pressure to enrol onto YLW in the first instance. During adolescence, young people begin to question the rules and regulations set by parents to determine their own moral code (Gentry & Campbell, 2002; Hart & Carlo, 2005; Smetana & Turiel, 2006). As a result, Tom, Megan, and Jess would question their parent's authority and resist and undermine their attempts of support as they perceived this as excessive parental control (Collins & Larsen, 2004; Eccles et

al., 1993; Zarret & Eccles, 2006). Consequently, they expressed a lack of willpower and drive to engage in healthy lifestyle changes independently and directed responsibility for their journey onto their parents, who became frustrated with their child's unproductive attitudes. Previous research has revealed similar responses in parents who begin to feel resentment towards their child's inability to take ownership of their healthy lifestyle behaviours, and express uncertainty when determining how best to support them and manage conflict (Alm et al., 2008; Brennan et al.; Buchannan et al., 1990; Dixey et al., 2006; Pratt et al., 2015; Twiddy et al.).

In comparison, Hannah's experience of support from her family complemented her desire for autonomy and independence as her mother provided her with the opportunity to engage with YLW independently and worked collaboratively with Hannah when making decisions regarding healthy eating and lifestyle change (Brown, 1990; Whitmire, 2000). The effectiveness of this collaborative, empowering support is highlighted in previous studies that have found that allowing adolescents to make decisions regarding food choices and meals in the home facilitate personal responsibility and positive attitudes to lifestyle change (Peeters et al., 2012; Watts et al., 2015).

It is clear that for older clients a desire for independence and empowerment for their YLW journey is imperative to ensure positive attitudes to healthy lifestyle change ensue. However, findings related to both Chloe and Sophie's experience highlight that family support is still essential. Previous findings confirm that negative parental attitudes towards a young person's lifestyle change attempts often result in unsuccessful outcomes (Brennan et al., 2012; Kebbe et al., 2018; Owen et al., 2009; Story et al., 2002). For both girls, their parents held the assumption that their child's attempts at lifestyle change were their responsibility and offered no support during sessions or in the home environment. Like instances in previous findings, these parents continued their unhealthy habits with no attempt at supporting their child (Morinder et al., 2011; Twiddy et al., 2012). Sophie and Chloe were under increased pressure to manage and maintain positive lifestyle change without adequate support, resulting in

emotional detachment from their parents and consequential withdrawal from the programme (Fuligni et al., 2011; Steinberg, 1990; Zarrett & Eccles, 2006).

## 8.6   Client experience of reduced engagement and completion of YLW

The move from weekly to monthly YLW sessions, and the completion of the 12-month programme, unfortunately instigated a shift back to previous lifestyle behaviours, and a relapse to old habits for the majority of clients and has been highlighted as a typical outcome in previous reviews of the literature, often resulting in a relapse of their old habits (Jones et al., 2019; Spear et al., 2007; Whitmore, 2008; 2010). However, a number of clients had intentions to re-engage with exercise and healthy eating and expressed that YLW had given them the knowledge and ability to do this. For example, Hannah had signed up for the Great North Run and was starting to train for it.  The discussion presented throughout this chapter draws attention to the complexities and diversities in client experiences during YLW. In Harry's case, it could be suggested that he had never fully acknowledged or taken responsibility for his YLW journey that was evocative of maintenance, as his drive to succeed was based upon his desire to prove his abilities to lose weight as a result of the weigh-in. Thus, once he was no longer monitored each week, his desires to continue his behaviours were reduced.

Some clients expressed a desire for YLW to include more frequent contact with their trainer to improve their chances of maintaining lifestyle change, specifically maintaining weekly contact as opposed to monthly. Similar suggestions of increasing intervention length have been expressed amongst adolescents engaging in lifestyle change interventions (Alm et al., 2008; Daley et al., 2008; Hester et al., 2009; Morinder et al., 2011; Peeters et al., 2012; Reece et al., 2015). It could be suggested here that clients become reliant on YLW and do not take individual responsibility for their lifestyle change behaviour (Hester et al.,2009; Reece et al.). However, the clients that expressed this desire were those that had faced challenges relating to family support during their time on YLW. Both Sophie and Chloe had no support from their family during their time on YLW, and as a result their reliance on their trainer was

intensified as she was seen as a significant support system within their life (Claes et al., 2001; Hendry et al., 1992; Lempers & Clark-Lempers, 1992). Equally, Megan, Jess, and Tom had perceived the support from their family as overly controlling and not meeting their need for independence and autonomy (Collins & Larsen, 2004; Eccles et al, 1993; Zarret & Eccles, 2006), resulting in them adopting their old habits. Had these clients received the same balance of support as Hannah, conducive of independence and autonomous behaviour, they may have established a greater capacity to maintain healthy lifestyle changes.

## 8.7    Reflecting on the client experience

Upon reflection, it is apparent that a client's YLW experience transpires alongside a multitude of transitional turning points related to adolescent development and their social and environmental context (Coleman, 2011; Coleman & Hendry, 1999; Eccles & Midgley, 1989; Eccles et al., 1993). Taking Megan as an example, at the age of 17, it could be suggested that she should have had a greater capacity to manage peer pressure and conformity, with a greater focus towards future goals and long-term planning. However, her developmental progress may have been hindered as a result of her moving from her childhood home at such a pertinent age in adolescent development. This transitional turning point, as described by Graber and Brooks-Gunn (1996), may have impeded her developmental progress through causing stress and uncertainty. Similarly, Jess was facing the challenge of adapting to the changes associated with puberty; the oldest clients were facing exams alongside increased responsibilities (e.g., part-time jobs) and a number of clients were dealing with unexpected personal circumstances (e.g., parental separation, accidents, and school dropout). Utilising Coleman's focal theory, throughout their time on YLW clients may have faced vulnerabilities and challenges whereby they were forced to manage more than one transition at a time (Coleman, 1978; Coleman & Hendry; Menna & Ruck, 2004; Olah, 1995; Wills, 1992).

Managing adolescent transitions alongside the adoption of healthy lifestyle change may be a reason why for several clients, YLW as a weight management programme at this time

in their life was not a success. One pertinent encounter in the field was during my interview with Jess. It had been 18 months since the start of her second attempt at YLW and upon reflection, she was more aware of her family's efforts to support her and acknowledged that she was responsible for her behaviour change. For Jess, I had gained insight into snapshots of her life throughout the period of adolescent development, highlighting how even over a small number of years, perceptions, behaviours, and attitudes can change and re-establish.

# Chapter 9 Conclusion

## 9.1 Main conclusions

The purpose of this research was to explore how YLW, a weight management and lifestyle change intervention operates in the field. Secondly, to generate an understanding of the experiences and perceptions of clients, parents, and trainers. This thesis has illustrated that adopting an ethnographic approach to integrate oneself into the contextual setting of a weight management and lifestyle change programme can provide greater insight into the realities and inner workings of such interventions. Evidence is limited as to which components are most effective in such programmes as a result of the lack of information described regarding their delivery, setting, and content (Sodlerlund et al., 2009). The prolonged engagement in the field and first-hand observations of behaviours and experiences during sessions, alongside interviews with key individuals generated an in-depth and holistic understanding of the approach taken by YLW and the attitudes, behaviours, and experiences of clients, trainers, and parents, adding substance to the limited description within this field of research.

The most pertinent finding to emerge from this research is the complexity and diversity amongst client experiences associated with adolescent development that influences one's ability to manage and maintain weight and lifestyle changes during and upon completion of YLW. If interventions are to be successful for this age group, they need to consider the young person's developmental stage and biopsychosocial capacity in order to tailor intervention characteristics and support, to meet the specific needs of the individual. Furthermore, it is integral that health professionals, families, and the overweight / obese individuals gain an understanding of the biopsychosocial developments that are at play during this time to facilitate feelings of control and understanding in relation to what biopsychosocial constraints may arise when attempting weight management and lifestyle change.

## 9.2  Contribution to knowledge

The findings in this thesis justify the current trend that community-based, multicomponent lifestyle change interventions can be effective amongst adolescents. Specifically, a tailored approach that focuses on the individual and their personal preferences with regard to exercise, physical activity, and healthy eating strategies, provides greater transferability of health behaviours into their everyday lives (Al-Khudairy et al., 2017; Griffiths, Parson, & Hill, 2010; Spear et al., 2007; Visram et al., 2013). Previous research has suggested that intensive clinic and residential based interventions are more effective in BMI reduction than community-based interventions (Saelens et al., 2002). However, numerous studies have highlighted the difficulties young people face when attempting to transfer their newly adopted behaviours and skills into their home environments (Alm et al., 2008; Hester et al., 2009; Holt et al., 2005; Li et al., 2016; Morinder et al., 2011; Reece et al., 2015; Woolford et al., 2012b). This is often related to interventions enforcing strict, controlled diet plans and exercise routines that are not relatable, nor compatible to an individual's daily routine (Brennan et al., 2012; Li et al.). The findings in this thesis conclude that in order to best facilitate the adoption of healthy lifestyle changes into an adolescent's home environment, interventions need to offer a tailored, flexible, and personable approach, which considers their current lifestyle and routine to ensure meaningful strategies and changes can be implemented.

The findings related to the diversities in client experience draw attention to the impact of biopsychosocial development on a client's perceptions, attitudes, response to YLW, the environment, and the support they receive during their time on the programme (Christie & Vaner, 2005; Hagell et al., 2015; Schulenberg et al., 1997). The youngest clients had little capacity for logical, abstract thought processes, which proved challenging when faced with making decision and planning lifestyle change strategies independently. Furthermore, they were not yet at a stage of psychosocial development where they were establishing an identity and independence from parents. This draws attention to a young person's inability to establish

long-term planning and future intentions to change behaviour autonomously. This suggests that for younger children, they need increased structure, regulation, and guidance from professionals and support from family when attempting lifestyle change (Hemetek et al., 2015). Thus, it is integral that families, and in particular parents, receive knowledge and guidance from interventions (Sparud-Lundin & Andersson, 2015; Twiddy et al., 2012). The importance of family integration during an adolescent's time on an intervention is integral, even in the instance of greater independence and autonomy, to ensure stable, emotional, and supportive home environments.

The complexities of managing lifestyle change increase with age and specifically in the midst of adolescent development when physical maturity is most pertinent, and peer acceptance and a desire to fit in with society increases; yet, one's cognitive capacities are not fully established: "Creating a situation in which one is starting an engine without yet having a skilled driver behind the wheel' (Steinberg et al., 2005, p. 70). Using Jess as a key example, her first attempts at YLW were successful as the changes associated with adolescent development had not yet initiated. Her second attempt at YLW occurred alongside pubertal development, stigmatisation, increased concerns regarding judgement from peers, and an increased desire for independence from parents. At this transitional phase, it is implied that managing lifestyle change and weight status alongside the multitude of biopsychosocial barriers associated with this age, is near impossible to comprehend, and at this stage in one's life could result in negative consequences. These findings imply that once pubertal development settles and young people begin to establish their place in society, they gain a greater capacity to self-regulate and negotiate relationships effectively, and then they are at a greater advantage to attempt lifestyle changes.

The findings highlight then negative impact using weight as a measurement for success in adolescent interventions. Current trends focus towards BMI percentiles and anthropometric measures to determine the efficacy of weight management and lifestyle change programmes

(Mead et al., 2017; Sacher et al., 2010; Spear et al., 2007). From what has been revealed in the findings related to pubertal development, it is suggested that pubertal development may skew perceptions of success against the current quality performance measures utilised by YLW and other interventions. These measures alone are neither fair nor a valid means of determining success for an adolescent or quality performance for a lifestyle change intervention. Alongside this, the increasing stigmatisation associated with weight status within society, and an adolescent's increased concerns for peer appraisal, highlights how initiating a focus on weight loss is detrimental to an adolescent's wellbeing and self-esteem. Interventions need to move away from their focus on weight loss to more holistic measures that take into consideration psychosocial outcomes to healthy lifestyle change.

## 9.3   Limitations of the study

It is important to acknowledge several limitations of this research. Firstly, this research has been developed, conducted, and interpreted by myself with the guidance of my supervisors. The continual reconstruction and reworked analysis and write up of the research findings have been difficult and at times impossible to comprehend and determine given the vast amounts of data and complex encounters I experienced during my time in the field. The conclusions drawn are, to some degree, a subjective representation of what I perceived to be the most pertinent aspects of the research subject, and as a result, it is not a representation of all the findings unearthed during my time in the field. The reliance on myself as the tool for enquiry, and the biases I bring to the research based on my own experiences and background draw attention to my subjectivity when determining the focus of the research. It was my interpretation of the data that drew my attention to the developmental theory and transitions that are associated with adolescence development and how these have an effect on the client experience. However, during my time in the field there were numerous paths of enquiry I could have followed. Something that continually emerged throughout the write up and personal reflections of my own interpretation of the phenomena was the application of

theories related to stages of change and readiness for change theories that could have been utilised to understand client experiences. While these theories are pertinent and could have made better sense of a client's motivation to change behaviour, these theories alone would not have explained the differences that a client experiences in association with their developmental maturity. My interpretation of the findings broadens the lens of weight management and lifestyle change research for the adolescent population; moving from a focus on behaviour change to an understanding of client needs during this time.

One main challenge was the low numbers of YLW clients and staff accessible during the time research was conducted. This field research occurred in one ERY Leisure Centre with only a small number of participants within the setting with which to engage. As a result, the findings in the thesis only resonate with the experiences of those individual clients and trainer. It cannot be suggested that these findings can be, nor should be generalisable across all YLW site as, like the findings infer, each client experience was complex, multifaceted, and a result of multiple individual and environmental factors. Therefore, one cohort of clients may well have a different experience to another. That being said, it was never an intention to attempt to generalise the findings, rather, to shed light on the realities of an adolescent intervention through my own interpretive lens.

Another limitation to consider is the retrospective accounts of the interview data. It became apparent during observations that, specifically for the client focus group, what they were expressing may not have been the truth, which made me very reluctant to utilise the data generated from their interview. In the case of one-to-one interviews with clients and parents however, the rich data gathered was facilitated by my engagement and building of trust with each individual, providing rich, detailed accounts that were reflective of what I had observed in the field.

A final limitation was the difficulty and lack of access to clients upon completion of YLW. Many clients were difficult to contact and so arranging interviews post YLW was a difficult task. As a result, I had to rely on my observational field notes and the verbatim quotes I managed to capture in the field to highlight the experiences of Tom, Sophie, and Chloe. On reflection, it would have been advisable to conduct interviews throughout my time on YLW; however, time constraints and the nature of a part-time PhD alongside working proved a challenge.

## 9.4 Future Research

These findings highlight that more focus needs to be placed on the effects of adolescent development when attempting weight management and lifestyle change to determine the best strategies that will meet a young person's developmental capacity and needs in conjunction with their attempts at lifestyle change.

The detailed underpinnings of the YLW intervention afforded by the ethnographic approach suggests that future research needs to explore in detail the components of interventions that best facilitate positive lifestyle change through qualitative means.

Finally, greater efforts need to be invested to demonstrate the efficacy of psychosocial and holistic measurement strategies to rectify the damaging effect of anthropometric measures.

# Chapter 10 Personal reflections of the research process

The experience of completing the fieldwork for this thesis involved navigating a complex arena of responsibility, strategical dilemmas, relationships, and personal emotions. We can undergo extensive training and gather years of experience to manage complex research approaches and strategies; however, the realities of conducting research are never as clear cut or seamless as the final methodology presented in research papers and theses. Chapter 5 (section 5.6) explores some of the complexities of the ethnographic process that I had to navigate during my time in the field. Specifically, gaining access to the YLW setting and key stakeholders, building trust and rapport with participants, managing field work, and leaving the field (Gray, 2013). However, what is not explored is my own personal reflection on my experience of conducting field work and completing a PhD.

During the entirety of the research process, from drafting initial plans to writing up, I engaged in reflective practice to recognise and acknowledge my impact, as the researcher, on all elements of the process (see section 5.8.1.3) (Finlay, 2002; Hand, 2003; Malterud, 2001). A responsibility that is crucial within qualitative research to ensuring quality and transparency of findings, conclusions, and recommendations (Hastie & Hay, 2012; Malterud). For the most part, I utilised a research log to reflect on methodological practices, analytical contemplations, and theoretical assumptions. However, my log was so much more than an organisational and reflexive tool.  It was an opportunity to explore and process the emotional and personal challenges I encountered throughout my time as a PhD student, both in and out of the field.

Ethnographic research methods present the challenge of the insider / outsider status; a balancing act of building trust with participants so that they open up to you and provide detailed accounts of their experience, and maintaining distance in order to conduct quality research without preoccupation and bias. As much as I attempted to manage my observer role and keep the research a priority, there were multiple occasions where I did become lost in my emotions. As qualitative researchers, we are meant to remain neutral when gathering data.

However, in reality, continual social interaction and face-to-face contact with another person is far from an emotionally neutral experience. As a result, my role and responsibility as a researcher was, at times, compromised. I gained a friend in Alice. I was a confidante for mothers who felt they were not doing enough for their child. I was a sounding board at staff workshops, which often resulted in trainers using me as a sounding board to complain about their managers and programme leads.

Furthermore, I found myself contemplating change beyond the scope of my research, wanting to do all I could for the programme, staff and clients; and feeling guilty about not having the power to do anything but listen and observe. These feelings were intensified by feelings of pressure from the programme co-ordinator and YLW trainers who would often ask for updates and information about how they could implement changes to the programme. From their perspective, I was seen as a prestigious university researcher who had been brought in to solve their problems and find solutions. Over time, I began to feel increasing pressure to provide results and feedback, much to the continual reassurance from my supervisors that this was not my role. In hindsight, my experience of leaving the field was possibly made more difficult as a result of my desire to provide stakeholders with some kind of solution. Chapter 5 explains how, once I had reached saturation, I set a leaving date, informed all relevant parties in advance, and sought advice and support from my supervisors to ensure a smooth transition out of the field. However, as my final date loomed, I became overwhelmed with a sense of dread that I had missed something pertinent with regard to my research findings. Furthermore, I was leaving behind a network of people that were relying on me to improve the programme. At the time, I was not in a position to disseminate results, and given the part-time nature of my PhD, I realised that it would be some time before I could provide a clear summary of findings and recommendations. As the weeks of analysis turned in to months, I began to feel as if I had failed the programme, its staff and clients. I felt like a failure and a fraud. Embarrassed that YLW staff had held me in such high esteem, yet I was struggling to piece together the findings and conclusions. My experience solidified my understanding of

the challenges ethnographers face in the field. As much as you are immersed in a social environment with others, ethnographic field work can feel lonely and isolating. You are neither an insider or outsider; walking a tight rope between two realities; wanting to do your best to present the experiences of those in the setting, while fighting your natural urge to integrate and be accepted within the setting yourself.

The greatest challenge I faced during the entirety of field work was my own self-perception and confidence in my abilities. I had jumped straight in to a PhD from undergraduate level; from a small scale dissertation project to what felt like an incomprehensible research task. In all honesty, I felt inexperienced and in too deep. All the preparation, research and experience over the course of my studies could not shift the feeling that I was an imposter. This was intensified by my perceptions of what others thought of me: the excitement and expectations of YLW staff; the pride from my family that I was going to be a Doctor; and the critical eye of my academic peers. Furthermore, the ethnographic approach is not a clear cut, logical process. While I knew it would afford me the opportunity to explore the inner realities of YLW, I was increasingly aware of the burden that such an approach evokes. I was responsible for every element of the research and had to trust my ability to capture, analyse, and represent an honest and accurate account of what emerged in the field. For a young woman who already held a strong a sense of self-doubt in her ability, there was certainly a sense of the whole world weighing heavily on my shoulders.

Finally, it is important to address the realities of engaging in part-time PhD study. There were times during my studies where personal circumstances, work commitments and the ups and downs of general life impacted upon my motivation and ability to fully immerse myself in my research. Given my self-critical nature and the pressures I felt from others, I attempted to manage by burying my problems. I felt there was an expectation for me to be a professional and expert in the field of adolescent obesity, to manage and organise my studies, work responsibilities, and personal life. But in reality, I felt like I was spinning too many plates

and my PhD was the monkey on my back. My PhD experience has truly been an emotional journey of self-discovery. It has taken me considerable time to work through my emotions towards my experiences over the last 8 years. However, this final process of reflection has been cathartic and provided a sense of closure on all that I managed to achieve. Conducting ethnographic research was challenging, ambiguous and, at times, emotionally exhausting. However, the experience offered me a unique opportunity to explore and document the lives of young people and understand the transitional changes during our teens that shape who we are and how we act. What I did not expect was the significance that this journey would have in shaping who I am now and in the future; and for that, I will always be grateful.

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# Appendix A: Permission letter from YLW director

EAST RIDING
OF YORKSHIRE COUNCIL

County Hall Beverley East Riding of Yorkshire HU17 9BA Telephone 01482 887700
www.eastriding.gov.uk

**Darren Stevens** Head of Culture and Information

| | | |
|---|---|---|
| Miss Frankie Jackson | Your ref | |
| PhD Student: Sport Science (Psychology) | Our ref | KH/130813/sk |
| Dept of Sports, Health & Exercise Science | Enquiries | Kevin Hadfield |
| The University of Hull | Direct Line | 01482 395221 |
| Cottingham Road | Email | Kevin.hadfield@eastriding.gov.uk |
| Kingston Upon Hull | Date | 13th August 2013 |
| HU6 7RX | | |

Dear Frankie

**Re: PhD Research – Young Live Well**

I hereby confirm that Francesca may conduct research within each East Riding of Yorkshire leisure centre that provides the Junior Livewell service.

This is subject to normal customer consent practices.

Yours sincerely

**K.Hadfield**
**Leisure Services Manager**

INVESTORS | Gold
IN PEOPLE

POSITIVE ABOUT
DISABLED PEOPLE

Nigel Leighton Director of Environment and Neighbourhood Services

I

## Appendix B: Letter of invitation, information sheet and consent forms for observations

This form is periodically updated so please download the latest version from ebridge before completing

**Department of Sport, Health & Exercise Science**

UNIVERSITY OF **Hull**
Faculty of Science

# Parent/Guardian Letter of Invitation ⓘ

| Project title | Overt Observation of the Young Live Well programme. |
|---|---|
| Principal investigator | **Name:** Dr Sam Nabb<br><br>**Email address:** S.Nabb@hull.a.uk<br><br>**Contact telephone number:** (01482) 463277 |
| Student investigator<br><br>(if applicable) | **Name:** Frankie Jackson<br><br>**Email address:** F.R.Jackson@2012.hull.ac.uk<br><br>**Contact telephone number:** 07706455936 |

Click here to enter a date.

Dear Parent or Guardian

This is a letter of invitation to enquire if you would like your child to take part in a research project at Beverly Leisure Complex; Driffield Leisure Centre; Francis Scaife Sports Centre (Pocklington); Goole Leisure Centre; Haltemprice Leisure Centre; Hornsea Leisure Centre; Leisure World (Bridlington); and Pavillion Leisure Centre (Withernsea).

Before you decide if you would like your child to take part it is important for you to understand why the project is being done and what it will involve. Please take time to carefully read the Parent/Guardian Information Sheet on the following pages and discuss it with your child and others if you wish. Ask me if there is anything that is not clear, or if you would like more information.

If you would like your child to take part please complete the Informed Consent Declaration form and return it in the envelope provided.

Please do not hesitate to contact us if you have any questions.

Yours faithfully

Frankie Jackson

**Department of Sport, Health & Exercise Science**

UNIVERSITY OF **Hull**
Faculty of Science

# Parent/Guardian Information Sheet ⓘ

| | |
|---|---|
| 1. **Project title** ⓘ | Overt Observation of the Young Live Well programme. |
| 2. **Principal investigator** ⓘ | **Name**: Dr Sam Nabb<br>**Email address**: S.Nabb@hull.ac.uk<br>**Contact telephone number**: (01482) 463277) |
| 3. **Student investigator** **(if applicable)** ⓘ | **Name**: Frankie Jackson<br>**Email address**: F.R.Jackson@2012.hull.ac.uk<br>**Contact telephone number**: 07706455936 |

### 4. What is the purpose of this study? ⓘ

Young Live Well is a developing project that has been very successful within the East Riding of Yorkshire. We would like to invite you to help us determine a greater understanding of the practice of the programme and gauge initial ideas for further development through allowing us to observe your child during their experience on the programme. This will form the foundations of an exploratory study lasting approximately 12 months.

### 5. Why has my child been chosen? ⓘ

Your child is a Young Live Well client who is currently (or leading up to) undertaking the programme.

### 6. Does my child have to take part? ⓘ

It is up to you and your child to decide whether or not to take part. If you do decide to allow your child to take part you will be given this Parent/Guardian Information Sheet to keep and asked to sign the Informed Consent Declaration form at the back. If you decide to allow your child to take part you are free to withdraw your child at any time without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect the standard of care your child receives.

### 7. What will my child have to do if he or she takes part? ⓘ

Your child will not have to do anything while participating in the study but continue to participate in the Young Live Well programme as is expected of them. It is important to understand that the student investigator will not be evaluating your child's individual performance on the programme, but will be observing the general day to day practices of the programme as a whole.

The student investigator will observe your child and your child's trainer as part of their regular Young Live Well sessions (one to one meetings, gym based or pool sessions; group sessions). Field notes will also be taken to assist the student investigator record progress over the 12 month period. These notes will be transcribed, saved electronically (USB) and stored in a secure, locked office. Observations will only be conducted during your child's time within the leisure centre and at each one to one to one session your child has with their trainer. It is important to understand that observation may not last the whole of your child's time within the leisure centre. Participation in the study will last approximately 12 months: the time spent observing your child as an individual will depend on how often your child attends the leisure centre during the 12 month observation.

!the success of the programme is at the upmost importance to the student investigator during the study and so it will be made certain that observations will not interfere with your child's success on the programme: the student investigator will remain discreet throughout the study and will conduct each observation in a respectful, professional manner. Verbal assent will be requested before each observation to ensure that your child is happy to continue to participate!

## 8. Will participation involve any physical discomfort or psychological stress?

Participation may cause some psychological stress in the form of initial discomfort toward being observed. However, any minor issues that could occur have been notified and preventions have been put into place to ensure that issues are avoided. Your child will be observed in their familiar leisure centre environment, alongside their trainer to prevent any discomfort or stress during participation.

## 9. Are there any possible benefits of participation?

Benefits of participation include generating a deeper understanding of the Young Live Well programme. In turn this will form a foundation for further research to be conducted which will enhance development and longevity of the programme. Participants will gain a greater understanding of how and why the programme works and through further research will be provided with a more effective and efficient programme.

## 10. What happens when my child has completed all that has been asked?

At the end of participation, you and your child will receive a debrief sheet to keep. This will explain how the data will be used and evaluated. A summary of results will be readily available and general feedback can be given upon request at the end of the 12 month observation period.

### 11. How will my child taking part in this project be kept confidential?

Your child will be allocated an anonymous participant code that will always be used to identify any data that you or your child provides. Your child's name or other personal details will not be associated with your child's data. Your child's consent form and personal details will be stored separately from his/her data. All paper records will be stored in a locked filing cabinet, accessible only to the research team, and all electronic information will be stored on a password-protected computer and password-protected USB memory stick. All information and data gathered during this research will be stored in line with the 1988 Data Protection Act and will be destroyed 5 years following the conclusion of the study. During that time the data may be used by members of the research team only for purposes appropriate to the research question, but at no point will your child's personal information or data be revealed.

### 12. How will my child's data be used?

Any information and data gathered during this project will only be available to the research team. Results from this study will be written up as part of a Doctoral Thesis. If you would like a copy of the thesis we can arrange for you to receive it as soon as it becomes possible. Should the thesis be presented or published in any form, your child will not be identifiable.

### 13. Who is organising and funding the research?

This research is being undertaken as part of a PhD. The project has undergone full ethical scrutiny and all procedures have been risk assessed and approved by the Department of Sport, Health and Exercise Sciences Ethics Committee at the University of Hull. Funding for the research has been provided by The University of Hull.

### 14. What if my child or I are unhappy during my child's participation in the project?

You are free to withdraw your child at any time. During the study itself, if you decide that you do not wish your child to take any further part then please inform the person named in Section 15 and he or she will facilitate your withdrawal. You do not have to give a reason for withdrawing your child. Any information or data relating to your child (both paper and electronic) will be destroyed or deleted as soon as possible after your child's withdrawal. After your child has completed the research you can still withdraw your child's personal information and data by contacting the person

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named in Section 15. If you are concerned that regulations are being infringed, or that you or your child's interests are otherwise being ignored, neglected or denied, you should inform Dr Lee Ingle, Chair of the Department of Sport, Health and Exercise Research Ethics Committee, who will investigate your complaint (Tel: 01482 463141; Email: l.ingle@hull.ac.uk).

| 15. How can my child take part? |
| --- |
| If you decide to allow your child to take part in the study then you are asked to complete and return the Informed Consent Declaration form found on the next page. You should retain this Parent/Guardian Information Sheet for your information. If you have any queries please contact the investigator using the details given below. He or she will answer any queries and explain how your child can get involved.<br><br>**Name:** Frankie Jackson **Email:** F.R.Jackson@2012.hull.ac.uk **Phone:** 07706455936 |

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|---|---|

# Informed Consent Declaration ⓘ

| **Project title** | Overt Observation of the Young Live Well programme. |
|---|---|
| **Principal investigator** | **Name**: Dr Sam Nabb<br>**Email address**: S.Nabb@hull.ac.uk<br>**Contact telephone number**: (01482) 463277 |
| **Student investigator**<br>**(if applicable)** | **Name**: Frankie Jackson<br>**Email address**: F.R.Jackson@2012.hull.ac.uk<br>**Contact telephone number**: 07706455936 |

Please Initial

- I confirm that I have read and understand all the information provided in the Parent/Guardian Information Sheet (EC2-U18) relating to the above project and I have had the opportunity to ask questions.

- I understand this project is designed to further scientific knowledge and that all procedures have been risk assessed and approved by the Department of Sport, Health and Exercise Science Ethics Committee (University of Hull). Questions I have about my child's participation in this project have been answered to my satisfaction.

- I fully understand my child's participation is voluntary and that I am free to withdraw my child from this project at any time and at any stage, without giving any reason. I have read and fully understand this consent form.

- I agree for my child to take part in the above project.

......................................................   ..................   ...........................................................
**Parent/Guardian name**          **Date**        **Signature**

......................................................   ..................   ...........................................................
**Child's name and date of birth**   **Date**     **Signature of Assent (child's signature)**

......................................................   ..................   ...........................................................
**Person taking consent**         **Date**        **Signature**

Click here to enter text.

Informed Consent Form EC2

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|---|---|

Participant Letter of Invitation

| Project title | Overt Observation of the Young Live Well programme |
|---|---|
| Principal investigator | Name: Dr Sam Nabb<br><br>Email address: S.Nabb@hull.a.uk<br><br>Contact telephone number: (01482) 463277 |
| Student investigator<br><br>(if applicable) | Name: Frankie Jackson<br><br>Email address: F.R.Jackson@2012.hull.ac.uk<br><br>Contact telephone number: 07706455936 |

Click here to enter a date.

Dear Sir or Madam

This is a letter of invitation to enquire if you would like to take part in a research project at Beverly Leisure Complex; Driffield Leisure Centre; Francis Scaife Sports Centre (Pocklington); Goole Leisure Centre; Haltemprice Leisure Centre; Hornesea Leisure Centre; Leisure World (Bridlington); and Pavillion Leisure Centre (Withernsea).

Before you decide if you would like to take part it is important for you to understand why the project is being done and what it will involve. Please take time to carefully read the Participant Information Sheet on the following pages and discuss it with others if you wish. Ask me if there is anything that is not clear, or if you would like more information.

If you would like to take part please complete and return the Informed Consent Declaration form.

Please do not hesitate to contact me if you have any questions.

Yours faithfully,

Frankie Jackson

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Informed Consent Form EC2

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| Department of Sport, Health & Exercise Science | UNIVERSITY OF **Hull** Faculty of Science |
|---|---|

Participant Information Sheet

| Project title ⓘ | Overt Observation of the Young Live Well programme. |
|---|---|
| Principal investigator ⓘ | **Name:** Dr Sam Nabb<br>**Email address:** S.Nabb@hull.ac.uk<br>**Contact telephone number:** (01482) 463277 |
| Student investigator (if applicable) ⓘ | **Name:** Frankie Jackson<br>**Email address:** F.R.Jackson2012@hull.ac.uk<br>**Contact telephone number:** 07706455936 |

### What is the purpose of this project? ⓘ

Young Live Well is a developing project that has been very successful within the East Riding of Yorkshire. We would like to invite you to help us determine a greater understanding of your practice and gauge initial ideas for further development through allowing us to observe you in your day to day practice. This will form the foundations of an exploratory study lasting approximately 12 months.

### Why have I been chosen? ⓘ

You are a Live Well Trainer who is currently (or leading up to) working with a young client (under 18 years of age).

### What happens if I volunteer to take part in this project? ⓘ

First, it is up to you to decide whether or not to take part. If you decide to take part you will be given this Participant Information Sheet to keep and asked to complete the Informed Consent Declaration at the back. You should give the Informed Consent Declaration to the investigator at the earliest opportunity. You will also have the opportunity to ask any questions you may have about the

project. If you decide to take part you are still free to withdraw at any time and without needing to give a reason.

## What will I have to do? ⓘ

You will not have to do anything out of your everyday practice as part of the Young Live Well programme. It is important to understand that the student investigator will not be evaluating your performance as a trainer, but will be observing the general day to day practices of the programme as a whole.

The student investigator will observe you and your client(s) as part of your regular Young Live Well sessions (one to one meetings, gym based or pool sessions; group sessions; trainer meetings). Field notes will also be taken to assist the student investigator record progress over the 12 month period. These notes will be transcribed, saved electronically (USB) and stored in a secure, locked office. Observations will only be conducted during your working hours, clients' time within the leisure centre and at each one to one session with yourself and your client. It is important to understand that observation may not last the whole of your working day. Participation in the study will last approximately 12 months: the time spent observing you as an individual will depend on the number of young live well clients you manage in those 12 months.

!the success of the programme is at the upmost importance to the student investigator during the study and so it will be made certain that observations will not interfere with your day to day practice: the student investigator will remain discreet throughout the study and will conduct each observation in a respectful, professional manner. Verbal assent will be requested before each observation to ensure that you are happy to continue to participate!

## Will I receive any financial reward or travel expenses for taking part? ⓘ

N/A.

## Are there any other benefits of taking part? ⓘ

X

Informed Consent Form EC2

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Benefits of participation include generating a deeper understanding of the Young Live Well programme. In turn this will form a foundation for further research to be conducted which will enhance development and longevity of the programme. Participants will gain a greater understanding of how and why the programme works and through further research will be provided with a more effective and efficient working environment.

**Will participation involve any physical discomfort or harm?**

No.

**Will I have to provide any bodily samples (e.g. blood or saliva)?**

No

**Will participation involve any embarrassment or other psychological stress?**

Participation may cause some psychological distress in the form of initial discomfort toward being observed. However, any minor issues that could occur have been notified and preventions have been put into place to ensure that issues are avoided. You will be observed in your familiar working environment, alongside your everyday colleagues and clients to prevent any discomfort or stress during participation.

**What will happen once I have completed all that is asked of me?**

At the end of participation, you will receive a debrief sheet to keep. This will explain how the data will be used and evaluated. A summary of results will be readily available and general feedback can be given upon request at the end of the 12 month observation period.

**How will my taking part in this project be kept confidential?**

You will be allocated an anonymous participant code that will always be used to identify any data that you provide. Your name or other personal details will not be associated with your data. Your consent form and personal details will be stored separately from your data. All paper records will be stored in a locked filing cabinet, accessible only to the research team, and all electronic information will be stored on a password-protected computer and password-protected USB memory stick. All

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information and data gathered during this research will be stored in line with the 1988 Data Protection Act and will be destroyed 5 years following the conclusion of the study. During that time the data may be used by members of the research team only for purposes appropriate to the research question, but at no point will your personal information or data be revealed.

### How will my data be used?

Any information and data gathered during this project will only be available to the research team. Results from this study will be written up as part of a Doctoral Thesis. If you would like a copy of the thesis we can arrange for you to receive it as soon as it becomes possible. Should the thesis be presented or published in any form, you will not be identifiable.

### Who has reviewed this study?

This project has undergone full ethical scrutiny and all procedures have been risk assessed and approved by the Department of Sport, Health and Exercise Science Ethics Committee at the University of Hull.

### What if I am unhappy during my participation in the project?

You are free to withdraw from the project at any time. During the study itself, if you decide that you do not wish to take any further part then please inform the person named in Section 18 and they will facilitate your withdrawal. You do not have to give a reason for your withdrawal. Any personal information or data that you have provided (both paper and electronic) will be destroyed or deleted as soon as possible after your withdrawal. After you have completed the research you can still withdraw your personal information and data by contacting the person named in Section 18. If you are concerned that regulations are being infringed, or that your interests are otherwise being ignored, neglected or denied, you should inform Dr Lee Ingle, Chair of the Department of Sport, Health and Exercise Research Ethics Committee, who will investigate your complaint (Tel: 01482 463141; Email: l.ingle@hull.ac.uk

### How do I take part?

**Informed Consent Form EC2**

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Contact the investigator using the contact details given below. He or she will answer any queries and explain how you can get involved.

**Name:** Frankie Jackson.  **Email:** F.R.Jackson1990@hotmail.co.uk  **Phone:** 07706455936

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# Appendix C: Letter of invitation, information sheet and consent forms for focus groups

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**Department of Sport, Health & Exercise Science**

UNIVERSITY OF **Hull**
Faculty of Science

# Parent/Guardian Letter of Invitation ⓘ

| Project title | Review of client experiences on the Young Live Well programme |
|---|---|
| Principal investigator | **Name:** Dr Sam Nabb<br><br>**Email address:** S.Nabb@hull.ac.uk<br><br>**Contact telephone number:** 01482 463277 |
| Student investigator<br>(if applicable) | **Name:** Frankie Jackson<br><br>**Email address:** f.r.jackson@2012.hull.ac.uk<br><br>**Contact telephone number:** 07706455936 |
| | |

Click here to enter a date.

Dear Parent or Guardian

This is a letter of invitation to enquire if you would like your child to take part in a research project at The University of Hull.

Before you decide if you would like your child to take part it is important for you to understand why the project is being done and what it will involve. Please take time to carefully read the Parent/Guardian Information Sheet on the following pages and discuss it with your child and others if you wish. Ask me if there is anything that is not clear, or if you would like more information.

If you would like your child to take part please complete the Informed Consent Declaration form and return it in the envelope provided.

Please do not hesitate to contact us if you have any questions.

Yours faithfully

Frankie Jackson

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## Department of Sport, Health & Exercise Science

# Parent/Guardian Information Sheet ⓘ

| | |
|---|---|
| 1. **Project title** ⓘ | Review of client experiences on the Young Live Well programme |
| 2. **Principal investigator** ⓘ | **Name:** Dr Sam Nabb<br>**Email address:** s.nabb@hull.ac.uk<br>**Contact telephone number:** 01482 463277 |
| 3. **Student investigator**<br>**(if applicable)** ⓘ | **Name:** Frankie Jackson<br>**Email address:** f.r.jackson@2012.hull.ac.uk<br>**Contact telephone number:** 07706455936 |

**4. What is the purpose of this study?** ⓘ

The purpose of this study is to review client experiences on the Young live Well programme.

**5. Why has my child been chosen?** ⓘ

Your child has been invited to share his/her experiences of the Young Live Well programme as he/she has been involved as a client and can provide valuable insight to help better understand the effects of the programme during and after completion.

**6. Does my child have to take part?** ⓘ

It is up to you and your child to decide whether or not to take part. If you do decide to allow your child to take part you will be given this Parent/Guardian Information Sheet to keep and asked to sign the Informed Consent Declaration form at the back. If you decide to allow your child to take part you are free to withdraw your child at any time without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect the standard of care your child receives.

**7. What will my child have to do if he or she takes part?** ⓘ

Your child will be contacted by telephone to arrange a convenient time at their local leisure centre

for them to meet with the student investigator. On arrival, the student investigator will brief your child on the procedure and will give your child the opportunity to ask any questions or express any concerns that they might have. Following this, your child will be interviewed individually or as part of a focus group alongside fellow Young Live Well clients. Interviews will be recorded electronically on a digital voice recording device. Once the interview is over, your child will have the opportunity to express any views or raise any relevant points that they may feel they were either not able to do so during the interview, or were not covered within the scope of the interview questions. The interview process should last no longer than 60 minutes.

### 8. Will participation involve any physical discomfort or psychological stress?

As the interviews involve your child reflecting on his/her experiences of a weight loss journey this may cause some embarrassment or emotional discomfort. You can be assured that your child's experiences will be treated sensitively and confidentially by the student investigator and that your child is free to withdraw from the project at any time without having to give explanation if they feel uncomfortable.

### 9. Are there any possible benefits of participation?

Your child will help to contribute to the improvement of the Young Live Well programme and future weight loss and lifestyle change programmes for young people. Your child may also get a greater insight into their own exercise experiences on the programme.

### 10. What happens when my child has completed all that has been asked?

Once the interview is over, your child will be debriefed on the nature of the study and informed that all data from the interview will remain strictly confidential and anonymity will be ensured if the data is used in any published sources. Recorded data will be transcribed verbatim and your child will receive a typed transcript of the interview within 4-6 weeks to enable her/him to check that the content is a true representation of their words.

### 11. How will my child taking part in this project be kept confidential?

Your child's consent forms and personal details will be stored separately from their data. All paper records will be stored in a locked filing cabinet, accessible only to the research team (student investigator, PhD supervisors), and all electronic information will be stored on a password-protected computer and password-protected USB memory stick. All information and data gathered during this research will be stored in line with the 1988 Data Protection Act and will be destroyed 5 years following the conclusion of the study. During that time the data may be used by members of the research team only for purposes appropriate to the research question, but at no point will your

child's personal information or data be revealed.

### 12. How will my child's data be used? ⓘ

Any information and data gathered during this project will only be available to the research team. Results from this study will be written up as part of a Doctoral Thesis. If you would like a copy of the thesis we can arrange for you to receive it as soon as it becomes possible. Should the thesis be presented or published in any form, your child will not be identifiable.

### 13. Who is organising and funding the research? ⓘ

This research is being undertaken as part of a PhD. The project has undergone full ethical scrutiny and all procedures have been risk assessed and approved by the Department of Sport, Health and Exercise Sciences Ethics Committee at the University of Hull. Funding for the research has been provided by The University of Hull.

### 14. What if my child or I are unhappy during my child's participation in the project? ⓘ

You are free to withdraw your child at any time. During the study itself, if you decide that you do not wish your child to take any further part then please inform the person named in Section 15 and he or she will facilitate your withdrawal. You do not have to give a reason for withdrawing your child. Any information or data relating to your child (both paper and electronic) will be destroyed or deleted as soon as possible after your child's withdrawal. After your child has completed the research you can still withdraw your child's personal information and data by contacting the person named in Section 15. If you are concerned that regulations are being infringed, or that you or your child's interests are otherwise being ignored, neglected or denied, you should inform Dr Andrew Garrett, Chair of the Department of Sport, Health and Exercise Research Ethics Committee, who will investigate your complaint (Tel: 01482 463866; Email: a.garrett@hull.ac.uk).

### 15. How can my child take part? ⓘ

If you decide to allow your child to take part in the study then you are asked to complete and return the Informed Consent Declaration form found on the next page. You should retain this Parent/Guardian Information Sheet for your information. If you have any queries please contact the student investigator using the details given below. He or she will answer any queries and explain how your child can get involved.

**Name:** Frankie Jackson **Email:** f.r.jackson@2012.hull.ac.uk **Phone:** 07706455936

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| | |
|---|---|
| **Department of Sport, Health & Exercise Science** | **UNIVERSITY OF Hull** Faculty of Science |

# Informed Consent Declaration ⓘ

| Project title | Review of client experiences on the Young Live Well programme |
|---|---|
| **Principal investigator** | **Name:** Dr Sam Nabb |
| | **Email address:** s.nabb@hull.ac.uk |
| | **Contact telephone number:** 01482 263277 |
| **Student investigator** **(if applicable)** | **Name:** Frankie Jackson |
| | **Email address:** f.r.jackson@2012.hull.ac.uk |
| | **Contact telephone number:** 07706455936 |

Please Initial

- I confirm that I have read and understand all the information provided in the Parent/Guardian Information Sheet (EC2-U18) relating to the above project and I have had the opportunity to ask questions.

- I understand this project is designed to further scientific knowledge and that all procedures have been risk assessed and approved by the Department of Sport, Health and Exercise Science Ethics Committee (University of Hull). Questions I have about my child's participation in this project have been answered to my satisfaction.

- I fully understand my child's participation is voluntary and that I am free to withdraw my child from this project at any time and at any stage, without giving any reason. I have read and fully understand this consent form.

- I agree for my child to take part in the above project.


.................................................... .................... ...............................................
**Parent/Guardian name**         **Date**      **Signature**


.................................................... .................... ...............................................
**Child's name and date of birth**   **Date**      **Signature of Assent (child's signature)**


.................................................. .................... ...............................................
**Person taking consent**        **Date**      **Signature**

Click here to enter text.

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| --- | --- |

Participant Letter of Invitation Ⓘ

| Project title | Review of trainer experiences on the Young Live Well Programme. |
| --- | --- |
| Principal investigator | Name: Dr Sam Nabb.<br><br>Email address: S.Nabb@hull.ac.uk<br><br>Contact telephone number: 01482 463277 |
| Student investigator<br><br>(if applicable) | Name: Frankie Jackson<br><br>Email address: f.r.jackson@2012.hull.ac.uk<br><br>Contact telephone number: 07706455936 |

Dear Sir or Madam

This is a letter of invitation to enquire if you would like to take part in a research project at The University of Hull

Before you decide if you would like to take part it is important for you to understand why the project is being done and what it will involve. Please take time to carefully read the Participant Information Sheet on the following pages and discuss it with others if you wish. Ask me if there is anything that is not clear, or if you would like more information.

If you would like to take part please complete and return the Informed Consent Declaration form.

Please do not hesitate to contact me if you have any questions.

Yours faithfully,

Frankie Jackson.

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|---|---|

**Participant Information Sheet**

| Project title ① | Review of trainer experiences on the Young Live Well Programme. |
|---|---|
| Principal investigator ① | **Name:** Dr Sam Nabb<br><br>**Email address:** s.nabb@hull.ac.uk<br><br>**Contact telephone number:** 01482 463277 |
| Student investigator<br>(if applicable)<br>① | **Name:** Frankie Jackson<br><br>**Email address:** f.r.jackson@2012.hull.ac.uk<br><br>**Contact telephone number:** 07706455936 |

| What is the purpose of this project? ① |
|---|
| The purpose of this study is to review trainer experiences on the Young Live Well Programme. |

| Why have I been chosen? ① |
|---|
| You have been invited to share your experiences of the Young Live Well programme as you have been involved as a trainer and can provide valuable insight to help better understand the effects of the programme. |

| What happens if I volunteer to take part in this project? ① |
|---|
| First, it is up to you to decide whether or not to take part. If you decide to take part you will be given this Participant Information Sheet to keep and asked to complete the Informed Consent Declaration at the back. You should give the Informed Consent Declaration to the investigator at the earliest opportunity. You will also have the opportunity to ask any questions you may have about the project. If you decide to take part you are still free to withdraw at any time and without needing to give a reason. |

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| What will I have to do? |
|---|
| You will be contacted by telephone to arrange a convenient time at a local leisure centre for you to meet with the student investigator. On arrival, the student investigator will brief you on the procedure and will give you the opportunity to ask any questions or express any concerns that you might have. Following this, you will be interviewed individually or as part of a focus group alongside fellow Young Live Well trainers. Interviews will be recorded electronically on a digital voice recording device. Once the interview is over, you will have the opportunity to express any views or raise any relevant points that you may feel you were either not able to do so during the interview, or were not covered within the scope of the interview questions. The interview process should last no longer than 60 minutes. |

| Will I receive any financial reward or travel expenses for taking part? |
|---|
| no |

| Are there any other benefits of taking part? |
|---|
| You will help contribute to the improvement of the Young Live Well programme and future weight loss and lifestyle change programmes for young people. You may also get a greater insight into your own and other trainer practices on the programme. |

| Will participation involve any physical discomfort or harm? |
|---|
| No. |

| Will I have to provide any bodily samples (e.g. blood or saliva)? |
|---|
| No. |

| Will participation involve any embarrassment or other psychological stress? |
|---|
| As the interviews involve reflecting on your experiences as trainer on the Young Live Well |

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Programme this may cause some embarrassment or emotional discomfort. You can be assured that your experiences ad opinions will be treated sensitively and confidentially by the student investigator and that you are free to withdraw from the project at any time without having to give explanation if you feel uncomfortable.

### What will happen once I have completed all that is asked of me?

Once the interview is over, you will be debriefed on the nature of the study and informed that all data from the interview will remain strictly confidential and anonymity will be ensured if the data is used in any published sources. Recorded data will be transcribed verbatim and you will receive a typed transcript of the interview within 4-6 weeks to check that the content is a true representation of your words.

### How will my taking part in this project be kept confidential?

Your consent forms and personal details will be stored separately from your data. All paper records will be stored in a locked filing cabinet, accessible only to the research team (student investigator, PhD supervisors), and all electronic information will be stored on a password-protected computer and password-protected USB memory stick. All information and data gathered during this research will be stored in line with the 1988 Data Protection Act and will be destroyed 5 years following the conclusion of the study. During that time the data may be used by members of the research team only for purposes appropriate to the research question, but at no point will your personal information or data be revealed.

### How will my data be used?

Any information and data gathered during this project will only be available to the research team. Results from this study will be written up as part of a Doctoral Thesis. If you would like a copy of the thesis we can arrange for you to receive it as soon as it becomes possible. Should the thesis be presented or published in any form, you will not be identifiable.

### Who has reviewed this study?

This project has undergone full ethical scrutiny and all procedures have been risk assessed and approved by the Department of Sport, Health and Exercise Science Ethics Committee at the

| University of Hull. |
| --- |

| What if I am unhappy during my participation in the project? ⓘ |
| --- |
| You are free to withdraw from the project at any time. During the study itself, if you decide that you do not wish to take any further part then please inform the person named in Section 18 and they will facilitate your withdrawal. You do not have to give a reason for your withdrawal. Any personal information or data that you have provided (both paper and electronic) will be destroyed or deleted as soon as possible after your withdrawal. After you have completed the research you can still withdraw your personal information and data by contacting the person named in Section 18. If you are concerned that regulations are being infringed, or that your interests are otherwise being ignored, neglected or denied, you should inform Dr Andrew Garrett, Chair of the Department of Sport, Health and Exercise Research Ethics Committee, who will investigate your complaint (Tel: 01482 463866; Email: a.garrett@hull.ac.uk |

| How do I take part? ⓘ |
| --- |
| Contact the investigator using the contact details given below. He or she will answer any queries and explain how you can get involved.<br><br>Name: Frankie Jackson.  Email: f.r.jackson@2012.hull.ac.uk  Phone: 07706455936 |

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|---|---|
| | Faculty of Science |

**Informed Consent Declaration** Ⓘ

| Project title | Review fo trainer experiences on the Young Live Well Programme. |
|---|---|
| Principal investigator | Name: Dr Sam Nabb<br><br>Email address: s.nabb@hull.ac.uk<br><br>Contact telephone number: 01482 263277 |
| Student investigator<br><br>(if applicable) | Name: Frankie Jackson<br><br>Email address: f.r.jackson@2012.hull.ac.uk<br><br>Contact telephone number: 07706455936 |

**Please Initial**

I confirm that I have read and understood all the information provided in the Informed Consent Form (EC2) relating to the above project and I have had the opportunity to ask questions.

[ ]

I understand this project is designed to further scientific knowledge and that all procedures have been risk assessed and approved by the Department of Sport, Health and Exercise Science Research Ethics Committee at the University of Hull. Any questions I have about my participation in this project have been answered to my satisfaction.

[ ]

[ ]

I fully understand my participation is voluntary and that I am free to withdraw from this project at any time and at any stage, without giving any reason. I have read and fully understand this consent form.

[ ]

........................................................     ...........................     ........................................................

**Name of participant**          **Date**          **Signature**

........................................................     ...........................     ........................................................

**Person taking consent**          **Date**          **Signature**

Click here to enter text.

# Appendix D: Letter of invitation, information sheet and consent forms for one-to-one interviews

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**Department of Sport, Health & Exercise Science**

UNIVERSITY OF Hull
Faculty of Science

# Parent/Guardian Letter of Invitation ⓘ

| Project title | Review of the influence of family support on motivation and success on the Young Live Well Programme. |
|---|---|
| Principal investigator | **Name:** Dr Sam Nabb<br><br>**Email address:** S.Nabb@hull.ac.uk<br><br>**Contact telephone number:** 01482 463277 |
| Student investigator (if applicable) | **Name:** Frankie Jackson<br><br>**Email address:** F.R.Jackson@2012.hull.ac.uk<br><br>**Contact telephone number:** 07706455936 |

Click here to enter a date.

Dear Parent or Guardian

This is a letter of invitation to enquire if you would like your child to take part in a research project at The University of Hull.

Before you decide if you would like your child to take part it is important for you to understand why the project is being done and what it will involve. Please take time to carefully read the Parent/Guardian Information Sheet on the following pages and discuss it with your child and others if you wish. Ask me if there is anything that is not clear, or if you would like more information.

 If you would like your child to take part please complete the Informed Consent Declaration form and return it in the envelope provided.

Please do not hesitate to contact us if you have any questions.

Yours faithfully

Frankie Jackson

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## Department of Sport, Health & Exercise Science

# Parent/Guardian Information Sheet ⓘ

| 1. Project title ⓘ | Review of family support and influences on the YLW programme: client interviews. |
|---|---|
| 2. Principal investigator ⓘ | **Name:** Dr Sam Nabb<br>**Email address:** S.Nabb@hull.ac.uk<br>**Contact telephone number:** 01482 463277 |
| 3. Student investigator<br><br>(if applicable) ⓘ | **Name:** Frankie Jackson<br>**Email address:** F.R.Jackson@2012.hull.ac.uk<br>**Contact telephone number:** 07706455936 |

### 4. What is the purpose of this study? ⓘ

The purpose of this study is to review the influence of family support on the Young live Well programme. It is clear that through observations of the Young Live Well programme, family support and integration plays a vital role in a child's success on the programme. The purpose of this study is to gain an understanding of your child's opinion of family support with regard to their experience on the programme. This will help to highlight the most influential ways to improve family integration and support; not only for the benefit of the child's time on the programme but also ways in which to improve support systems and integration into the programme for parents.

### 5. Why has my child been chosen? ⓘ

Your child has been invited to share his/her experiences of the Young Live Well programme as he/she has been involved as a client. Your child's experiences and progressions while on the programme will provide insight to help better understand the role or family support and integration during the programme and its importance from your child's point of view.

### 6. Does my child have to take part? ⓘ

It is up to you and your child to decide whether or not to take part. If you do decide to allow your child to take part you will be given this Parent/Guardian Information Sheet to keep and asked to sign

This form is periodically updated so please download the latest version from ebridge before completing

the Informed Consent Declaration form at the back. If you decide to allow your child to take part you are free to withdraw your child at any time without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect the standard of care your child receives.

**7. What will my child have to do if he or she takes part?**

Your child will be contacted by telephone to arrange a convenient time at their local leisure centre for them to meet with the student investigator. On arrival, the student investigator will brief your child on the procedure and will give your child the opportunity to ask any questions or express any concerns that they might have. Following this, your child will be interviewed individually. Interviews will be recorded electronically on a digital voice recording device. Once the interview is over, your child will have the opportunity to express any views or raise any relevant points that they may feel they were either not able to do so during the interview, or were not covered within the scope of the interview questions. The interview process should last no longer than 60 minutes. Upon completion, your child will have the opportunity to access the use of facilities within the leisure centre while you conduct your interview with the student investigator (under the supervision of a Young Live Well trainer). Each interview will last roughly 50 minutes and the whole process should last no longer than 120 minutes.

**8. Will participation involve any physical discomfort or psychological stress?**

As the interviews involve your child reflecting on his/her experiences of a weight loss journey this may cause some embarrassment or emotional discomfort. You can be assured that your child's experiences will be treated sensitively and confidentially by the student investigator and that your child is free to withdraw from the project at any time without having to give explanation if they feel uncomfortable.

**9. Are there any possible benefits of participation?**

Your child will help to contribute to the improvement of the Young Live Well programme and future weight loss and lifestyle change programmes for young people. Your child may also get a greater insight into their own exercise experiences on the programme.

**10. What happens when my child has completed all that has been asked?**

Once the interview is over, your child will be debriefed on the nature of the study and informed that all data from the interview will remain strictly confidential and anonymity will be ensured if the data is used in any published sources. Recorded data will be transcribed verbatim and your child will receive a typed transcript of the interview within 4-6 weeks to enable her/him to check that the content is a true representation of their words.

This form is periodically updated so please download the latest version from ebridge before completing

the Informed Consent Declaration form found on the next page. You should retain this Parent/Guardian Information Sheet for your information. If you have any queries please contact the investigator using the details given below. He or she will answer any queries and explain how your child can get involved.

**Name:** Frankie Jackson.  **Email:** F.R.Jackson@2012.hull.ac.uk  **Phone:** 07706455936

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| | |
|---|---|
| **Department of Sport, Health & Exercise Science** | UNIVERSITY OF **Hull**<br>Faculty of Science |

# Informed Consent Declaration ⓛ

| Project title | Review of family support and influences on the YLW programme: client interviews. |
|---|---|
| **Principal investigator** | **Name:** Dr Sam Nabb<br><br>**Email address:** S.Nabb@hull.ac.uk<br><br>**Contact telephone number:** 01482 263477 |
| **Student investigator**<br><br>**(if applicable)** | **Name:** Frankie Jackson<br><br>**Email address:** F.R.Jackson@2012.hull.ac.uk<br><br>**Contact telephone number:** 07706455936 |

Please Initial

- I confirm that I have read and understand all the information provided in the Parent/Guardian Information Sheet (EC2-U18) relating to the above project and I have had the opportunity to ask questions.

- I understand this project is designed to further scientific knowledge and that all procedures have been risk assessed and approved by the Department of Sport, Health and Exercise Science Ethics Committee (University of Hull). Questions I have about my child's participation in this project have been answered to my satisfaction.

- I fully understand my child's participation is voluntary and that I am free to withdraw my child from this project at any time and at any stage, without giving any reason. I have read and fully understand this consent form.

- I agree for my child to take part in the above project.

..........................................  ....................  ...........................................
**Parent/Guardian name**  **Date**  **Signature**

..........................................  ....................  ...........................................
**Child's name and date of birth**  **Date**  **Signature of Assent (child's signature)**

..........................................  ....................  ...........................................
**Person taking consent**  **Date**  **Signature**

Click here to enter text.

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| --- | --- |

Participant Letter of Invitation ⓘ

| Project title | Review of the influence of family support on motivation and success on the Young Live Well Programme. |
| --- | --- |
| Principal investigator | Name: Dr Sam Nabb<br><br>Email address: S.Nabb@hull.ac.uk<br><br>Contact telephone number: 01482 463277 |
| Student investigator<br><br>(if applicable) | Name: Frankie Jackson<br><br>Email address: f.r.jackson@2012.hull.ac.uk<br><br>Contact telephone number: 07706455936 |

Click here to enter a date.

Dear Sir or Madam

This is a letter of invitation to enquire if you would like to take part in a research project at The University of Hull.

Before you decide if you would like to take part it is important for you to understand why the project is being done and what it will involve. Please take time to carefully read the Participant Information Sheet on the following pages and discuss it with others if you wish. Ask me if there is anything that is not clear, or if you would like more information.

If you would like to take part please complete and return the Informed Consent Declaration form.

Please do not hesitate to contact me if you have any questions.

Yours faithfully,

Frankie Jackson

XXX

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|---|---|

**Participant Information Sheet**

| Project title ⓘ | Review of the influence of family support on motivation and success on the Young Live Well Programme. |
|---|---|
| Principal investigator ⓘ | **Name:** Dr Sam Nabb<br><br>**Email address:** s.nabb@hull.ac.uk<br><br>**Contact telephone number:** 01482 463277 |
| Student investigator<br><br>(if applicable)<br><br>ⓘ | **Name:** Frankie Jackson<br><br>**Email address:** f.r.jackson@2012.hull.ac.uk<br><br>**Contact telephone number:** 07706455936 |
| | |

| What is the purpose of this project? ⓘ |
|---|
| The purpose of this study is to review the influence of family support on the Young live Well programme with a particular focus on the role in which you play as a parent. It is clear that through observations of the Young Live Well programme, family support and integration plays a vital role in a child's success on the programme. The purpose of this study is to gain an understanding of your opinion with regard to your experience as part the programme as a way to highlight the most beneficial ways to improve family integration and support; not only for the child's time on the programme but also ways in which to improve support systems and integration into the programme for parents. |

| Why have I been chosen? ⓘ |
|---|
| You have been invited to share your experiences of the Young Live Well programme as your child has been involved as a client. As a parent, you have also experienced and progressed throughout the programme, playing a key role in your child's involvement. Here, you're experiences play an integral part in developing and improving the programme, with a key focus on family integration. |

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## What happens if I volunteer to take part in this project?

First, it is up to you to decide whether or not to take part. If you decide to take part you will be given this Participant Information Sheet to keep and asked to complete the Informed Consent Declaration at the back. You should give the Informed Consent Declaration to the investigator at the earliest opportunity. You will also have the opportunity to ask any questions you may have about the project. If you decide to take part you are still free to withdraw at any time and without needing to give a reason.

## What will I have to do?

You will be contacted by telephone to arrange a convenient time at your local leisure centre to meet with the student investigator. On arrival, the student investigator will brief you on the procedure and will give you the opportunity to ask any questions or express any concerns that you may have. Firstly your child will be interviewed by the student investigator. Following this, you will be interviewed while your child has access to the use of facilities within the leisure centre (under the supervision of a Young Live Well trainer). Interviews will be recorded electronically on a digital voice recording device. Once finished, you will have the opportunity to express any views or raise any relevant points that you may feel you were either not able to do so during the interview, or were not covered within the scope of the interview questions. Each interview will last roughly 50 minutes and the whole process should last no longer than 120 minutes.

## Will I receive any financial reward or travel expenses for taking part?

No

## Are there any other benefits of taking part?

You will help to contribute to the improvement of the Young Live Well programme and future weight loss and lifestyle change programmes for young people. You may also get a greater insight into your own experiences on the programme.

## Will participation involve any physical discomfort or harm?

Informed Consent Form EC2

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| No |
| --- |

| Will I have to provide any bodily samples (e.g. blood or saliva)? ⓘ |
| --- |
| No |

| Will participation involve any embarrassment or other psychological stress? ⓘ |
| --- |
| As the interviews involve you reflecting on your experiences of your child's weight loss journey this may cause some emotional discomfort. You can be assured that your experiences will be treated sensitively and confidentially by the student investigator and that you are free to withdraw from the project at any time without having to give explanation if you feel uncomfortable. |

| What will happen once I have completed all that is asked of me? ⓘ |
| --- |
| Once the interview is over, you will be debriefed on the nature of the study and informed that all data from the focus group will remain strictly confidential and anonymity will be ensured if the data is used in any published sources. Recorded data will be transcribed verbatim and you will receive a typed transcript of the interview within 4-6 weeks to enable you to check that the content is a true representation of your words. |

| How will my taking part in this project be kept confidential? ⓘ |
| --- |
| Your consent forms and personal details will be stored separately from your data. All paper records will be stored in a locked filing cabinet, accessible only to the research team (student investigator, PhD supervisors), and all electronic information will be stored on a password-protected computer and password-protected USB memory stick. All information and data gathered during this research will be stored in line with the 1988 Data Protection Act and will be destroyed 5 years following the conclusion of the study. During that time the data may be used by members of the research team only for purposes appropriate to the research question, but at no point will your personal information or data be revealed. |

| How will my data be used? ⓘ |
| --- |

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Any information and data gathered during this project will only be available to the research team. Results from this study will be written up as part of a Doctoral Thesis. If you would like a copy of the thesis we can arrange for you to receive it as soon as it becomes possible. Should the thesis be presented or published in any form, you will not be identifiable.

---

### Who has reviewed this study?

This project has undergone full ethical scrutiny and all procedures have been risk assessed and approved by the Department of Sport, Health and Exercise Science Ethics Committee at the University of Hull.

---

### What if I am unhappy during my participation in the project?

You are free to withdraw from the project at any time. During the study itself, if you decide that you do not wish to take any further part then please inform the person named in Section 18 and they will facilitate your withdrawal. You do not have to give a reason for your withdrawal. Any personal information or data that you have provided (both paper and electronic) will be destroyed or deleted as soon as possible after your withdrawal. After you have completed the research you can still withdraw your personal information and data by contacting the person named in Section 18. If you are concerned that regulations are being infringed, or that your interests are otherwise being ignored, neglected or denied, you should inform Dr Andrew Garrett, Chair of the Department of Sport, Health and Exercise Research Ethics Committee, who will investigate your complaint (Tel: 01482 463866; Email: a.garrett@hull.ac.uk

---

### How do I take part?

Contact the investigator using the contact details given below. He or she will answer any queries and explain how you can get involved.

**Name:** Frankie Jackson.  **Email:** f.r.jackson@2012.hull.ac.uk  **Phone:** 07706455936

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|---|---|

**Informed Consent Declaration** ⓘ

| Project title | Review of the influence of family support on motivation and success on the Young Live Well Programme. |
|---|---|
| Principal investigator | **Name:** Dr Sam Nabb<br><br>**Email address:** s.nabb@hull.ac.uk<br><br>**Contact telephone number:** 01482 263477 |
| Student investigator<br><br>(if applicable) | **Name:** Frankie Jackson<br><br>**Email address:** f.r.jackson@2012.hull.ac.uk<br><br>**Contact telephone number:** 07706455936 |

**Please Initial**

I confirm that I have read and understood all the information provided in the Informed Consent Form (EC2) relating to the above project and I have had the opportunity to ask questions.

I understand this project is designed to further scientific knowledge and that all procedures have been risk assessed and approved by the Department of Sport, Health and Exercise Science Research Ethics Committee at the University of Hull. Any questions I have about my participation in this project have been answered to my satisfaction.

I fully understand my participation is voluntary and that I am free to withdraw from this project at any time and at any stage, without giving any reason. I have read and fully understand this consent form.

...................................................  ...........................  .................................................

**Name of participant**      **Date**      **Signature**

...................................................  ...........................  .................................................

**Person taking consent**    **Date**      **Signature**

Click here to enter text.

## Appendix E: Debrief forms

This form is periodically updated so please download the latest version from eBridge before completing

**Department of Sport, Health & Exercise Science**

UNIVERSITY OF **Hull**
Faculty of Science

# Participant Debrief Form

| 1. Project title | Overt Observation of the Young Live Well programme. |
|---|---|
| 2. Principal investigator | **Name:** Dr Sam Nabb <br> **Email address:** S.Nabb@hull.ac.uk <br> **Contact telephone number:** (01482) 463277 |
| 3. Student investigator (if applicable) | **Name:** Frankie Jackson <br> **Email address:** F.R.Jackson@2012.hull.ac.uk <br> **Contact telephone number:** 07706455936 |

**4. What was the purpose of the project?**

Young Live Well is a developing programme that has been very successful within the East Riding of Yorkshire. The purpose of this project was to determine a greater understanding of the Young Live Well practice and gauge initial ideas for further development through observing the programme in day to day practice.

**5. How will I find out about the results?**

Once completed, a summary of results will be readily available for you to view if you so wish.

**6. Will I receive any individual feedback?**

Individual feedback will not be given. However, general feedback can be provided upon request.

**7. What will happen to the information I have provided?**

Your consent forms and personal details will be stored separately from your data. All paper records will be stored in a locked filing cabinet, accessible only to the research team, and all electronic information will be stored on a password-protected computer and password-protected USB memory stick. All information and

data gathered during this research will be stored in line with the 1988 Data Protection Act and will be destroyed 5 years following the conclusion of the study. During that time the data may be used by members of the research team only for purposes appropriate to the research question, but at no point will your personal information or data be revealed.

**8. How will the results be disseminated?** ⓘ

Your data will make up part of a Doctoral Thesis. Your data may be published in a scientific journal or be presented at a conference. However, the data will be generalised and your own personal information and data will not be identifiable.

**9. Have I been deceived in any way during the project?** ⓘ

No.

**10. If I change my mind and wish to withdraw the information I have provided, how do I do this?** ⓘ

You are able to withdraw information you have provided at any time. You can do this by sending a letter or email to the principal investigator stating that you would like to withdraw your personal information and data from the study. You do not need to give a reason.

**11. What if I am unhappy about my participation in the project?** ⓘ

If you have any concerns or worries concerning the way in which this research has been conducted, or if you have requested, but did not receive feedback from the investigator regarding your results within the time specified in the Participant Debrief Form, then please contact Dr Lee Ingle, Chair of the Department of Sport, Health and Exercise Ethics Committee, who will investigate your complaint (Tel: 01482 463141; Email: l.ingle@hull.ac.uk).

| Department of Sport, Health & Exercise Science | UNIVERSITY OF Hull Faculty of Science |
|---|---|

# Participant Debrief Form

| 1. Project title ⓘ | Review of client experiences on the Young Live Well programme |
|---|---|
| 2. Principal investigator ⓘ | **Name:** Dr Sam Nabb<br>**Email address:** s.nabb@hull.ac.uk<br>**Contact telephone number:** 01482 463277 |
| 3. Student investigator (if applicable) ⓘ | **Name:** Frankie Jackson<br>**Email address:** f.r.jackson@2012.hull.ac.uk<br>**Contact telephone number:** 07706455936 |

---

**4. What was the purpose of the project? ⓘ**

The purpose of this study was to review client experiences on the Young live Well programme.

---

**5. How will I find out about the results? ⓘ**

Once completed, a summary of results will be readily available for you to view if you so wish.

---

**6. Will I receive any individual feedback? ⓘ**

Individual feedback will not be available. General feedback can be provided upon request.

---

**7. What will happen to the information I have provided? ⓘ**

Your consent forms and personal details will be stored separately from your data. All paper records will be stored in a locked filing cabinet, accessible only to the research team, and all electronic information will be stored on a password-protected computer and password-protected USB memory stick. All information and data gathered during this research will be stored in line with the 1988 Data Protection Act and will be destroyed 5 years following the conclusion of the study. During

that time the data may be used by members of the research team (student investigator, Academic supervisors) only for purposes appropriate to the research question, but at no point will your personal information or data be revealed.

### 8. How will the results be disseminated?

Your data will make up part of a Doctoral Thesis. Your data may be published in a scientific journal or be presented at a conference. However, the data will be generalised and your own personal information and data will not be identifiable.

### 9. Have I been deceived in any way during the project?

No.

### 10. If I change my mind and wish to withdraw the information I have provided, how do I do this?

You are able to withdraw information you have provided at any time. You can do this by sending a letter or email to the principal investigator stating that you would like to withdraw your personal information and data from the study. You do not need to give a reason.

### 11. What if I am unhappy about my participation in the project?

If you have any concerns or worries concerning the way in which this research has been conducted, or if you have requested, but did not receive feedback from the investigator regarding your results within the time specified in the Participant Debrief Form, then please contact Dr Andrew Garrett, Chair of the Department of Sport, Health and Exercise Ethics Committee, who will investigate your complaint (Tel: 01482 463141; Email: a.garrett@hull.ac.uk).

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| **Department of Sport, Health & Exercise Science** | UNIVERSITY OF **Hull** Faculty of Science |
|---|---|

# Participant Debrief Form

| 1. **Project title** ⓘ | Review of trainer experiences on the Young Live Well programme |
|---|---|
| 2. **Principal investigator** ⓘ | **Name:** Dr Sam Nabb<br>**Email address:** s.nabb@hull.ac.uk<br>**Contact telephone number:** 01482 463277 |
| 3. **Student investigator**<br>**(if applicable)** ⓘ | **Name:** Frankie Jackson<br>**Email address:** f.r.jackson@2012.hull.ac.uk<br>**Contact telephone number:** 07706455936 |

| 4. **What was the purpose of the project?** ⓘ |
|---|
| The purpose of this study was to review trainer experiences on the Young live Well programme. |

| 5. **How will I find out about the results?** ⓘ |
|---|
| Once completed, a summary of results will be readily available for you to view if you so wish. |

| 6. **Will I receive any individual feedback?** ⓘ |
|---|
| Individual feedback will not be available. General feedback can be provided upon request. |

| 7. **What will happen to the information I have provided?** ⓘ |
|---|
| Your consent forms and personal details will be stored separately from your data. All paper records will be stored in a locked filing cabinet, accessible only to the research team, and all electronic information will be stored on a password-protected computer and password-protected USB memory stick. All information and data gathered during this research will be stored in line with the 1988 Data Protection Act and will be destroyed 5 years following the conclusion of the study. During |

XL

that time the data may be used by members of the research team (student investigator, Academic supervisors) only for purposes appropriate to the research question, but at no point will your personal information or data be revealed.

---

**8. How will the results be disseminated?** ⓘ

Your data will make up part of a Doctoral Thesis. Your data may be published in a scientific journal or be presented at a conference. However, the data will be generalised and your own personal information and data will not be identifiable.

---

**9. Have I been deceived in any way during the project?** ⓘ

No.

---

**10. If I change my mind and wish to withdraw the information I have provided, how do I do this?** ⓘ

You are able to withdraw information you have provided at any time. You can do this by sending a letter or email to the principal investigator stating that you would like to withdraw your personal information and data from the study. You do not need to give a reason.

---

**11. What if I am unhappy about my participation in the project?** ⓘ

If you have any concerns or worries concerning the way in which this research has been conducted, or if you have requested, but did not receive feedback from the investigator regarding your results within the time specified in the Participant Debrief Form, then please contact Dr Andrew Garrett, Chair of the Department of Sport, Health and Exercise Ethics Committee, who will investigate your complaint (Tel: 01482 463141; Email: a.garrett@hull.ac.uk).

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| | |
|---|---|
| **Department of Sport, Health & Exercise Science** | UNIVERSITY OF **Hull** Faculty of Science |

# Participant Debrief Form

| | | |
|---|---|---|
| 1. | **Project title** ⓘ | Review of the influence of family support on motivation and success on the Young Live Well Programme. |
| 2. | **Principal investigator** ⓘ | **Name:** Dr Sam Nabb<br>**Email address:** s.nabb@hull.ac.uk<br>**Contact telephone number:** 01482 463277 |
| 3. | **Student investigator**<br>**(if applicable)** ⓘ | **Name:** Frankie Jackson<br>**Email address:** f.r.jackson@2012.hull.ac.uk<br>**Contact telephone number:** 07706455936 |

### 4. What was the purpose of the project? ⓘ

The purpose of this study was to review client and parent experiences of the Young live Well programme with a particular focus on the effect of family support and integration.

### 5. How will I find out about the results? ⓘ

Once completed, a summary of results will be readily available for you to view if you so wish by contacting the student investigator.

### 6. Will I receive any individual feedback? ⓘ

Individual feedback will not be available. General feedback can be provided upon request.

### 7. What will happen to the information I have provided? ⓘ

Click here to enter text.Your consent forms and personal details will be stored separately from your data. All paper records will be stored in a locked filing cabinet, accessible only to the research team, and all electronic information will be stored on a password-protected computer and password-

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protected USB memory stick. All information and data gathered during this research will be stored in line with the 1988 Data Protection Act and will be destroyed 5 years following the conclusion of the study. During that time the data may be used by members of the research team (student investigator, Academic supervisors) only for purposes appropriate to the research question, but at no point will your personal information or data be revealed.

**8. How will the results be disseminated?** ⓘ

Your data will make up part of a Doctoral Thesis. Your data may be published in a scientific journal or be presented at a conference. However, the data will be generalised and your own personal information and data will not be identifiable.

**9. Have I been deceived in any way during the project?** ⓘ

No

**10. If I change my mind and wish to withdraw the information I have provided, how do I do this?** ⓘ

You are able to withdraw information you have provided at any time. You can do this by sending a letter or email to the principal investigator stating that you would like to withdraw your personal information and data from the study. You do not need to give a reason.

**11. What if I am unhappy about my participation in the project?** ⓘ

If you have any concerns or worries concerning the way in which this research has been conducted, or if you have requested, but did not receive feedback from the investigator regarding your results within the time specified in the Participant Debrief Form, then please contact Dr Andrew Garrett, Chair of the Department of Sport, Health and Exercise Ethics Committee, who will investigate your complaint (Tel: 01482 463141; Email: a.garrett@hull.ac.uk).

# Appendix F: Example of field notes



▮▮▮ (gained)

'I have' 'yep' - very matter of fact ———————— attitude / defence mechanism

Aunty ▮▮▮ was - eaten badly ———————— external family
                                        ↳ uneducated
chips, chips, chips                     ~~knowledge of~~
         ↳ 'I was sick of               ▮▮▮ on programme!
            them' ———————— out of her
                           control. not
                           no enjoyment.
((

exercise is okay
   ↳ went for walks (dogs)
badminton (w nana)

Plan for next week ———————— organised responsib- ?
   ↳ gym wed , swimming      ility.
Nana - 'why don't we    fri.
   go swimming sunday?' ———————— family
                                 motivation
(
▮▮▮ admits her food diary ———————— taking
      is bad.                       responsibility
        ↓                           admitting
   blaming everyone but self        when bad.
        ↳ mum has no
           money ▮▮▮ a ———————— placing blame
      ↳ aunty

▮▮▮
▮▮▮ reminds her of last
weeks progress  -2lb - lots of        weight loss is
              exercise good ———————— motivation
         ▮▮▮ feels motivated!    break

**CLEINT FOCUS GROUP**

Hello, I am Frankie Jackson from the University of Hull. Thank you for participating in this interview. For this session we will be talking about your personal experiences as a participant on the young Live Well Programme.

I'm looking to gain a deeper understanding of how the young live well programme had an impact on you, specifically focusing on how it has or has not changed your behaviour. The questions will be aimed at following your journey through the programme highlighting your personal experiences. This will help me gain an understanding in how to manage successful and continuous weight management for a healthy lifestyle.

I would like to remind you that all information received during the interview will remain strictly confidential. It may be that I choose to select some of the information that you give for my thesis. However, you can be assured that this will not in any way reveal your identity. A recording device is going to be used purely to ensure I get complete and accurate information. This also allows me to type the information into a transcript which will be used for later reference. During the interview i will give each of you a participant number to use so that names will not be revealed during the interview.

You have several rights as a participant in this study. First, your participation is entirely voluntary, and you are free to decline to comment on any question at any stage. Please remember that there are no right or wrong answers to any of the questions. All I ask is that you respond in an honest manner as this will have implications for my study. May I therefore remind you here that none of the data will be shared between anyone outside of this room and your identity is under total protection. If, however, you feel a question is too uncomfortable for you to answer, please feel free to state 'no comment'. Following this response, the next question will be asked immediately. You are in your right to do so and, therefore, this will not be frowned upon by the researcher. If you find that you have a question during the interview, please feel free to ask straight away. If at any time you do feel uncomfortable about continuing the interview you are free to leave the room without any explanation and can re

enter the room at any time. Abi will be waiting in the leisure centre if you want to talk to her.

I will be asking you about your personal views regarding the young Live Well Programme. This will be done by asking questions about different aspects of the weight loss journey. Although the questions may sound relatively easy to answer, please do not provide answers that you feel I want to hear or that will save you from embarrassment. It is worth a reminder here that whatever you reveal will be held strictly confidential. Also, please do not attempt to guess answers. Although it is appreciated that the questions will be asking you to look back on previous experiences, please only do so if you are sure of your response. Therefore, your answers should be made in an honest manner and not guessed. Once the interview has been completed, you will be given the opportunity to add anything that you feel you weren't able to express or that was not covered in the interview. I will leave the room for a couple of minutes so you have time to write any extra information you felt you could not say during the interview. This can remain totally anonymous if you so wish or you can write your participant number/ name on the top of the paper. If at the end of the interview you wish to speak to me individually about experiences and would feel more comfortable doing so, please speak to me at the end and this can be arranged.

**Schedule Key:**

- ❖ **Theme**

- • Question

- ○ Potential probe/ follow up

- ❖ **Live Well process**

- • What is/was the young live well programme to you?

- • How did you get onto the programme?
  - ○ Referral by parent/ guardian/school

- • How did the programme work for you?
  - ○ Process
  - ○ Structure
  - ○ Stages of development

- o Exercise
- o Nutrition: food diaries


❖ **Lifestyle changes**

- What has being on the Young Live Well programme taught you?
  - o Healthy diet, exercise, lifestyle habits?

- How did it affect your lifestyle over the course of the programme?
  - o Physically
  - o Emotionally
  - o Educationally


❖ **Feelings/ emotions**

- What were your feelings towards starting the programme?
  - o What were your expectations?
  - o Excitement/ nervous/anxious?

- How did these feelings change/ develop over the course of the programme?
  - o end of the 16 weeks?
  - o Feelings change?

  - o Monthly meetings?
  - o were you ready to move on from weekly meetings?
  - o Alter motivation/ feelings?


❖ **Support**

- What support did you get during the programme?
  - o friends/ family/ school?
  - o Parents on board/ take a role in the programme? Help?
  - o Talk to friends? Tell them about the programme?

- What was your relationship like with your trainer?
  - o See her as a friend? Trainer?
  - o Positive/ negative
  - o Trust
  - o Respect


❖ **Current Lifestyle**

- What is life like now you have finished the programme?
  - o Continuing lifestyle change?
  - o Negative/ positive changes?
  - o Change of feelings? Change of support?

  Why?

# TRAINER FOCUS GROUP

Hello, I am Frankie Jackson from the University of Hull. Thank you for participating in this interview. For this session we will be talking about your personal experiences as a trainer on the young Live Well Programme.

I'm looking to gain a deeper understanding of how the young live well programme works, specifically focusing on how it aims to change clients' current lifestyles. The questions will be aimed towards describing the programme and client behaviour by highlighting your personal experiences as a trainer. This will help me gain an understanding in how to manage successful and continuous weight management for a healthy lifestyle.

I would like to remind you that all information received during the interview will remain strictly confidential. It may be that I choose to select some of the information that you give for my thesis. However, you can be assured that this will not in any way reveal your identity. A recording device is going to be used purely to ensure I get complete and accurate information. This also allows me to type the information into a transcript which will be used for later reference. During the interview I will give each of you a participant number to use so that names will not be revealed during the interview.

You have several rights as a participant in this study. First, your participation is entirely voluntary, and you are free to decline to comment on any question at any stage. Please remember that there are no right or wrong answers to any of the questions. All I ask is that you respond in an honest manner as this will have implications for my study. May I therefore remind you here that none of the data will be shared between anyone outside of this room and your identity is under total protection. If, however, you feel a question is too uncomfortable for you to answer, please feel free to state 'no comment'. Following this response, the next question will be asked immediately. You are in your right to do so and, therefore, this will not be frowned upon by the researcher. If you find that you have a question during the interview, please feel free to ask straight away. If at any time you do feel uncomfortable about continuing the interview you are free to leave the room without any explanation and can re-enter the room at any time.

I will be asking you about your personal views regarding the young Live Well Programme. This will be done by asking questions about different aspects of the programme. Although the questions may

sound relatively easy to answer, please do not provide answers that you feel I want to hear or that will save you from embarrassment. It is worth a reminder here that whatever you reveal will be held strictly confidential. Also, please do not attempt to guess answers. Although it is appreciated that the questions will be asking you to look back on previous experiences, please only do so if you are sure of your response. Therefore, your answers should be made in an honest manner and not guessed. Once the interview has been completed, you will be given the opportunity to add anything that you feel you weren't able to express or that was not covered in the interview. If at the end of the interview you wish to speak to me individually about experiences and would feel more comfortable doing so, please speak to me at the end and this can be arranged.

**Schedule Key:**

❖ **Theme**

• Question

o Potential probe/ follow up

❖ **Young Live Well programme**

• How long have you been a live well trainer?

    o Feelings towards starting?

    o Feelings towards working with younger clients?

• What is the Young Live Well programme?

    o In your own words
    o Aims/ goals of the programme?
    o Same as adult programme?

• How do you promote/ explain the programme to clients?
    o Do they know anything?
    o Are they aware it is a weight loss programme?

❖ **Young Live Well Process**

• Talk me through the process of the Young Live Well Programme?
    o From beginning to week 16
    o Is there a structure or plan to follow? Good bad? Vague?
    o Do you always stick to the plan? Own strategy?

- What does the client receive while on the programme?
  - Gym membership?
  - One to one contact? How often? Do you stick to it?

- How does the programme develop over time?
  - support: more? Less?
  - Activity? Education?

- What happens post 16 weeks?
  - monthly meetings?
  - Change in client?
  - Still maintaining healthy changes? Why?

### ❖ Support

- How do you support client?
  - how do they perceive you? Friend? Motivator etc?
  - How does it change/ develop over time?
  - Do you go 'above and beyond' for your client?

- How do you find it dealing with a younger clientele?
  - Experience? Training?
  - How is it different to adults?
  - Easier/ harder?
  - **Do you come across the same problems as adult clients? React the same? same motivations?**

- What support do you receive as a trainer?
  - Training?
  - Resources?
  - Supervisor?

### ❖ Effectiveness of programme

- How effective is the programme?
  - Previous experiences with clients?
  - What works well?

- What issues/ pitfalls are there with the programme?
  - Experiences with clients?
  - Does it work?
  - Reoccurring problems?
  - Time scale? Structure?
  - Are there external factors that affect the success?

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❖ **Changes to the programme**

- What changes should be made to the programme to improve effectiveness and success?
    - o change of structure?
    - o Groups vs. Individual
    - o Length of programme?
    - o Gym membership?
    - o External influences?

Hello, as you know I am Frankie from the University of Hull and have previously observed your time on the young live well programme. Thank you for allowing me to talk to you today. Today we will be talking about your own experience on the young Live Well Programme.

> ***I'm looking to gain a better understanding of how the young live well programme had an impact on you, focusing on the support you received from your family and how they influenced you throughout the programme. This may involve how your family encouraged you during the programme and made you more determined to continue and work hard alongside the ways they may have made you feel negatively towards the programme, maybe made you lose interest or feel like you wanted to stop and give up. I would like you to think about this carefully throughout your whole time on the programme, start to finish, during each of the questions I ask and if I do not mention anything that you think was important or had a big impact on your experience, please let me know at the end of the interview.***

I would like to remind you that all information received during the interview will remain strictly confidential which means your name will not be revealed. It may be that I choose to select some of the information that you give for my university project. However, this will not in any way reveal your name. A recording device is going to be used purely to ensure I get complete and accurate information. This also allows me to type the information onto a computer which I can refer to. During the interview I will give you a number to use so that names will not be revealed during the interview.

You have several rights as a participant in this study. First, your participation is entirely voluntary, and you are free to not comment on any question at any stage. Please remember that there are no right or wrong answers to any of the questions. All I ask is that you

respond in an honest way. May I therefore remind you here that nothing you or I say will be shared with anyone outside of this room including your parents or your Live Well trainer. If, however, you feel a question is too uncomfortable for you to answer, please feel free to state 'no comment' and I will move on to the next question. If you find that you have a question during the interview, please feel free to ask straight away. If at any time you do feel uncomfortable about continuing the interview you are free to leave the room without any explanation and can re enter the room at any time. Abi and your parent(s) will be waiting in the leisure centre if you want to talk to them.

Although the questions may sound easy to answer, please do not answer in a way that you feel I want you to or that will save you from embarrassment. It is worth a reminder here that whatever you reveal will be held strictly confidential between you and me. Also, please do not attempt to guess answers. While the questions will be asking you to look back on previous experiences, please only do so if you are sure of your reply. Therefore, your answers should be honest and not guessed. Once the interview is finished, you can add anything that you feel you weren't able to say or that was not covered in the interview.

**Schedule Key:**

- ❖ **Theme**

- Question

- o Potential probe/ follow up


- ❖ **BACKGROUND/ DEMOGRAPHICS**
- **Age**
- **Finished programme?**
- **How long left?**


- ❖ **WHY YOUNG LIVE WELL?**
- **How did the idea of starting the young live well programme first come about?**
- o how was the conversation started?
- o You? Parent?
- o How did you feel about getting involved?
- o What was your main influence to start the programme... media? Parents? Friends? Self? Motivation?

- **Had you tried to change your lifestyle into a healthier one before?**
- o Joined any programme? Healthy living plans?
- o YES: how did they help... how did they work?
- o NO: why? Why have you decided to now?
- o Did your family have an influence in this? Positive negative?

- **When do you feel your lifestyle,  diet and exercise was becoming an issue?**
- o Why?
- o Where did it stem from?
- o Main influence?

- ❖ **FAMILY SUPPORT**
- **In what ways did your family support you on the programme?**
- o Encouragement?
- o how often do they exercise with you?
- o Help with healthy eating?
- o How involved did they get with the programme?
- o Did they come to every session?
- o Buddy?
- **How much did your family affect your effort on the programme?**
- o Main influence? Parent, sibling?
- o How did they influence you?        }—Why?
- o Positive negative?

- **How much independence did you have on the programme?**
  - o What  responsibilities did you have?
  - o Did your parents give you the opportunity? Yes ? no?
  - o How did this make you feel?

- **Who do you think was most responsible for your success?**
- you?
- Trainer?
- Parent?        WHY?
- Why?

- **What was your relationship like?**
- o Friend?
- o Teacher?
- o Motivator?

- **Were there any ways in which family members had a negative effect on your time on the programme?**
o Pressure?
o No responsibility
o Any time you felt forced?
o Not enough support?
o Lack of interest?
o Not on board?

- ❖ **LIFESTYLE/BEHAVIOUR CHANGE**
- **How did being on the programme have an effect on your day to day life?**
    o **Negatives/ positives**
    o parents
    o Sibling rivalry
    o school
    o Holidays
    o Cooking
    o Home dynamic

- **How easy/ difficult was it to make healthy changes into your lifestyle?**
    o Birthdays
    o Support from other family members
    o Shopping
    o Family time

- **Where there any particular events/ moments that were difficult for you during your time on the programme?**
    o unhappiness/ disappointment
    o School holidays
    o Illness

- **In what ways did you try to handle these difficult moments?**
    o How did it make you feel?

- **How did your parents help you?**
    o Were they helpful?
    o How did they make you feel?

- **If you can, can you think of any ways your family could have helped you even more with your journey?**

- More involvement/ less involvement?
- Encouragement?
- Giving you more independence?

## Interview schedule Parent

Hello, I am Frankie Jackson from the University of Hull. Thank you for participating in this interview. For this session we will be talking about your personal experiences as a parent/ guardian to a child on the young Live Well Programme.

***The main topic I want to talk to you about during this interview is your experience during your child's time on the programme. This involves things that encouraged you during the programme and made you more determined to motivate and work with your child alongside things that made you feel negatively towards the programme, maybe made you lose interest, feel pressured or feel helpless in trying to help change your child's health. I would like you to think about this carefully with regard to your whole experience on the programme, start to finish during each of the questions I ask and if I do not highlight anything that played a very big role in your experiences, please let me know at the end of the interview.***

I would like to remind you that all information received during the interview will remain strictly confidential. It may be that I choose to select some of the information that you give for my thesis. However, you can be assured that this will not in any way reveal your identity. A recording device is going to be used purely to ensure I get complete and accurate information. This also allows me to type the information into a transcript which will be used for later reference. During the interview I will give each of you a participant number to use so that names will not be revealed during the interview.

You have several rights as a participant in this study. First, your participation is entirely voluntary, and you are free to decline to comment on any question at any stage. Please remember that there are no right or wrong answers to any of the questions. All I ask is that you respond in an honest manner as this will have implications for my study. May I therefore remind you here that none of the data will be shared between anyone outside of this room and your identity is under total protection. If, however, you feel a question is too uncomfortable for you to answer, please feel free to state 'no comment'. Following this response, the next question will be asked immediately. You are in your right to do so and, therefore, this will not be frowned upon by the researcher. If you find that you have a question during the interview, please feel free to ask straight away. If

at any time you do feel uncomfortable about continuing the interview you are free to leave the room without any explanation and can re enter the room at any time.

Although the questions may sound relatively easy to answer, please do not provide answers that you feel I want to hear or that will save you from embarrassment. It is worth a reminder here that whatever you reveal will be held strictly confidential. Also, please do not attempt to guess answers. Although it is appreciated that the questions will be asking you to look back on previous experiences, please only do so if you are sure of your response. Therefore, your answers should be made in an honest manner and not guessed. Once the interview has been completed, you will be given the opportunity to add anything that you feel you weren't able to express or that was not covered in the interview.

**Schedule Key:**

- ❖ **Theme**

- • Question

- o Potential probe/ follow up

- ❖ **BACKGROUND/ DEMOGRAPHICS**
- • **Tell me about your children?**
- o Age
- o Gender

- • **Finished programme?**
- • **How long left?**
- • **Successful?**

- ❖ **WHY YOUNG LIVE WELL?**
- • **How did the idea of first starting the YLW programme first come about?**
- o You? Your child?
- o how was the conversation started?
- o Why did you feel it was the right choice? Did you? Pressure?
- o How did you feel about getting involved?

- **Had your child tried any other methods to adopt a healthier lifestyle before?**
o programme? Diet?
o YES: Did you support them? not support them through this? Why?
o YES: Did it work?
o NO: why have they decided now?

- **When do you feel your child's lifestyle and behaviour regarding diet and exercise was becoming an issue?**
o Why?
o Where did it stem from?
o Main influence?

- ❖ **FAMILY SUPPORT**
- **In what ways did you feel you supported your child throughout their time on the programme?**
    o Encouragement?
    o Exercise?
    o Healthy eating?
    o Involvement with programme?
    o Buddy?

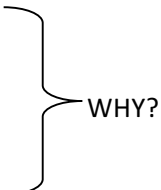- **How much of an influence do you think you had on your child's behaviour?**
o listen?
o Main influencer? Mum, dad, siblings?
o Positive?
o Negative?
o What factors effected how much influence you had on your child?

- **In what ways did you give your child independence during the programme?**

- **Why did you not provide your child with much independence?**
    o Doing it for themselves?
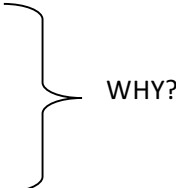    o Making them responsible for change?
    o WAS IT EASY? AGE?

- **Who do you think was most responsible for your child's success?**
    o Child?
    o Trainer?
    o Parent?        WHY?
    o Why?

- **What was your relationship like with trainer?**
  **Cause problems?**


- **What support did you receive as parents/guardians during your child's time on the programme?**
    - other family members?
    - Trainer?
    - Programme?
    - NONE: how did this make you feel?


- **Were there any times you felt negativity towards the programme?**
    - Pressure to succeed?
    - Money?
    - Time?                                        WHY?
    - Stress from lack of results?
    - Dread of weigh in?


- ❖ **LIFESTYLE/ BEHAVIOUR CHANGE**
- **How did your child being on the programme have an effect on your day to day life?**
    - **Negatives/ positives**
    - Sibling rivalry
    - Job
    - Holidays
    - Cooking
    - Home dynamic


- **How easy/ difficult was it to implement healthy changes into your child's lifestyle?**
    - Birthdays
    - Support from whole family? other family members
    - Shopping
    - Family time


- **Where there any particular events/ moments that were difficult for you as a parent during your child's time on the programme?**
    - Childs unhappiness/ disappointment
    - School holidays
    - Illness


- **In what ways did you try to tackle these difficult moments?**
    - How did it make you feel?

- **In what ways could your experience and your child's experience have been improved?**
  - More/ less involvement?
  - Encouragement?
  - More support from the programme?
  - What would you do differently?

## ENJOYMENT OF EXERCISE:

**Trainer 5**: 'It's all about trying to find them something... that they enjoy doing… if they find that thing that they enjoy doing it helps balance it a bit better'

**Trainer 2**: 'I think with the young live well's it's about finding something they like doing really as well.'

**Trainer 2:** 'With the adults you've got that... you know for their health reasons they're gonna need to do something. Whereas the kids you've still got that chance where you can find something they enjoy doing that they're gonna move forward and do all the time. Find a hobby or... some of them come in and they've not done anything at all so it's finding something that they like doing.'

**Trainer 1: '**If they find that thing that they enjoy doing it helps balance it a bit better instead of them just eating healthy and then still sitting at home on their computer games it's not gonna balance it out is it? So it's finding that, that thing that they do enjoy doing.'

**Trainer 6**: '[He liked] boxing, just watching it, so I got some pads and we did some pad work with him. So I think it's finding something that they enjoy and then adapting as well.'

**Trainer 1**: 'Before he came he'd never done exercise before. The first week we did badminton and now he loves doing it. He comes, like, with his Mum all the time.'

Appendix I: Thematic map

**TAILORED APPROACH**

**Tailored approach to exercise**      **tailored approach to healthy eating**

Enjoyment                                        food diary

Hobbies /          group/                    small changes        tailored info

interests          independent              to diet                    based on

                                                                              diet