

**'HEALTHY SCHOOLS' AND CHILDHOOD OBESITY: PROVISION AND
PERSPECTIVES WITHIN AN EXTENDED SERVICES CLUSTER ON
PSYCHOSOCIAL OUTCOMES FOR CHILDREN AND YOUNG PEOPLE WHO
ARE OVERWEIGHT OR OBESE: VOLUME ONE AND TWO (APPENDICES)**

VOLUME TWO (APPENDICES)

By

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**A thesis submitted to
The University of Birmingham
for the degree of
DOCTOR OF EDUCATIONAL PSYCHOLOGY**

**School of Education
College of Social Sciences
The University of Birmingham
August 2010**

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LIST OF CONTENTS

VOLUME 2

	Page
APPENDICES	
A1.1 Peer review article: Bromfield, P.V. (2009) Childhood obesity: psychosocial outcomes and the role of weight bias and stigma. Educational Psychology in Practice , 25 (3): 193–209	1
A1.2 An edited copy of the initial research proposal	12
A3.1 Contact summary form (CSF) adapted from Miles and Huberman (1994p53)	19
A3.2 Ethics Committee Form submitted June 2008	20
A3.3 Formal approval from Research Ethics Committee July 2008	27
A4.1 Consultation/invitation letter to the headteachers and governing bodies of all the schools in the 'Westfield' cluster summarising the research proposal and an invitation to participate in the research	28
A4.2 Invitation letter to the 'Westfield' cluster steering group through the Cluster Coordinator summarising the research proposal and an invitation to participate in the research	33
A4.3 Document summary form (DSF) adapted from Miles and Huberman (1994p55)	39
A4.4 Information Sheet and Consent Forms for Adult Providers	40
A4.5 Examples of a letters, including the overview of questions for the semi-structured interviews, sent to adult providers	43
A4.6 Information sheet and consent forms for parents'/carers' focus group meetings	48
A4.7 Final parent focus group schedule including response booklet and demographic questionnaire	50
A4.8 Revised flyer for the rescheduled parent focus group meeting	60

A4.9	Written overview to primary and secondary school headteachers (SS1, PS1 and PS2) of the proposed children group work within the study.	61
A4.10	Information sheet and consent form for parents of children participating in the primary and secondary advisory reference groups	63
A4.11	Information sheet and consent form for children participating in the primary advisory reference group (PARG)	65
A4.12	Information sheet and consent form for young people participating in the secondary advisory reference group (SARG)	67
A4.13	Final primary advisory reference group's schedule	69
A4.14	Final secondary advisory reference group's schedule	73
A4.15	Information sheet and consent form for parents of children and young people participating in the primary and secondary focus groups	77
A4.16	Information sheet and consent form for children participating in the primary focus group	79
A4.17	Information sheet and consent form for young people participating in the secondary focus groups	81
A4.18	Primary focus group's schedule	83
A4.19	Secondary focus groups' schedule	85
A4.20	Overviews of questions for the semi-structured interviews sent to the additional strategic participants	87
A4.21	Parents/Carers' meeting – written consent form to use views shared in the meeting	89
A4.22	Parents/Carers' meeting - information sheet including invitation to participate in a follow-up semi-structured interview.	90
A4.23	Example of a certificate of appreciation for children and young people who participated in an advisory reference or focus group	92
A6.1	Extracts (8 in total) from the transcripts of the semi-structured interviews with adult providers	93

A6.2	Extracts from the children and young people’s primary and secondary advisory reference groups (PARG and SARG) transcripts	101
A6.3	Extracts from CYP’s primary and secondary focus groups transcripts	110
A6.4	Table of the 115 deductive and inductive codes generated during Phase 2 of the Braun and Clarke’s (2006) thematic analysis model	128
A6.5	The 16 Categories that emerged from the collation of the 115 codes during Phase 3 Part 1 of the Braun and Clarke’s (2006) model	129
A6.6	Examples (3) of completed Contact Summary Forms	140
A6.7	An example of a completed Document Summary Form	145
A6.8	Extracts from ‘diary notes’	147
A6.9	Overview of deletions, mergers and names changes to the original 115 codes that led to revised list of distinct 107 codes	151
A6.10	The revised 13 categories and interconnected codes (145 including duplicate parallel codes)	152
A8.1	A summary of the research design ideas given by the primary and secondary advisory reference groups and their relation to the adopted research design.	155
A8.2	Bryman’s (2004) criteria to describe the successful interviewer (based on Kvale 1996)	156

LIST OF REFERENCES

APPENDIX 1.1 Peer review article: Bromfield, P. V. (2009) (Main text only, references listed on page 204-209 have been removed)

Please note the article extract that constituted Appendix 1.1 has been excluded from the electronic version of this thesis (pages 1-11 Volume 2).

The full reference for the original article is:

Bromfield, P.V. (2009) Childhood obesity: psychosocial outcomes and the role of weight bias and stigma **Educational Psychology in Practice**, 25 (3): 193–209

Appendix 1.2: An edited copy of the initial research proposal (Parts of Section 3 and 5 have been deleted as the content is repeated or referenced in the Literature Review chapter)

The format is based on the EdPsychD Research Proposal Form Record. The original version was formally submitted in September 2007

1. Working Title of Thesis

(This will be refined and revised as required as your research progresses).

Psychosocial outcomes for Children and Young People (CYP) who are overweight or obese: Provision and perspectives within an extended provision cluster.

2. The Focus of the Research

What are you going to research?

- The current evidence base on the psychosocial outcomes for CYP who are overweight and obese (OW/B) with particular reference to the ECM agenda.
- How the phenomenon of 'weight bias/stigma' relates to the causes, nature and consequences of these outcomes.
- Within an extended provision cluster, explore the rationale and nature of approaches regarding prevention and management of obesity and consider how they, alongside other indirect initiatives e.g. anti-bullying policies, serve to address potential negative psychosocial outcomes.
- Ascertain the views of CYP regarding the psychosocial experiences for young individuals who are OW/B and the universal and targeted provision in place particularly within their school settings. The particular views of OW/B CYP will be sought separately as well as alongside their non-OW/B peers.

3. Justification for the Research

Why do you want to undertake the research?

I have identified four potential outcomes to justify the utility of my research.

1. Enabling the voices of CYP who are OW/B to be heard.
2. To add to the relatively small evidence base of UK studies on the nature and implications of the psychosocial correlates of obesity in childhood.
3. To provide a critical review of the literature and research evidence to inform the practice of educational psychologists (EPs), who to date as a profession appear to have minimal engagement with the issue.
4. To enable the multi-agency partners of an extended provision cluster and individual schools within that community to consider the nature and the content of the framework by which they will choose to evaluate the impact of initiatives on childhood and adolescent obesity.

However I also acknowledge that my own experiences as fat child, adolescent and adult have also been an important driver in my professional interest and response in the debate.

4. Key Research Questions and / or Hypotheses

What do you hope to find out from this research?

The research questions can be described as exploratory rather than explanatory in nature.

1. What are the distinct experiences and views of OW/B CYP within an EPC who are participating in initiatives such as the NHSS?
2. What approaches partners, particularly schools, within an EPC regarding the prevention and management of obesity, are promoting. Do the shared perspectives on policy and practice indicate how such initiatives serve to address potential negative psychosocial outcomes?

5. What is Already Known About What You Propose to Research?

Who are the key writers and what are the key texts you have identified so far? What are their backgrounds and the motives that may underlie their work ('identity')? How far are their arguments and conclusions based upon values and theoretical assumptions

Appendix 1.2: An edited copy of the initial research proposal (Parts of Section 3 and 5 have been deleted as the content is repeated or referenced in the Literature Review chapter)

cf. research findings? What theoretical assumptions underpin their work, and to what extent are these implicit / explicit? Where argument is research-based, what epistemological and methodological paradigms are used? If there is diversity of orientation and approach, what are the relative strengths and weaknesses of each? How consistent are views / arguments / research findings in your chosen topic domain? How do you think the level of consistency / divergence may best be accounted for? Overall, what conclusions can be drawn, and with what level of confidence? Which ideas have you found most helpful? How have they refined your thinking? For this initial exercise, focus on six to eight texts.

A list of the key texts is given below. This is followed by a critical summary of the texts in turn. This is followed by a conclusion of key themes, ideas, reflections and changes in thought. Table 1.1 overleaf provides a brief summary of strengths and weaknesses of the selected articles.

a) Key texts

The first four key texts (see Table 1.2.) examined here are from the limited field of UK based research as ascertained by the literature review, on identifying the psychosocial outcomes for CYP. 3 articles are research studies. The fourth entails a systemic review of the literature (Wardle and Cooke 2005).

Table 1.2 UK articles on psychosocial outcomes

1. Sweeting, H., Wright, C. and Minnis, H. (2005.) Psychosocial correlates of adolescent obesity, 'slimming down' and 'becoming obese'. *Journal of Adolescent Health, 37*,409.e9-409.e17.
2. Wardle, J. and Cooke C (2005). The impact of obesity on psychological well-being. *Best Practice and Research Clinical Endocrinology and Metabolism, 19, 3, 421-440.*
3. Viner. R.M and Cole, T.J (2005) Adult socioeconomic, educational, social and psychological outcomes of childhood obesity: a national birth cohort. *BMJ, doi:10.1136/bmj.38453.422049.EO.*
4. Griffiths, L.J., Wolke, D., Page A.S., Horwood, J.P. (2006). Obesity and bullying: different effects for boys and girls. *Archives for Diseases in Childhood, 91, 121-125*

Another aspect of the research was to explore how theoretical frameworks on weight bias can enlighten perspectives on the causes of potential negative psychosocial outcomes and consequently inform community-based interventions in settings such as schools. Two key texts on stigma and obesity have been identified and are listed in Table 1.3 below.

Table 1.3. Chosen texts on Weight Bias and Stigma

5. Brownell, K.D. (2005) Introduction: The Social, Scientific, and Human Context of Prejudice and Discrimination Based on Weight. In K.D Brownell, R.M. Puhl, M.B Schwartz and L Rudd (Editors) *Weight Bias: Nature, Consequences and Remedies*. The Guildford Press: New York
6. Puhl, R.M. and Latner, J.D. (2007) Stigma, Obesity and the Health of the Nation's Children. *Psychological Bulletin, 133, 4, 557-580.*

Appendix 1.2: An edited copy of the initial research proposal (Parts of Section 3 and 5 have been deleted as the content is repeated or referenced in the Literature Review chapter)

Another area for exploration was the positioning of obesity as a diversity issue. The following article in Table 1.4 was chosen

Table 1.4 Chosen text with regard to obesity as a diversity issue

7. Evans, J., Rich, E. and Davies, B. (2004) *The Emperor's New Clothes: Fat Thin, and Overweight. The Social Fabrication of Risk and Ill Health. Journal of Teaching in Physical Education, 23, 372-391.*

A: UK based studies on psychosocial correlates on obesity

The four key texts explored here have common features: -

- Most of the authors are based in academic university departments that carry out medical and public health related research.
- Empirical/positivist/quantitative approaches have been clearly adopted. This can be seen by the language, instruments and objective stance adopted by the authors.
- The articles do not provide any explicit views regarding the philosophical assumptions unpinning the research. Again one could argue that such omissions are simply reflective of a positivist stance. There is no need to consider and debate alternative ontological and epistemological positions as there are no other reality and no other ways to know it. Positivism is assumed to be unproblematic as an epistemology (Usher 1996).
- The purpose of the all the studies including the systematic review was to explore potential causal or correlational relationships between obesity and negative psychosocial consequences.
- As with the US based studies, the findings are inconsistent between the studies.

c) Conclusion

- With regard to negative psychosocial correlates of obesity including weight stigma, the research to date has not produced conclusive results. The different methods and measures used in the differing studies study may account for some of the inconsistency. However equally importantly the research may also reflect the heterogeneity and the strength of resilience factors with the population of CYP who are OW/B
- The voice of the researchers is stronger than the voices of the child. This is indicative of approaches to research that adopt a stance of research 'on' children rather than research 'with' children (Aubrey and Dahl 2006, Hill and Lissau 2002).
- More research should identify and challenge when appropriate what aspects of the health promotion agenda in schools are increasing or decreasing the risk of weight bias behaviours in schools and the associated potential psychosocial outcomes.

Appendix 1.2: An edited copy of the initial research proposal (Parts of Section 3 and 5 have been deleted as the content is repeated or referenced in the Literature Review chapter)

Authors	Design	Theoretical assumptions or methodological paradigms	Strengths	Weaknesses
1. Sweeting et al 2005	Longitudinal/Cohort population study with 2586-2196 participants	Quantitative	Addresses gap of limited UK based cohort studies on obesity and psychosocial correlates in children and young people. The origins, purpose, and appropriate use of statistical tests were described	Reliance on survey data to elicit the views of participants led to limited experiential data. Conceptual analysis of resilience factors speculative rather than evidence based.
2. Wardle and Cooke 2005	Examination of recent evidence on relationship between childhood obesity and 3	Quantitative	Comprehensive review of clinical and population studies. Offer practice points and directions for future research.	Lack of specific reference and implications to UK context
3. Viner and Cole 2005	Statistical analysis of existing electronic data	Quantitative	Study was able to separate effects of childhood obesity from that of persistent child and adult and adult onset obesity.	Authors do point to some selective methodological limits. They do not highlight the initial data was not collected to specific looking at the relationship between obesity and psychological correlates. Issues about validity of measures to test relationship.
4. Griffiths et al 2005	Longitudinal/Cohort study. 1 year follow up.	Quantitative	One of the few UK articles investigating the relationship between obesity and bullying. Acknowledge future qualitative studies can provide 'fruitful information about relationship	Known correlates of teasing/bullying not controlled for e.g. race and disability.
5. Brownell 2005	Theoretical. Introductory chapter in seminal text on weight bias	Positivist. Promotion of 'science' to investigate weight bias and stigma	Clarification of definition and terms in the field	Proposed conceptual framework limited.
6. Puhl and Latner 2007	Review of existing literature on weight stigma	Appear to favour quantitative designs but acknowledge the value of qualitative methods	Give rationale of how review conducted. Highlight the strengths and weaknesses of the different research designs. Tabular summary of conclusion of research areas and directions of future research.	Convictions about the reality of stigma spilling over the lack of evidence base that the reality is actually having any impact on psychosocial outcomes.
7. Evans et al 2004	Theoretical commentary but with reference to recent qualitative study	Qualitative study described as a case study and use of ethnographic approaches.	Challenges the certainty of 'science' with its discourse on obesity. Provides a model of a qualitative study	Specificity with physical education. Only provides answer that that there are dangers to the 'thin idea" and not explicitly that it is legitimate to be overweight or obese.

Only one of the three research studies mentioned ethical considerations explicitly (Viner and Cole 2005).

Appendix 1.2: An edited copy of the initial research proposal (Parts of Section 3 and 5 have been deleted as the content is repeated or referenced in the Literature Review chapter)

6. What Approach and Method Will You Hope to Employ?

How will you carry out your own research, to ensure that it offers a logical development from previous research and makes an original contribution to knowledge / theory development? What methodologies, research design and methods will you use? What epistemological assumptions underpin your choices? What is your rationale (i.e. Why these approaches and methods and not others?)

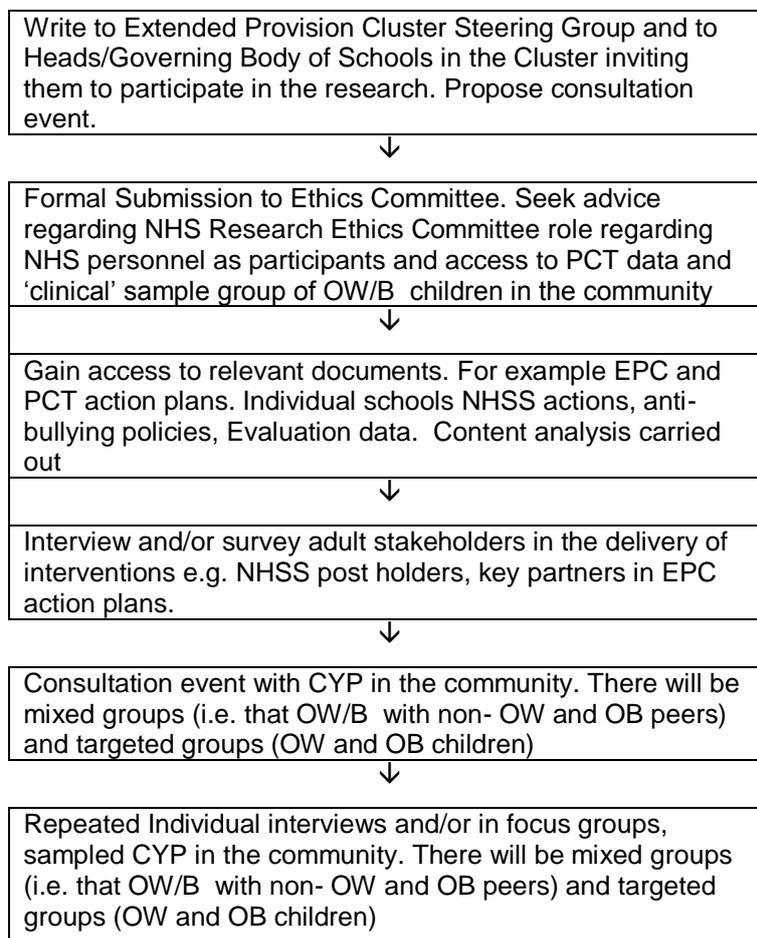
The utility of this proposed research is already indicated above.

I would like to adopt a pragmatic and eclectic approach to my proposed research, which allows whatever philosophical or methodological approach works best for a particular research question (Robson 2002).

The design will be predominately interpretative in nature. I do not think it is possible for me to adopt a value free position on obesity in exploring the phenomena. I do not want my subjectivity to be eliminated as a factor in the knowledge claim. I acknowledge the tension that I want to be 'scientific' but at the same time 'critical' and reflective. There will be the conscious attempt to incorporate emancipatory paradigm principles through my interest in Critical Psychology approaches (Prillensky and Nelson 2002). Quantitative methods such as an audit survey will be used to support aspects of the data collection.

Figure 1.2. below is the proposed design of the study

Figure 1.2 Design of study



Appendix 1.2: An edited copy of the initial research proposal (Parts of Section 3 and 5 have been deleted as the content is repeated or referenced in the Literature Review chapter)

In Summary, Indicate Ways in which Your Planned Study will Make an Original Contribution to Knowledge / Theory Development

The priority of this research is not theory generation but to provide a means for a community to tell its story about its approach to obesity and provide a voice to the CYP who are being targeted. To summarise Sim (1998) as quoted in Robson (2002), data gained from a particular study may provide theoretical insights *and recommendations for actions*, which possess a sufficient degree of generality or universality to allow their projection to other contexts and situations.

7. What Ethical Challenges Might You Encounter in Your Research? What Can You Do About Them?

These might include informed consent, access, confidentiality, terms of involvement, withdrawal, status relationships, data ownership, thesis accessibility, etc.

As a psychologist, thinking about ethics should pervade all professional activity including research (BPS 2006). In considering research governance, all the steps in my research should reflect the Code of Ethics of the British Psychological Society (BPS 2006). I also need to adhere to the Revised Ethical Guidelines for Educational Research published by the British Educational Research (BERA 2004).

I have summarised the main ethical considerations below in Table 1.5 below. A copy of the Ethics Committee form (EC2) that I intend to submit can be found in Appendix 3.

Table 1.5 Main Ethical Considerations for Research

Aspects	Steps taken to ensure Defensible Practice
Recruitment of participants	Adults Write to key stakeholders in the delivering of provision with an EPC e.g. Steering Group, Multi-agency group, Heads, Governing Bodies, NHS practitioners, voluntary agencies. Possibility of using the regular multi-agency group and steering group meetings as a consultation event. When named persons have been identified for interviews, write to request participation in project Children – Open recruitment via schools and parents. Possibility of exploring access to OV and OB participants by NHS initiatives
Consent	Voluntary and informed consent. Chains or hierarchies of consent will be particularly considered with work with CYP. Agreement from Heads and parent/carer/s as well as the CYP themselves. Consideration of Ladder of Participation model
Withdrawal	Rights to withdraw from study made explicit and communicated effectively with written and verbal communication> Need to take account of power dynamics in children and adult roles. Need to ensure that activities with CYP that take place in school settings take account of culture and positioning of children where rights of withdrawal will only have been practised subversively or would not in most cases be construed as such by CYP.
Confidentiality	Confidentiality and anonymity of participants ensured by removing any personal references to names and community settings. Clear confidentially ground rules established in focus groups.
Detrimental effects	Obesity may be an emotional difficult subject for participant as well as researcher. Ensure participants have access to debrief/aftercare after interviews. Researcher to use formal and informal support in the form of tutor and peer supervision.
Storage and handling of data	Adhere to Local Authority's data protection guidelines. Storage files and boxes of documents, transcripts and recordings marked confidential. Destroy unwanted copies.

**Appendix 1.2: An edited copy of the initial research proposal
(Parts of Section 3 and 5 have been deleted as the content is repeated or
referenced in the Literature Review chapter)**

Harmful or illegal behaviour	Ensure interviews take place in negotiated safe spaces within school and community settings for both the researcher and participants. Researcher is subject to an enhanced CRB clearance. Ensure any adult research partner subject that might support focus groups or interviews have required CRB clearance. Adhere to Child Protection Policies
Subterfuge	I do not envisage any research activity will be undisclosed. There will be a need to ensure that participants' recognises that the study will entail challenges. E.g. provision for prevention and management of obesity may have the intent of promoting well-being but in fact may be undermining it.
Dissemination of findings.	Written reports to EPC and schools. Summary of findings to children research participants

8. What Time-table do You Hope to Work Toward?

What do you need to do? How long will this take? What difficulties might you expect to meet? How might you plan for these? (It may be helpful to sketch out your planned time-table or time-line in tabular or figurative format).

Table 1.6 Research timetable

Start Date	Activity	Issues	Completion Date
April 2007	Finalise research proposal		September 2007
January 2007	Specialised Research Module		September 2007
October 2007	Data Collection and analysis	Consult and negotiate participation of identified EPC. Approval by ethics committee before data collection	October 2008
November 2008	Analysis and Discussion	Familiarity and competency with approaches.	March 2009
April 2009	Discussion and Conclusion		August 2009
September 2009	Submission		September 2009

The ongoing key challenge throughout the whole process will be negotiating and achieving the appropriate balance of full time work commitments, doctoral studies and a personal life.

10. To Whom and How Will You Report Your Findings?

For what purposes and in what forms? What will be its impact?

The following will be the major recipients of the research findings:-

- research participants (throughout the research process as well as a summative feedback via oral and written mediums);
- feedback to local EPS;
- journal submission to professional community;
- poster or workshop presentation within University department ; and
- seminars within the local authority.

Research will influence community and local initiatives. Journal publication may influence national policy discourses on the management of childhood obesity.

Appendix 3.1: Contact summary form (CSF) based on Miles and Huberman (1994 p53) *Italic font type used in this copy indicates the original headings from the Miles and Huberman's version*

Contact type:

Visit _____

Phone _____

Site:

Contact date

1. Main issues or themes that struck you

2. Summarize the salient points you got (or failed to get) on each of the target questions

3. Anything else that struck you as salient, interesting, illuminating or important?

4. What new or remaining target questions do you have in considering the next contact.

5. Process

6. Reflections

Appendix 3.2: Ethics Committee Form submitted June 2008: appendices not included

Form EC2 for POSTGRADUATE RESEARCH (PGR) STUDENTS MPhil(A), MPhil(B), MPhil/PhD, EdD, PhD IS

This form MUST be completed by ALL students studying for postgraduate research degrees and can be included as part of the thesis even in cases where no formal submission is made to the Ethics Committee. Supervisors are also responsible for checking and conforming to the ethical guidelines and frameworks of other societies, bodies or agencies that may be relevant to the student's work.

Tracking the Form

- I. Part A completed by the student
- II. Part B completed by the supervisor
- III. Supervisor refers proposal to Ethics Committee if necessary
- IV. Supervisor keeps a copy of the form and send the original to the Student Research Office, School of Education
- V. Student Research Office – form signed by Management Team, original kept in student file.

Part A: to be completed by the STUDENT

NAME: PAULINE V BROMFIELD

COURSE OF STUDY (MPhil; PhD; EdD etc):

ED.PSYCH.D

POSTAL ADDRESS FOR REPLY:

[REDACTED]

CONTACT TELEPHONE NUMBER:

[REDACTED]

EMAIL ADDRESS:

[REDACTED]

DATE:

16.06.08

NAME OF SUPERVISOR:

MRS SUSAN K MORRIS

Appendix 3.2: Ethics Committee Form submitted June 2008: appendices not included

PROPOSED PROJECT TITLE:

Psycho-social outcomes for Children and Young People (CYP) who are overweight or obese:
Provision and perspectives within an Extended Provision Cluster.

BRIEF OUTLINE OF PROJECT: (100-250 words; this may be attached separately)

I intend to review

- the current evidence base on the psychosocial correlates for CYP who are overweight and obese (OW/B) with particular reference to the desired outcomes of the ECM agenda; and
- the literature on the phenomenon of 'weight bias/stigma', as it relates to the causes, nature and consequences of childhood obesity.

The focus of the design of my study will entail: -

- within an extended provision cluster (EPC), an exploration of the rationale and nature of approaches delivered by key providers, regarding prevention and management of childhood obesity. There will be a consideration of how these approaches, alongside other indirect initiatives e.g. anti-bullying policies, serve to address potential negative psychosocial outcomes; and
- ascertaining the views of parents/carers and CYP regarding the psychosocial experiences for young individuals who are OW/B and the nature of the provision in place, particularly within the school settings. Where possible, the particular views of OW/B CYP will be included.

MAIN ETHICAL CONSIDERATION(S) OF THE PROJECT (e.g. working with vulnerable adults; children with disabilities; photographs of participants; material that could give offence etc):

- Considering how the stakeholder groups most affected by the construed problem can participate more actively in the design and implementation of the research.
- Working with children and young people.
- Working with a targeted group of children and young people who have been identified as OW/B. The research evidence has highlighted this group as at risk and possibly vulnerable with regard to psychosocial outcomes. Gott (2003) argues that identifying any vulnerable individual or groups carries its own risks and maybe counterproductive to inclusion.

As a psychologist, thinking about ethics should pervade all professional activity including research (BPS 2006). In considering research governance, all the steps in my research should reflect the Code of Ethics of the British Psychological Society (BPS 2006). I also need to adhere to the Revised Ethical Guidelines for Educational Research published by the British Educational Research (BERA 2004).

RESEARCH FUNDING AGENCY (if any):

Until August 31st 2008, the fees for the doctoral programme will be paid by my employer, the . During the period of funding, I do not believe that there have been or will be conflicts of interests with regard to my roles as an employee and a funded researcher that undermine the integrity of this study.

Appendix 3.2: Ethics Committee Form submitted June 2008: appendices not included

DURATION OF PROPOSED PROJECT (please provide dates as month/year):

Start Date	Activity	Ethical Issues	Completion Date
Spring 2008	Consult and negotiate participation of identified EPC. Identify and begin to approach key stakeholders.	Informed Consent. Clear boundaries between normal EPS service delivery and research activities.	June 2008 Ongoing until completion of study
Summer 2008	PHASE 1 Document analysis of relevant cluster and school documentation. For example, the National Healthy School Standard action plan, anti-bullying and inclusion policies.	Approval by ethics committee before data collection. Implementing protocols to ensure anonymity of accessed documents.	July 2008
Summer/Autumn 2008	PHASE 1 Questionnaire survey and/or semi-structured interviews with key lead staff to complete audit and gain data on perspectives of key providers	Recruitment and informed consent of participants. Familiarity and competency with interview approaches.	September 2008
Autumn Term 2008	PHASE 2 Consultation/focus group events with parents/carers and children and young people PHASE 3? Individual interviews with parents/carers	Recruitment and informed consent of participants. Familiarity and competency with approaches.	December 2008
Winter 2008/09	Completion of data collection and analysis	Facilitating participants' feedback.	March 2009
April 2009	Completion of Thesis		September 2009

DATE YOU WISH TO START DATA COLLECTION:

June 2008

Please provide details on the following aspects of the research:

1. What are your intended methods of recruitment, data collection and analysis? [see note 1]

Please outline (in 100-250 words) the intended methods for your project and give what detail you can. However, it is not expected that you will be able to answer fully these questions at the proposal stage.

As an Educational Psychologist, I have a range of roles in a number of Extended Provision Clusters (EPCs) in the . I have negotiated with one of these clusters to collaborate on this project. This has and will continue to involve consultation meetings with the Steering Group of the EPC including verbal and/or written communication to the Heads

Appendix 3.2: Ethics Committee Form submitted June 2008: appendices not included

of the Schools in the Cluster and relevant partners. As indicated above there are 2, possibly 3 main phases to the study.

PHASE 1: Following the initial consultations, key providers have been identified and lead staff involved will be approached individually with an invitation to participate in the study. Currently the providers include one secondary school, two primary schools and a Children Centre. Although the Heads of these settings have agreed the setting's participation, it is still necessary to secure the individual consent of staff identified as lead contacts.

PHASE 2: It is envisaged that the initial points of contacts with parents/carers and CYP will be through already existing groups/ forums within the cluster. It is hoped that a working relationship can be developed over a series of sessions in particular the work with CYP. Exploring and securing the setting up of a reference/advisory group of CYP to support the development of this phase work with CYP would be a valuable aspect to this study and something I intend to explore in consultation with contacts within the EPC.

Due to ethical considerations, the open recruitment process can not involve actively targeting or encouraging the self selection of parents/carers of CYP who are OW/B. This will also be the case with regard to the recruitment of CYP. There also has to be the rationale that I cannot have or use objective measures or my own judgements of weight status. The studies will therefore, focus on parents'/carers' and children and young people's views on 'perceived weight status'. In these 'universal' forums , [i.e. groups of people who express an interest in being part of the research study but who are not selected on the basis of actual weight status] , the views of parents/carers about concerns about their child's weight status will be collected via a confidential process through a simple demographic form (Appendix 8).

In addition to this open process, a potential recruitment route for CYP who identify themselves as OW/B is to ascertain whether there are any targeted or specialist community provision initiatives already existing in the cluster and working with this group and to consider whether these are appropriate forums to invite participation.

PHASE 3: This phase is dependent on the outcomes of Phase 2. As indicated above, as part of the focus group meetings with parents/carers, basic demographic data will be collected alongside some self-evaluation data about concern about a CYP's weight status. Parents/carers who indicate concern about their child's weight status will be invited to participate in follow up individual interview to share more about their concerns and whether the provision in place has been helpful or unhelpful to their child.

The research is an exploratory study and a pragmatic design is being developed to reflect a mixed methods approach. As indicated above quantitative and qualitative methods of data collection will be used. The quantitative methods are linked to the audit process to quantify the number, type and frequency of activities taking place in the cluster that can be linked directly or indirectly to the management and prevention of obesity. The qualitative data will be obtained by the use of semi-structured interviews and focus groups

Appendices are attached that include the initial drafts of the semi-structured interview and focus groups schedules for providers, parents/carers and CYP in Phase 1 and 2 (Appendix 1-7). Analytical approaches may change or develop during the course of the project but are anticipated to include:

- Statistical analysis of questionnaire data
 - Content analysis of written documents, such as policies and action plans
 - Thematic analysis of qualitative interview/focus group data
3. How will you make sure that all participants understand the process in which they are to be engaged and that they provide their voluntary and informed consent? If the study involves working with children or other vulnerable groups, how have you considered their rights and protection? **[see note 2]**

Appendix 3.2: Ethics Committee Form submitted June 2008: appendices not included

Respect for autonomy of participants will underlie the processes involved. Participation in the research is not compulsory and is reliant on volunteers. I need to ensure that the research design takes into account that there may be biases in the voluntary self-selection of participants. Participants will be informed about the process in which they are to be engaged, including why their participation is sought and will be valuable, how it will be used and how and to whom it will be reported. This will involve ongoing consultation, sharing of information, appropriate debriefing about the purpose of the research, its conduct, and how participants were selected to take part of the study. It will be imperative to use clear, jargon-free communication. I will inform participants that they are able to reject the use of data-gathering devices e.g. tape recorders.

Special consideration of the nature of these processes will be given with regard to children and young people as participants. The research aims to develop an inclusive and participatory focus through the research design. A starting point was the awareness that the design of the research would be influenced by the model of 'childhood' and the consequent researcher-child relationship (Alderson 2005). Although I see the 'ladder of participation' model (Hart 1992) as a key framework to drive the conduct of my research there is also the need to ensure the model is appropriate to the specific contexts of the research. I also need to ascertain how and indeed if, the children and young people wish to be involved. One key issue will be resolving the challenges of the chain or hierarchies of consent. Agreement will have to be gained from Heads of Schools and parents/carers as well as the children and young people themselves. Again, the setting up of a reference/advisory group of children and young people may be a way forward. The recruitment, informed consent and voluntary participation of the children and young people involved in this reference/advisory group must be subject to the same rigorous ethical framework as for other participants in this study. Draft Information Sheets and Consent forms can be found in the Appendices.

3. How will you make sure that participants clearly understand their right to withdraw from the study?

At all stages of the research, participants will be advised verbally and in written form of, their rights to withdraw from the study. The language used in communication must be concise and clear. With regard to CYP, my research practice needs to demonstrate an awareness of the implications of the power dynamics in children and adult roles. I will need to ensure that activities with CYP take that place in school settings take account of the culture and positioning of children where rights of withdrawal will only have been practised subversively or would not in most cases be construed as such by CYP. Again the potential use of CYP Reference Group could be one way to explore CYP views on their roles in the research. I also envisage that the first of the focus group sessions with CYP will be spent discussing and agreeing the ground rules of their participation.

4. Please describe how you will ensure the confidentiality and anonymity of participants. Where this is not guaranteed, please justify your approach. **[see note 3]**

Removing any personal references to names and community settings will ensure confidentiality and anonymity of participants. Coding information will be stored securely in locked draws in my home office. If materials need to be brought to my work office, they also shall be secured in a locked space. Following the completion of the study, all the data will be stored securely at my home and will be destroyed after the period of time set by University guidelines. Clear confidentiality ground rules will be established in focus groups.

5. Describe any possible detrimental effects of the study and your strategies for dealing with them. **[see note 4]**

I need to take steps to ensure the research causes the least possible disruption to the on-going life of the participants and groups involved. This relates to the core principles of

Appendix 3.2: Ethics Committee Form submitted June 2008: appendices not included

beneficence and non-maleficence to participants that has to underpin the design and implementation of the research. Research questions and methods that concentrate on children's needs and failings are in danger of emphasising problems and deficits. This can increase shame, stigma, prejudice and disadvantage for the whole group of the children related to the project. Rigorous reflexivity will be key vehicle to ensure that throughout all stages of the research, I will "first do no harm" (O' Dea 2001)

The interviews and focus groups will take place in negotiated safe spaces within school and community settings for both the researcher and participants. The Heads of the Schools who are participating in the study have agreed in principle for the schools to be used as venues. There are established community venues known to me that can be offered as alternatives.

There will be a need to consider appropriate approaches to involve participants in decisions about the write up and dissemination of the report. Obesity may be an emotionally difficult subject for participants as well as myself as the researcher. It will be important that a period for debrief is an integral part of the interview time frame. I will have to ensure that I have done sufficient research to signpost appropriate organisations/agencies that participants may find helpful. Given my professional experience and work context, I am highly skilled and experienced in working with CYP in emotionally difficult circumstances.

I

6. How will you ensure the safe and appropriate storage and handling of data?

I have to adhere to the Local Authority's and the University of Birmingham's data protection guidelines. Storage files and boxes of documents, transcripts and recordings will be marked confidential and kept in secure storage. I will follow the University's guidelines on when unwanted copies of materials including raw data are to be destroyed.

7. If during the course of the research you are made aware of harmful or illegal behaviour, how do you intend to handle disclosure or nondisclosure of such information? [see note 5]

I have to adhere to the Local Authority' Safeguarding/Child Protection policies and procedures with regard to disclosures relating to children and young people.

The British Psychological Society "Ethics and Code of Conduct" (2006) as well as the BERA Educational Research Guidelines (2004) will serve as the framework to handle other forms of disclosure or non disclosure by adult participants.

8. If the research design demands some degree of subterfuge or undisclosed research activity, how have you justified this and how and when will this be discussed with participants?

I do not envisage any research activity will be undisclosed. There will be a need to ensure that participants recognise that the study will entail challenges. For example, Local Authority personnel involved in implementing service provision may be involved in discussions about provision for prevention and management of obesity which may have the intent of promoting well-being but in fact may undermine it.

9. How do you intend to disseminate your research findings to participants?

It is good practice to debrief participants at the conclusion of the research and to provide them with copies of any reports or other publications arising from their participation. Where this is impractical, alternative means should be used to ensure participants are informed of

Appendix 3.2: Ethics Committee Form submitted June 2008: appendices not included

the outcomes. Participants' views on the nature of these means will be sought during the course of the study.

APPENDICES

- Appendix 1: Questions to providers
- Appendix 2: Questions to parents/carers
- Appendix 3: Questions to CYP.
- Appendix 4: Information and Consent Form for Providers
- Appendix 5: Information and Consent Form for Parents and Carers - Focus Group
- Appendix 6: Information and Consent Form for Parents and Carers of CYP participants
- Appendix 7: Information and Consent Form to CYP
- Appendix 8: Demographic Record Form to Parents and Carers- Focus Group

REFERENCES

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- BERA (2004) Revised *Ethical Guidelines for Educational Research*. Nottingham: British Educational Research Association.
- British Psychological Society (BPS) (2006) *The Code of Conduct and Ethics*. Leicester: British Psychological Society
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Appendix 3.3: Formal Approval from Research Ethics Committee

Pauline Bromfield

CC Sue Morrish

22nd July, 2008

Dear Pauline,

PROJECT TITLE: Psychosocial outcomes for Children and Young People (CYP) who are overweight or obese: Provision and perspectives within an extended provision cluster.

The School of Education Research Ethics committee has carefully considered your submitted proposal for the above project and finds it ethically sound. Careful thought has clearly gone into the ethical considerations and you have provided detailed and appropriate information.

Please accept this letter and signed copy of the EC2 as formal approval.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Christine Corcoran', followed by a period.

Christine Corcoran
Chair – Research Ethics Committee
School of Education

Encs: EC2

**Appendix 4.1: Consultation/invitation letter to the headteachers and governing bodies of all the schools in the 'Westfield' cluster summarising the research proposal and an invitation to participate in the research
24th November 2007**

Headteacher
[REDACTED]

Dear Head Teacher and Chair of Governing Body

Re: Research exploring the psychosocial impact of obesity during childhood and adolescence

Through my work in schools and other community settings in my role as an educational psychologist, and through my studies toward my research degree at the University of Birmingham, I have become very interested in the outcomes and experiences of overweight and clinically obese children and young people, as their health needs become an increasingly prominent focus of work within school settings and extended school/provision clusters.

I have made the broad area of exploring the psychosocial impact for children and young people who are overweight or obese with particular reference to the desired outcomes of the Every Child Matters agenda, the focus of my research. I am also interested in the impact on overweight/obese children and young people of the health promotion messages, and the universal and targeted interventions provided to encourage them to adopt healthy living lifestyles. I would also like to explore how other indirect initiatives e.g. anti-bullying, inclusion policies also serve to address potential negative psychosocial outcomes such as the impact of weight stigma.

I am interested in the views of key stakeholders within the community of the [REDACTED] Extended Provision Cluster. In particular, the shared **and different perspectives of children's and young people across the full spectrum of weight status.**

I very much hope to secure the support and participation of the seven schools and the Children Centre in the [REDACTED] Extended

Appendix 4.1: Consultation/invitation letter to the headteachers and governing bodies of all the schools in the 'Westfield' cluster summarising the research proposal and an invitation to participate in the research

Provision Cluster in order to take this research forward. I hope to undertake my research within your school and others in the cluster both because I feel I have an established and positive working relationships within community as a Visiting Educational Psychologist, which offer a strong starting point for the research, and because I feel I have a good understanding of the needs of the local community and the ways in which the schools seek to meet the needs of children and families within the area. I know that the current action plan of the Extended Provision Cluster has highlighted obesity as a target for action and provision. The research activities will be an additional aspect to the current service delivery given to the schools and the cluster.

Additionally, I would hope that my own research can further enhance the capability within schools and the Cluster to address the needs of affected children, young people and families with increased sensitivity, skill and overall effectiveness, and contain some of the risks that might otherwise occur through the health promotion / obesity reduction strategy.

I have appended overleaf a time-line which aims to give some idea of the proposed steps I hope to follow and their approximate timing, and the implications for you as a school, in terms of documentation to which I would need access, along with time to meet key staff and representatives of your pupil and parent groups.

I have also attached a short response form on which I have asked you to indicate whether you are willing, in principle, to discuss this request for some of my research to be undertaken in your school, or prefer to decline this request. I will also be writing to the Steering Group of XXXXXXXX Extended Provision Cluster for their support for this research.

Thank you very much for your consideration of this matter. I would appreciate it if you could complete the reply slip and return it to me in the enclosed stamped addressed envelope to indicate your interest in the study by **December 17th 2007.**

Yours sincerely

Pauline V Bromfield
[Redacted]

**Appendix 4.1: Consultation/invitation letter to the headteachers and governing bodies of all the schools in the ‘Westfield’ cluster summarising the research proposal and an invitation to participate in the research
Research exploring the psychosocial impact of obesity during childhood and adolescence**

Study Aims:

To enable the multi-agency partners of an extended provision cluster and individual schools within that community to consider the nature and the content of the framework by which they choose to intervene and evaluate the impact of initiatives on childhood and adolescent obesity

Enabling the voices of children and young people who are overweight or obese to be heard

To add to the relatively small evidence base of UK studies, on the nature and implications of the psychosocial correlates of obesity in childhood and adolescence.

Planned Research Procedure:

Approx. timing	Actions	Practical implications for the school
Spring Term 2008	Document analysis of relevant school documentation. For example , the National Healthy School Standard action plan, anti-bullying and inclusion policies	Access to and copies of requested documents
Spring /Summer Term 2008	Questionnaire survey to key lead staff with a sub-sample of participants to take part in semi-structured interviews.	Release time for staff to engage in requested actions. Provision of a meeting space within the school setting
Summer/Autumn Term 2008	Consultation/focus group events and interviews with parents/carers and children and young people	To support the process of open recruitment and gaining informed parental and child and young people consent. Provision of a meeting space within the school setting

Appendix 4.1: Consultation/invitation letter to the headteachers and governing bodies of all the schools in the 'Westfield' cluster summarising the research proposal and an invitation to participate in the research

Key Ethical considerations:

Steps will be taken to ensure defensible practice in the following areas.

1. Recruitment of participants – Participants will be engaged by voluntary and informed consent and the purpose of the study will be made transparent. Rights to withdraw from the study will be made explicit at each stage of engagement.

2. Confidentiality – Confidentiality and anonymity of participants will be ensured by removing any personal references to names and community settings.

3. Storage and Handling of Data - Local authority data protection guidelines will be adhered to. Unwanted copies of documents will be destroyed following the completion of the research.

4. Detrimental effects – Ensure participants have access to debrief/aftercare after interviews.

5. Dissemination of findings - Written reports to schools and the Extended Provision Cluster steering group. Summary of findings to children research participants.

Expected Benefits for the School, Cluster and Community:

1. A comprehensive audit and review of current provision with regard to obesity
2. Through an evidence base inform the practice of key stakeholders to improve provision.
3. Supporting the consultation processes of children and young people with regard to how their needs can be met.
- 4.** Improve the ECM outcomes of overweight and obese children and young people in the school and cluster.

**Appendix 4.1: Consultation/invitation letter to the headteachers and governing bodies of all the schools in the 'Westfield' cluster summarising the research proposal and an invitation to participate in the research
REPLY SLIP**

Childhood and Adolescent Obesity Research Study

[Redacted]

School / Setting

[Redacted]

- Yes**, I am interested in taking part in the study and will await further contact to discuss implications of participation for our school

- No**, I would prefer not to be involved in the study

Signed _____ Date _____

Please print name:

Appendix 4. 2: Invitation letter to the ‘Westfield’ cluster steering group through the Cluster Coordinator summarising the research proposal and an invitation to participate in the research

24th November 2007

Steering Group of [REDACTED] Extended Provision Cluster
[REDACTED]

Dear Steering Group of [REDACTED]X Extended Provision Cluster

Re: Research exploring the psychosocial impact of obesity during childhood and adolescence

Through my work in schools and other community settings in my role as an educational psychologist, and through my studies toward my research degree at the University of Birmingham, I have become very interested in the outcomes and experiences of overweight and clinically obese children and young people, as their health needs become an increasingly prominent focus of work within school settings and extended school/provision clusters.

I have made the broad area of exploring the psychosocial impact for children and young people who are overweight or obese with particular reference to the desired outcomes of the Every Child Matters agenda, the focus of my research. I am also interested in the impact on overweight/obese children of the health promotion messages, and the universal and targeted interventions provided to encourage them to adopt healthy living lifestyles. I would also like to explore how other indirect initiatives e.g. anti-bullying, inclusion policies serve to address potential negative psychosocial outcomes such as the impact of weight stigma.

I am interested in the views of key stakeholders within the community of the [REDACTED] Extended Provision Cluster. In particular, the shared **and different perspectives of children’s and young people’s across the full spectrum of weight status.**

I very much hope to secure the support and participation of the partners within the Extended Provision Cluster in particular the seven schools and the Children Centre in the cluster in order to take

Appendix 4. 2: Invitation letter to the 'Westfield' cluster steering group through the Cluster Coordinator summarising the research proposal and an invitation to participate in the research

this research forward. I hope to undertake my research within the cluster both because I feel I have an established and positive working relationships within the community as a Visiting Educational Psychologist, which offer a strong starting point for the research, and because I feel I have a good understanding of the needs of the local community and the ways in which the schools seek to meet the needs of children and families within the area. I know that the current action plan of the Extended Provision Cluster has highlighted obesity as a target for action and provision.

Additionally, I would hope that my own research can further enhance the capability within schools and the Cluster to address the needs of affected children, young people and families with increased sensitivity, skill and overall effectiveness, and contain some of the risks that might otherwise occur through the health promotion / obesity reduction strategy.

I have appended overleaf a time-line which aims to give some idea of the proposed steps I hope to follow and their approximate timing, and the implications for you as a steering group, in terms of documentation to which I would need access, along with time to meet key partners including representatives of parents/carers and children and young people groups

I have also attached a short response form on which I have asked you to indicate whether you are willing, in principle, to discuss this request for some of my research to be undertaken in cluster, or prefer to decline this request. I have also written individually to the Heads of the schools and [REDACTED]

Thank you very much for your consideration of this matter. I would appreciate it if you could complete the reply slip and return it to me in the enclosed stamped addressed envelope to indicate your interest in the study by **December 13th 2007**

Yours sincerely

Pauline V Bromfield
[REDACTED]

(Part-Time Student on Educational Psychology Doctoral Programme, University of Birmingham)

Appendix 4. 2: Invitation letter to the ‘Westfield’ cluster steering group through the Cluster Coordinator summarising the research proposal and an invitation to participate in the research

Research exploring the psychosocial impact of obesity during childhood and adolescence

Study Aims:

To enable the multi-agency partners of an extended provision cluster and individual schools within that community to consider the nature and the content of the framework by which they choose to intervene and evaluate the impact of initiatives on childhood and adolescent obesity

Enabling the voices of children and young people who are overweight or obese to be heard

To add to the relatively small evidence base of UK studies, on the nature and implications of the psychosocial correlates of obesity in childhood.

Planned Research Procedure:

Approx. timing	Actions	Practical implications for the Steering Group
Spring Term 2008	Document analysis of relevant EPC documentation e.g. 07/08 and 08/09 action plans, audit information.	Access to and copies of requested documents
Spring /Summer Term 2008	Questionnaire survey to key partners/providers with a sub-sample of participants to take part in semi-structured interviews.	To support researcher’s request to meet partners/providers. To support researcher’s access to and use of a meeting space within the cluster setting
Autumn Term 2008	Consultation/focus group events and interviews with parents/careers and children and young people	To support the process of open recruitment and gaining parental and children and young people consent To support researcher’s access to and use of a meeting space within the cluster setting.

Appendix 4. 2: Invitation letter to the ‘Westfield’ cluster steering group through the Cluster Coordinator summarising the research proposal and an invitation to participate in the research

Key Ethical Considerations:

Steps will be taken to ensure defensible practice in the following areas.

Recruitment of participants – Participants will be engaged by voluntary and informed consent and the purpose of the study will be transparent. Rights to withdraw from the study will be made explicit at each stage of engagement.

Confidentiality – Confidentiality and anonymity of participants will be ensured by removing any personal references to names and community settings.

Storage and Handling of Data - Local authority data protection guidelines will be adhered to. Unwanted copies of documents will be destroyed following the completion of the research.

Detrimental effects – Ensure participants have access to debrief/aftercare after interviews .

Dissemination of findings - Written reports to the Extended Provision Cluster steering group. Summary of findings to children research participants.

Expected Benefits for the School, Cluster and Community:

1. A comprehensive audit and review of current provision regarding obesity
2. Through an evidence base inform the practice of key stakeholders to improve provision.
3. Supporting the consultation of children and young people with regard to how their needs can be met.
4. Improve the ECM outcomes of children and young people in the clusters

Appendix 4.3: Document summary form (DSF) adapted from Miles and Huberman (1994 p55) *Italic font type used in this copy indicates the original headings from the Miles and Huberman version*

DOCUMENT SUMMARY FORM

SETTING –	DOCUMENT	Date Received :
<i>Name or Description of Document</i>		
<i>Event or Contact, if any, with which document is associated</i>		
<i>Significance or importance of document</i>		
<i>Brief Summary of Contents</i>		
COMMENTS		

APPENDIX 4.4: Information Sheet and Consent Form for Adult Providers

Research Study: Psychosocial outcomes for Children and Young People (CYP) who are overweight or obese: Provision and perspectives within an extended provision cluster.

PARTICIPANTS INFORMATION SHEET AND CONSENT FORM

INFORMATION

What are some general things you should know about research studies?

You are being asked to take part in a research study. To join the study is voluntary. You may decline to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study.

What is the purpose of this study?

The purpose of this research study is to find out what is being done in a local community about childhood obesity and how activities and programmes may affect a child or young person's emotional well being. There is a particular focus on the 'Healthy Schools' initiative.

How many people will take part in this study?

The participants in this study will be key stakeholders in the local and wider community. This study involves interviews with providers of services at a local and strategic level. The study also involves focus groups discussions with parents/carers and children and young people. I am inviting you to take part in a semi-structured interview as you have been identified as a lead in your setting/agency.

How long will your part in this study last?

Your participation in a semi-structured interview will last approximately one hour.

What will happen if you take part in the study?

The interview will involve asking questions about your setting/agency's particular role and perspective on childhood obesity. You may choose to respond or not to respond to specific questions during the interview. The interview will be audio-taped as this is a very effective way to capture comments and record them accurately.

APPENDIX 4.4: Information Sheet and Consent Form for Adult Providers

What are the possible benefits from being in this study?

Research is designed to benefit society by gaining new knowledge. You may not benefit personally from being in this research study. However this study aims to provide professional benefit to service providers by providing feedback from this study and from the extensive review of relevant international literature which can inform developments to practice.

What are the possible risks or discomforts involved from being in this study?

I do not anticipate any risks or discomfort to you from being in this study.

How will your privacy be protected?

Every effort will be taken to protect your identity as a participant in this study. You or the name of the setting or agency you work for will not be identified in any report or publication of this study or its results. Your name will not appear on any transcripts; instead, your file will be given a code number. The list which matches names and code numbers will be kept in a locked file cabinet. In line with the University of Birmingham's code of conduct for research, all research data will be kept for 5 years and then destroyed.

What if you have questions about this study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact me at the number or email address overleaf.

Ethical Approval

This research study gained formal approval from the Research Ethics Committee, School of Education, University of Birmingham in June 2008.

APPENDIX 4.4: Information Sheet and Consent Form for Adult Providers

CONSENT FORM

Please read the statements and tick the boxes

1.	I understand that my participation in this project will involve taking part in a semi-structured interview. The focus of the interview is about policies and practices towards childhood obesity and how this may affect a child's or young person emotional well being.	
2.	I understand that participation in this study is entirely voluntary and that I can withdraw from the study at any time without giving a reason.	
3	I understand that the views and information I give as a result of my participation in the study will remain anonymous	
4	I understand the interview will be audio-taped	
5	I agreed to take part in this study	

(Please Print Your Full Name)

(Please Sign Your Name)

(Date)

Contact Number or Address

Thank you for your time in reading and completing this form

Pauline V Bromfield
Educational Psychology Service



Appendix 4.5: Examples (2) of letters, including the overview of questions for the semi-structured interviews, sent to adult providers.

[REDACTED]

Healthy Schools Coordinator

[REDACTED]

[REDACTED]

Re: Research Interview

[REDACTED]

Again thank you for confirming your agreement to participate in a formal interview when we met and spoke briefly a couple of weeks ago. Your role as the Healthy Schools Coordinator for [REDACTED] makes you a key **stakeholder with regard to the research I am currently doing on a Cluster's response to Childhood Obesity** and formally gaining your views and perspectives will be valuable.

I do require your written formal consent. I have enclosed a participant information sheet for you to read and a consent form for you to sign. The format and content of these documents have been designed to ensure the required ethical considerations for the study have been met. I will collect the form at the start of our meeting and before the interview gets underway. At that time I would be happy to answer any queries or please contact me beforehand at the number or email below. I also thought it would be useful to send you an overview of the interview questions so that you are have some prior awareness about what I intend to ask. The interview will be semi-structured to allow some flexibility and adaption if needed. Also as I have indicated on the information sheet, I would like to audiotape the interview to ensure accurate recording as well as making the pace of the interview as efficient and effective as possible. I would also **appreciate a copy of yours School's current NHSS action plan if one is available.** The interview should last approximately one hour.

Thank you and best wishes

Pauline V Bromfield
Specialist Senior Educational Psychologist

[REDACTED]

Enc: Information Sheet
Consent Form
Interview Overview

Appendix 4.5: Examples (2) of letters, including the overview of questions for the semi-structured interviews, sent to adult providers.

Psychosocial outcomes for Children and Young People (CYP) who are overweight or obese: Provision and perspectives within an Extended Provision Cluster.

Semi-structured interview with Healthy Schools Coordinator PS2 -

Purposes of questions

- A. To audit provision that may have a direct and or indirect role with regard to the prevention and management of childhood obesity.
- B. To gain perspectives about: -
 - the rationale for the provision e.g. key national, local, community and setting policy drivers;
 - desired outcomes in particular psychosocial outcomes for children and young people (CYP); and
 - how the potential mediating role of weight bias/stigma may lead to unintended negative outcomes as a consequence of the provision and what steps, if any, have been taken to reduce and contain risk.

Overview of questions

- Brief summary of role and responsibilities.
- Key partners (school based and external) with whom you liaise with.
- How high a priority for the school is the issue of childhood obesity (*This will be a rating question on a 1-5 scale*).
- **The School's NHSS status.** Your perception of its role in addressing concerns about childhood obesity (*This will involve a rating question on a 1-5 scale*).
- Are there any obesity targets included in your NHSS documentation?
- More information about the universal, targeted and specialist approaches taking place in the school. (*This will involve a series of connected questions*).
- Does the planning and evaluation of provision involve desired positive psychosocial / emotional well being outcomes for children, in particular those who are overweight and obese?
- Your view as to whether issues around weight bias and stigma for children and young people are a concern in the School and in the Cluster. (*This will involve rating questions on a 1-5 scale*).
- Has there been any consideration in the formal or informal discussions in planning and delivery, that there may be unintended negative consequences including negative psychosocial outcomes, with the focus on healthy eating, physical activity and healthy weight.
- Methods of evaluating the impact of the provision in place, in particular if known, how the views of CYP have or are being gained.
-

Appendix 4.5: Examples (2) of letters, including the overview of questions for the semi-structured interviews, sent to adult providers.

[REDACTED]

[REDACTED]

Centre Manager

[REDACTED] Community Sports Centre

[REDACTED]

Dear [REDACTED]

Re: Research Interview:

[REDACTED]

Thank you again for agreeing to participate in an interview and the giving of your time. Your role as the Centre Manager for the [REDACTED] Community Sport Centre makes you a key stakeholder with regard to the research I **am currently doing on a Cluster's response to Childhood Obesity**. Formally gaining your views and perspectives will be valuable.

As agreed in our recent phone conversation, I am attaching an overview of the questions that form the interview. The overview will indicate the themes of the questions and the order that they will be asked. As I will be adopting a semi –structured approach for the interview there is scope for flexibility and adaption if needed.

As I have indicated before, I am envisaging that the interview will last approximately an hour.

Best wishes

Pauline V Bromfield

[REDACTED]

Appendix 4.5: Examples (2) of letters, including the overview of questions for the semi-structured interviews, sent to adult providers.

Psychosocial outcomes for Children and Young People (CYP) who are overweight or obese: Provision and perspectives within an Extended Provision Cluster.

Semi-structured interview with Centre Manager [REDACTED] [REDACTED]

Purposes of questions

- C. To audit provision that may have a direct and or indirect role with regard to the prevention and management of childhood obesity.
- D. To gain perspectives about: -
- the rationale for the provision e.g. key national, local, community and setting policy drivers;
 - desired outcomes in particular psychosocial outcomes for children and young people (CYP) who are overweight/obese; and
 - how the potential mediating role of weight bias/stigma may lead to unintended negative outcomes as a consequence of the provision and what steps, if any, have been taken to reduce and contain risk.

Overview of questions

- Brief summary of role and responsibilities.
- How high a priority for the Centre is the issue of childhood obesity? (This *will be a rating question on a 1-5 scale*).
- What are the other local and national policy drivers other than **Extended Provision**, that is informing and shaping the Centre's strategic and operational responses to childhood obesity
- More information about the universal, targeted and specialist approaches taking place in the Centre. (*This will involve a series of connected questions*).
- Who are the key partners in planning and delivery

Appendix 4.5: Examples (2) of letters, including the overview of questions for the semi-structured interviews, sent to adult providers.

- Does the planning and evaluation of provision involve desired positive psychosocial / emotional well being outcomes for children who are overweight and obese?
- Your view as to whether issues around weight bias and stigma for children and young people are a concern in the Centre and in the Cluster. (*This will involve rating questions on a 1-5 scale*).
- Has there been any consideration in the formal or informal discussions in planning and delivery, that there may be unintended negative consequences including negative psychosocial outcomes, with the focus on healthy eating, physical activity and healthy weight.
- Methods of evaluating the impact of the provision in place, in particular if known, how the views of CYP have or are being gained.

APPENDIX 4.6: Information Sheet and Consent form for participants in Parents/Carers' Focus Group Meeting



CHILDHOOD OBESITY RESEARCH PROJECT

INFORMATION SHEET

- You are invited to join a focus group discussion that will take place at [REDACTED] during the parents' forum meeting on [REDACTED]. The discussion will last for 45 minutes to an hour.
- The focus group is part of a research study that is exploring what is being done in the local community about childhood obesity and how activities may affect a child's emotional well being. Your views as parents and carers are very important to hear.
- To take part in the focus group and the study is voluntary. You may decline to join, or you may withdraw your consent at any time or any reason, without penalty.
- Everything that takes place in the focus group will be kept confidential. This means that although others outside of the group will hear about the views given, no one will know who said what in the session other than the group members.
- The focus group will be audio taped as this is a very effective way to record comments accurately as well as helping the flow of the discussion in the group. Names will be kept anonymous on written records from the tape and the original recording which will be destroyed after a regulated period of time.
- You can ask any questions you have about the project now or at any time. Pauline Bromfield, an Educational Psychologist who works in the community will be running the group.
- Signing your name at the bottom of the next page means that you agree to be part of this project.

APPENDIX 4.6: Information Sheet and Consent form for participants in Parents/Carers' Focus Group Meeting

CHILDHOOD OBESITY RESEARCH PROJECT

CONSENT FORM

Please read the statements and tick the boxes



1.	I have read the information sheet about this study	
2.	I understand that I am volunteering to be involved and I can leave the focus group and the research study at any time without giving a reason.	
3.	I understand that the views that I give in this focus group will be shared to others but no one outside of the group will know that I said them.	
4.	I understand that the focus group meeting will be audio-taped.	
5.	I agree to be part of this study and the focus group.	

(Please PRINT YOUR NAME)

(Please Sign Your Name)

(Date)

Thank you for your time in reading and completing this form. You can return the signed form at the start of the focus group meeting.



Pauline V Bromfield
Educational Psychology Service


Appendix 4.7: Final parents/carers' focus group schedule including response booklet and demographic questionnaire

**CHILDHOOD OBESITY
RESEARCH PROJECT**



**PARENTS/CARERS
FOCUS GROUP**

CHILDREN CENTRE

Information and Consent



Group Rules



- >**PLEASE READ**
- >**RESPECT** - Listen to others and they will listen to you
- >**HONESTY** - Say what's on your mind and don't be afraid to do so
- >**NON JUDGEMENTAL** - Everyone has different opinions, no one is wrong
- >**ACCEPTANCE** - Feel free to ask questions if you don't understand. It is okay to feel uncomfortable.
- >**RIGHT TO PASS** - If you are asked a question and you don't want to answer - just say nothing or pass
- >**CONFIDENTIALITY** - Who says what, stays in this room except...
- >**ANONYMITY** - If there is anything you don't want to say in front of the others you can write down your views that you want to include and put them in the box

Focus Group Q1

Childhood Obesity is described as a major concern in Britain.



Do you or young people share that concern?



Focus Group Q2

What activities do you think are happening that may help reduce levels of childhood obesity?

- In this Centre?
- In other schools in the area?
- In the community?



Focus Group Q3

Are you happy with the health promoting activities being provided?



Do you think this Centre, schools and other settings should be doing **more** and in what way? Should they be doing **less** and in what way?

Appendix 4.7: Final parents/carers' focus group schedule including response booklet and demographic questionnaire

Focus Group Q4

In what ways do you think these health promoting activities and approaches may lead to negative results for children and young people?



Are there any particular issues for children who may be overweight or obese?

Focus Group Q5

What do you think this Centre and schools are doing to ensure that children who are overweight/obese do not feel targeted or made to feel uncomfortable?



Do you have any ideas that could help them?



Activity

There are many reasons why children experience unkind acts that we can describe as bullying from other children

How important to do you the reasons listed here are?

Tick the ones you think are important. You can add more reasons using the empty squares

Now order them from highest (1) factor to the lowest

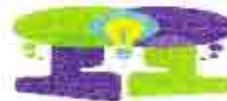
Special Needs and Disabilities	Race	Gender
Age	Weight	Physical Appearance
Religion / Faith	Family	Social / Personality
		Early years and primary aged children

Special Needs and Disabilities	Race	Gender
Age	Weight	Physical Appearance
Religion / Faith	Family	Social / Personality
		Early years and primary aged children

Special Needs and Disabilities	Race	Gender
Age	Weight	Physical Appearance
Religion / Faith	Family	Social / Personality
Sexual Orientation		Secondary aged children

Final Comments

Is there anything else you would like to share about Childhood Obesity?



Appendix 4.7: Final parents/carers' focus group schedule including response booklet and demographic questionnaire

Next Steps		
A Big Thank You		
Participant Form - anonymous		
Invitation		
Feedback?		

**Appendix 4.7: Final parents/carers' focus group schedule
including response booklet and demographic questionnaire**

CHILDHOOD OBESITY RESEARCH PROJECT



**PARENTS/CARERS' FOCUS GROUP
CHILDREN'S CENTRE**

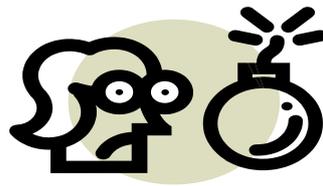
RESPONSE BOOKLET

Q1- CIRCLE YOUR RESPONSE

No concern

Slight Concern

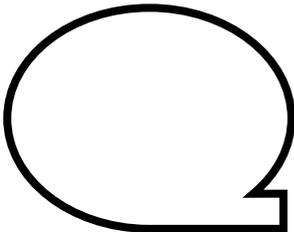
Some Concern



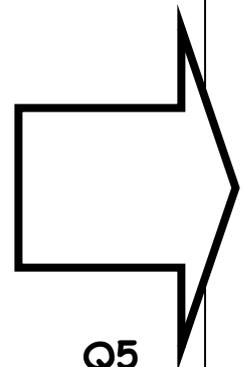
A Lot of Concern

Very Concerned

Q2



1. Universal (everybody)
2. Universal and Targeted
3. Universal and Specialist
4. Universal, Targeted and Specialist
5. Targeted (special groups)
6. Targeted and Specialist
7. Specialist (individuals)



Q5

SEN and Disabilities



Race



Gender



Age



Weight



Physical Appearance



Religion / Faith



Family



Social / Personality



Q10 - *Children Under 5*
Rate as many factors with 1 being the highest likely.

You can exclude any factors listed here.

You can add some more factors using the blank boxes

SEN and Disabilities



Race



Gender



Age



Weight



Physical Appearance



Religion / Faith



Family



Social / Personality



Q10 Children in Primary Schools

Rate as many factors with 1 being the highest likely.

You can exclude any factors listed here.

You can add some more factors using the blank boxes

SEN and Disabilities



Race



Gender



Age



Weight



Physical Appearance



Religion / Faith



Family



Social / Personality



Sexual Orientation



Q10 Children in Secondary Schools

Rate as many factors with 1 being the highest likely.

You can exclude any factors listed here.

You can add some more factors using the blank box.

HEALTHY SCHOOLS AND CHILDHOOD OBESITY RESEARCH PROJECT
PARENTS/CARERS' FOCUS GROUP
PARTICIPANT'S FORM

PLEASE COMPLETE THE FORM BELOW

1. GENDER	Female Male	<input checked="" type="checkbox"/>	
2. AGE			
3. No of CHILDREN under 5 (Nursery Year and below)			
4. No of CHILDREN between 5 and 11 (Reception Year to Year 6)			
5. No of CHILDREN between 11 and 16 (Year 7 to Year 11)			
6. I LIVE IN ██████████	Yes No		
7. I HAVE CHILDREN WHO ATTEND ONE OF THE PRIMARY SCHOOLS OR THE SECONDARY SCHOOL IN ██████████			
	Primary	Secondary	
	Yes	Yes	
	No	No	
8. I DO HAVE A CONCERN ABOUT MY CHILD'S WEIGHT STATUS.			
	Yes		
	No		
			Please go to Q9 Please hand in the form

Appendix 4.8: Revised flyer for the rescheduled parent focus group meeting.

CHILDHOOD OBESITY ENSURING POSITIVE INTERVENTIONS

Content relating to setting details removed to ensure anonymity

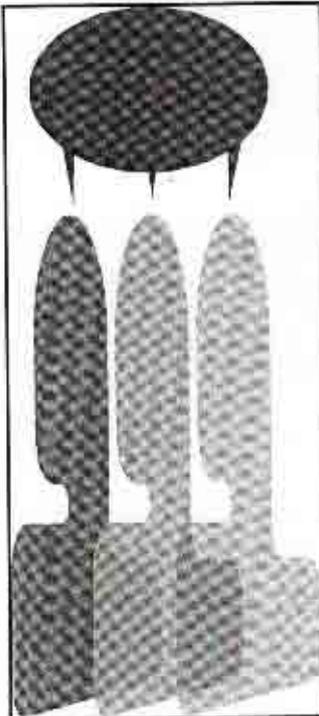
PARENT CONSULTATION
FOCUS GROUP EVENT

10.00am

Childhood Obesity—how concerned should we be?

What are your thoughts and feelings about the health promotion activities taking place in the Nursery and in the community?

**YOUR VIEWS ARE IMPORTANT.
YOUR INVOLVEMENT WILL BE
VALUED.**



For more information please contact

Children's

Centre

This one hour focus group is part of local research study .

Appendix 4.9: Written overview to primary and secondary school headteachers (PS1, PS2 and SS1) of the proposed children group work within the research study.

PRIMARY SCHOOL Step 1: The school council acting as an advisory reference group for the research. The advisory reference group acts as a representative group of children. Their main role is to share their views and opinions about the proposed ideas and plans to carry out this research with other children and young people. The group's views help to shape the arrangements and delivery of the focus group activity below. The first meeting will involve an interactive session that looks at: What is research? What is the best way to gain and listen to children views? There will also be a brief overview of the research project and opportunities to look at some of the planned activities. In a follow up meeting (after the focus group activity that is carried out with another group of children), the advisory group will have an opportunity to hear what happened and make further comment.

	<p>Arrangements</p> <p>Option of EP attending a prior meeting for 10-15 minutes to 'invite' and give out information and consent forms or school lead takes responsible.</p> <p>One full meeting of the school council in the Spring Term 09 e.g. 1 hour</p> <p>In the late summer term or early autumn term, an opportunity to attend a follow up meeting after the data collection and give feedback e.g. a 30 minute slot</p>	<p>Required Actions before work with the AR group</p> <ol style="list-style-type: none"> 1. Agreement by Head Teacher 2. Parent Information and Consent forms agreed and sent out 3. Child Information and Consent forms agreed 4. Invitation lead agreed 5. Negotiate the member of staff who would need to be present 6. Opportunity given to preview session plan
---	--	--

Step 2: A Focus Group with a selected group of CYP. The purpose of the focus group is to start with a general evaluation of the 'Healthy Schools' initiative before moving on to consider how they have impacted on the well being of certain groups of children including those children who are overweight and obese.

	<p>Arrangements</p> <p>One 1 hour meeting in the second half of the Summer Term</p>	<p>Required Actions before work with the Focus Group</p> <ol style="list-style-type: none"> 1. Agreement by Head Teacher 2. Selection of Group – 6 children 3 boys and 3 girls from KS2 3. Signed Parental Consent forms 4. Signed CYP consent forms 5. Date of meeting agreed 6. Negotiate the member of staff who would need to be present 7. Opportunity given to preview session plan
--	---	--

Appendix 4.9: Written overview to primary and secondary school headteachers (PS1, PS2 and SS1) of the proposed children group work within the research study.

SECONDARY SCHOOL Step 1: The school council acting as an advisory reference group for the research. The advisory group acts as a selected representative group of children and young people (CYP). Their main role is to share their views and opinions about the proposed ideas and plans to carry out this research with other CYP. The group's views help to shape the arrangements and delivery of the focus group activity below. The first meeting will involve an interactive session that looks at: What is research? What is the best way to gain and listen to children views? There is also a brief overview of the research project and opportunities to look at and pilot some of the planned activities. In a follow up meeting (after the focus group activity that is carried out with another group of CYP), the advisory group will have an opportunity to hear what happened and make further comment.

	<p>Arrangements</p> <p>One or two meetings of the school council in the Spring Term 09. Total time needed 1 and half hours.</p> <p>In the late summer term or early autumn term , an opportunity to attend a follow up meeting after the data collection and give feedback e.g. a 15-30 minute slot.</p>	<p>Required actions before work with the AR group</p> <ol style="list-style-type: none"> 1. Agreement by Head Teacher 2. Signed parental consent forms 3. Signed CYP consent forms 4. Date of first meeting agreed 5. Negotiate the member of staff who would need to be present 6. Opportunity given to preview session plan
---	--	---

Step 2: Two Focus Groups with a selected number of CYP. The focus groups start with a general evaluation of the 'Healthy Schools' Initiative before moving on to consider how they have impacted on the well being of certain groups of children including those CYP who are overweight and obese.

	<p>Arrangements</p> <p>Two single sex groups</p> <p>There is a will be a one hour meeting for each group. The two meetings will take at a negotiated time during the Spring or Summer Term.</p>	<p>Required actions before work with the Focus groups</p> <ol style="list-style-type: none"> 1. Agreement by Head Teacher 2. Selection of groups – One male group and one female group. 6 participants each 3. Signed parental consent forms 4. Signed CYP consent forms 5. Dates of meetings agreed 6. Negotiate the member of staff who would need to be present 7. Opportunity given to preview session plan
--	---	--

Appendix 4.10: Information sheet and consent form for parents of children and young people participating in the primary and secondary advisory reference groups

(As negotiated with the school the letter was sent on school headed paper and signed by the lead liaison staff member)

'Healthy Schools' and Childhood Obesity Research Project

Dear

Your consent is being sought for your child to participate in a local research project about 'Healthy Schools' and Childhood Obesity. The research is being carried out by Pauline Bromfield, an Educational Psychologist who works in the community.

Your child has been chosen because they are a member of the school council. The school council has been invited to act as an advisory/reference group for this research. The main role of the advisory/reference group is to share their views about the proposed ideas and plans to carry out this research with other children and young people in the school and the community. The group will meet one or two times in the [REDACTED]. The timing of these meetings will be negotiated with the school to ensure minimal disruption to their usual school day.

Involvement in this research is voluntary. You may decline to give permission for your child to join, or you may withdraw your consent for your child to be in the study, for any reason, at anytime, without penalty. If you consent, your child will also be given the opportunity to give his or her consent to take part or withdraw.

The group discussions will be audio-taped as this is a very effective way to capture comments and record them accurately. Your child's privacy will be protected and names will be kept anonymous.

Please complete and return the attached form

Yours sincerely

Appendix 4.10: Information sheet and consent form for parents of children and young people participating in the primary and secondary advisory reference groups

'Healthy Schools' and Childhood Obesity Research Project

PARENT/CARER CONSENT FORM

Please read the statements and tick the boxes



1.	I understand that my child will be involved in an advisory reference group that will be discussing research proposals about "Healthy Schools and Childhood obesity".	
2.	I understand that participation in this study is entirely voluntary and that I can withdraw my child from the study at any time without giving a reason.	
3.	Although my consent may be given, I understand that my child has the individual right to consent and withdrawn from the study at any time without giving reason.	
4.	I understand that the views and information my child gives as a result of their participation in the study will remain anonymous.	
5.	I understand for the purposes of collecting accurate information, the advisory group meetings will be audio-taped.	
6.	I agree for my child to take part in this study.	

(Please print your Child's Full Name)

(Please Print Your Full Name)

(Please Sign Your Name)

(Date)

Thank you for your time in reading and completing this form

Pauline V Bromfield
Educational Psychology Service
██████████

Appendix 4. 11: Information sheet and consent form for children participating in the primary advisory reference group (PARG)



CHILD INFORMATION SHEET AND CONSENT FORM

'HEALTHY SCHOOLS' Research Project

INFORMATION

- My name is Pauline Bromfield. I am an Educational Psychologist. I visit this school often to work with staff, parents, children and other visitors.
- I am carrying out research about 'Healthy Schools' and Childhood Obesity.
- I want to make sure that the views of children are gained and listened to. I would like to hear from a group of children how I can do this.
- The Headteacher of your school has agreed for me to bring and share my research ideas to school council meetings in the Spring Term. Your parents have already said that it would be fine for you to be in meetings like this. However I wanted to make sure that you would like to take part.
- Everything that takes place in the sessions will be kept confidential. This means that no one will know who said what in the meetings when the ideas and views are shared to others.
- I would like to audiotape the sessions to help me remember and record all what was said. I will be the only one to listen to the tape.
- Remember, being in this project is your choice. No one will be upset if you don't want to join in or even if you change your mind later and want to stop in the middle.
- You can ask any questions you have about the project now or at any time. Signing your name at the bottom of the next page means that you agree to be part of this project.

Appendix 4. 11: Information sheet and consent form for children participating in the primary advisory reference group (PARG)

**'HEALTHY SCHOOLS and CHILDHOOD OBESITY'
Research Project**

CONSENT FORM: Please read the statements and tick the boxes if you agree with them

1.		I have read the information sheet about this project	<input checked="" type="checkbox"/>
2.		I have had time to think about the information	<input type="checkbox"/>
3		I understand that I am volunteering to be involved and I can leave the project at any time without giving a reason	<input type="checkbox"/>
4		I understand that the views that I give in this project will be shared with others but no one outside of the group will know who said what.	<input type="checkbox"/>
5.		I understand that the sessions will be audio taped to make sure a good record of what was said can be made.	<input type="checkbox"/>
6.		I agree to take part in the project	<input type="checkbox"/>

_____ (Please Print Your Full Name)

_____ (Please Sign Your Name)

_____ (Date)



Thank you for your time in reading and completing this form

**Pauline V Bromfield
Educational Psychology Service**



Appendix 4.12: Information sheet and consent form for young people participating in the secondary advisory reference group (SARG)



CHILD INFORMATION SHEET AND CONSENT FORM

'HEALTHY SCHOOLS' Research Project

INFORMATION

- My name is Pauline Bromfield. I am an Educational Psychologist. I visit this school often to work with staff, parents, children and other visitors.
- I am carrying out research about 'Healthy Schools' and Childhood Obesity.
- I would welcome and value the opinions of children and young people about how this research is carried out especially to make sure that the views of children and young people are gained and listened to.
- The Headteacher of your school has agreed for me to bring and share my research ideas to school council meetings in the Spring Term. Your parents have already said that it would be fine for you to participate in meetings like this. However I wanted to make sure that you would like to take part.
- Everything that takes place in the sessions will be kept confidential. This means that although others outside of the group will hear about the views given, no one will know who said what in the sessions other than the group members.
- I would like to audiotape the sessions to help me remember and record all what was said. Again what is on the tape will be kept confidential. I will be the only one to listen to the tape.
- Remember, being in this project is your choice. No one will be upset if you don't want to participate or even if you change your mind later and want to stop in the middle.
- You can ask any questions you have about the project now or at any time. Signing your name at the bottom of the next page means that you agree to be part of this project.

Appendix 4.12: Information sheet and consent form for young people participating in the secondary advisory reference group (SARG)

'HEALTHY SCHOOLS and CHILDHOOD OBESITY' Research Project

CONSENT FORM: Please read the statements and tick the boxes if you agree with them



1.		I have read the information sheet about this project	
2.		I have had time to think about the information	
3.		I understand that I am volunteering to be involved and I can leave the project at any time without giving a reason	
4.		I understand that the views that I give in this project will be shared with others but no one outside of the group will know who said what.	
5.		I understand that the sessions will be audio taped to make sure a good record of what was said can be made.	
6.		I agree to take part in the project	

(Please Print Your Full Name)

(Please Sign Your Name)

(Date)



Thank you for your time in reading and completing this form

Pauline V Bromfield
Educational Psychology Service



Appendix 4.13 Final primary advisory reference group's schedule

PRIMARY SCHOOL ADVISORY REFERENCE GROUP
SCHOOL COUNCIL MEETING



Aims for the Session

- Explain the role of an advisory reference group
- Tell you about the proposed research
- Listen to your ideas
- To agree next steps.







Group Rules

- > **HAVE FUN**
- > **RESPECT** - Listen to others and they will listen to you. Everyone has different opinions, no one is wrong
- > **RIGHT TO PASS** - If you are asked a question and you don't want to answer - just say nothing or pass
- > **CONFIDENTIALITY** - Who says what, stays in this room except for special reasons. If you want to share your views in private from the group you can write your comments on the post-its.



Warm Up Activity

- Research is about finding out by collecting information
- Here are some ways people find out things? Can you think of others

- Read books
- Ask people questions





Advisory Reference Groups

Key Roles for this group

- Be a voice for children
- Share ideas about what children would like to happen or not happen in research
- Help adults make decisions
- Try out some of the planned activities






Research Project on Healthy Schools and Childhood Obesity

- All the schools in want to be 'Healthy Schools'
- Your school has a plan that wants to help all children with:
 - Healthy Eating
 - Physical Activity
 - Emotional Well Being e.g. Bullying





Appendix 4.13 Final primary advisory reference group's schedule

Overweight and Obesity

- There is a lot of interest and concern about helping children have a healthy weight.
- We can see this by what the government and the local council tell us. We also hear and see things on the television and newspapers. bers of children who are overweight
- The 'Healthy Schools' programme is one way that could help this.

My Research Plan

- I want to find out 'Healthy Schools' helps or does not help
- For example:-
 - **Helpful**
 - Children are finding out and are enjoying different ways to be active
 - Children are feeling healthy physically and good about themselves
 - **Unhelpful**
 - Children who do not think they are healthy or who are told they are not healthy for example being overweight may feel they are a focus of attention more than other children. This could lead to unkind acts such as bullying from other children
 - Children may start to have unsafe ideas about their body size



The Research Plan

I want to find out:

1. What is going on in schools and in the community
2. What people think of the activities
3. I want to find out what they have done to make sure no one is left out or made to feel uncomfortable by these activities

The Research Plan

I am going find out by

- Talking to teachers and other adults involved with Healthy Schools - Interviews
- Talking to small groups of children - Focus Group
- Talking to parents and carers - Focus Group and interviews

The Children Focus Groups

- Primary and secondary schools groups
- Key questions
 - Do they want these health promoting activities?
 - Do they like and enjoy them?
 - What do they want more of and less of?
 - If any, which groups of children are going to benefit more than others?
 - Are children and young people who are think they are overweight or others thing they are overweight going to found these promotions helpful or unhelpful?
 - What do children and young people think could be done to make sure that no-one feels uncomfortable

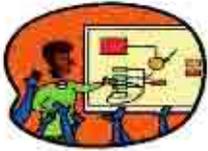


Your views

- Is this a research activity children in this school would want to be involved in?
- Is there anything that is missing or should not be done?
- Is a group discussion that we call a focus group the best way to get the views of CYP? Are there any other ways?
- The focus groups :-
 - Who should involved and how should CYP be invited to join the groups?
 - What needs to be done to make sure CYP enjoy taking part?
- When the research is completed what is the best way to share with CYP what has been found out.

Appendix 4.13 Final primary advisory reference group's schedule

Examples of some of the planned activities



'Healthy Schools' and Childhood Obesity

What is happening?



Think about and name some of things that are taken place to promote healthy lifestyles that may prevent and or reduce levels of childhood obesity?

- o Home?
- o School?
- o Community?



Who are the activities for ?

Everybody?



Targeted Groups?



Individuals?



What are children and young people going to enjoy and like about these activities?



Do the activities create concern, upset or pressure for anyone?



Bullying



- Bullying is any behaviour that is deliberately intended to hurt , threaten or frighten another person or a group of people
- Bullying behaviour can include
 - Physical acts
 - Verbal acts
 - Social exclusion - leaving someone out, ignoring someone, spreading rumours

Appendix 4.13 Final primary advisory reference group's schedule

Activity

This sheet gives examples of some of the reasons why some children may be targeted by children who bully.

How important to do you these reasons are?

Tick the ones you think are important. You can add more reasons using the empty squares.

Now order them from highest (1) factor to the lowest

SEN and Disabilities	Race	Gender
Age	Weight	Physical Appearance
Religion / Faith	Family	Social / Personality
?	?	?

SEN and Disabilities	Race	Gender
Age	Weight	Physical Appearance
Religion / Faith	Family	Social / Personality
?	?	?

SEN and Disabilities	Race	Gender
Age	Weight	Physical Appearance
Religion / Faith	Family	Social / Personality
?	?	?

SEN and Disabilities	Race	Gender
Age	Weight	Physical Appearance
Religion / Faith	Family	Social / Personality
?	?	?

Next Steps

- I will listen to and transcribe the recording of our meeting
- I will think about what was said and use your ideas and comments to make final changes to my research plan.
- I would like to share with you at a future date what did happen.
- Any questions?

Appendix 4.14: Final secondary advisory reference group's schedule

**HEALTHY SCHOOLS AND
CHILDHOOD OBESITY
RESEARCH PROJECT**

ADVISORY REFERENCE GROUP MEETING



Session Plan

- Welcome 
- Aims for the session 
- Group rules 
- Warm up activity 

Session plan continued

- Discussion Activity - Research and the role of children and young people 
- The Role of an Advisory Reference Group 
- The Proposed Research Plan 
- Group Activities 
- Next Steps 

Aims for the Session

- To review the role of an advisory reference group in research
- To give an overview of the proposed research with children and young people (CYP)
- To invite the sharing of comments and ideas to help with the research
- To agree next steps.

Group Rules

- HAVE FUN**
- RESPECT** - Listen to others and they will listen to you
- OPENNESS** - Say what's on your mind and don't be afraid to do so
- NON JUDGEMENTAL** - Everyone has different opinions, no one is wrong
- ACCEPTANCE** - Feel free to ask questions if you don't understand. It is okay to feel uncomfortable
- RIGHT TO PASS** - If you are asked a question and you don't want to answer - just say nothing or pass
- CONFIDENTIALITY** - Who says what, stays in this room except.
- ANONYMITY** - If there is anything you don't want to say in front of the others you can write down your views that you want to include and put them in the box

Warm Up Activity

Make a list of all the things you associate with the word

"Research"





Appendix 4.14: Final secondary advisory reference group's schedule

Discussion Activity

Children's and Young People's (CYP's) Roles in Research

Likes?  Dislikes? 

What needs to happen for research **with CYP** to take place, rather than research **on CYP**.

Advisory Reference Groups

Key Role

- To support and contribute to the research process
 - Share views and influence decision making about how the research will be carried out
 - Representative of the group that will be invited to participate in the research e.g. children and young people
 - May pilot some of the proposed activities

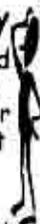


Research Project on Healthy Schools and Childhood Obesity

- The Government and the Local Authority want to reduce levels of overweight and obesity in children and young people. There is also a lot of media interest (television, newspapers, etc.) in this issue.
- All the schools in want to be 'Healthy Schools'
- Your school has a plan that wants to help all children with:-
 - Healthy Eating 
 - Physical Activity 
 - Emotional Well Being e.g. Bullying 

Research Project on Healthy Schools and Childhood Obesity

- Can this **focus** on healthy lifestyles and / or childhood obesity, be **unhelpful** as well as **helpful** to young people and their families where there is a concern about weight status
- For example:-
 - It may increase weight stigma /prejudice/ discrimination
 - It may make children and young people develop unsafe ideas about body image



The Research Plan

- I want to find out more about what is going on in schools and in the community around childhood obesity
- I want to find out what people think of the activities
- I want to know who are the activities for. That is - are they for everyone, particular groups, or certain individuals
- I want to find out what they have done to make sure no one is left out or made to feel uncomfortable by these activities

The Research Plan

I am going find out by

- Interviews with lead staff in the schools and the community workers who have a role in promoting healthy lifestyles.
- Focus groups with children and young people.
- A focus group with parents and carers. (Individual interviews may follow.)

Appendix 4.14: Final secondary advisory reference group's schedule

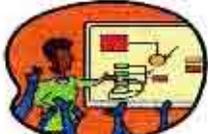
CYP Focus Groups

- **Primary aged** - 1 or 2 mixed boys and girls group/s
- **Secondary aged** - 1 boys group and 1 girls group
- **Key questions**
 - Do they want these health promoting activities?
 - Do they like and enjoy them?
 - What do they want more of and less of?
 - If any, which groups of children are going to benefit more than others?
 - Are children and young people who are think they are overweight or obese or know others consider them to be overweight or obese going to found these promotions helpful or unhelpful?
 - What do children and young people think could be done to make sure that no-one feels uncomfortable,

Your views

- Is this a worthwhile research activity?
- Is there anything that is missing or should not be done?
- Is a focus group the best way to get the views of CYP? Are they alternatives?
- The focus groups :-
 - Who should involved and how should CYP be invited to join the groups?
 - Single gender or mixed groups?
 - What needs to be done to make sure CYP enjoy taking part?
- When the research is completed what is the best way to share with CYP what has been found out.

Examples of some of the planned activities



'Healthy Schools' and Childhood Obesity

What is happening? 

Think about and name some of things that are taken place to promote healthy lifestyles that may prevent and or reduce levels of childhood obesity?

- Home? 
- School? 
- Community? 

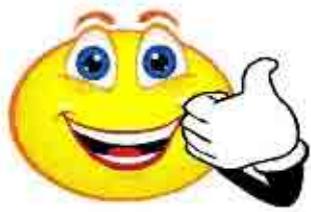
Who are the activities for ?

Everybody? 

Targeted Groups? 

Individuals? 

What are children and young people going to enjoy and like about these activities?



Appendix 4.14: Final secondary advisory reference group's schedule

Do the activities create concern, upset or pressure for anyone?



 **Bullying**

- Bullying is any behaviour that is deliberately intended to hurt, threaten or frighten another person or a group of people
- Bullying behaviour can include
 - Physical acts
 - Verbal acts
 - Social exclusion - leaving someone out, ignoring someone, spreading rumours
- Below is a list of possible factors. Using the sheet provided write in number order e.g. 1, 5, 17, 18 those factors which are causing the most incidences that you are aware of either in school or in the community. Use the blank sections to add any other factors, you think are important. You can exclude any factor.

Special Needs and Disabilities Weight
Race Age
Physical Appearance, excluding height Gender
Religion/Faith Family

 SEN and Disabilities	 Race	 Gender
 Age	 Weight	 Physical Appearance
 Religion /Faith	 Family	 Social /Personality
?	?	?

 SEN and Disabilities	 Race	 Gender
 Age	 Weight	 Physical Appearance
 Religion /Faith	 Family	 Social /Personality
?	?	?

 SEN and Disabilities	 Race	 Gender
 Age	 Weight	 Physical Appearance
 Religion /Faith	 Family	 Social /Personality
Gang	?	?

Next Steps 

- I will listen to and transcribe the recording of our meeting
- I will think about what was said and use your ideas and comments to make final changes to my research plan.
- I would like to share with you at a future date what did happen.
- Any questions?

Appendix 4.15: Information sheet and consent form for parents of children and young people participating in the primary and secondary focus groups

(As negotiated with the school, the letter was sent on school headed paper and signed by the lead liaison staff member)

'Healthy Schools' and Childhood Obesity Research Project

Dear

Your consent is being sought for your child to take part in a local research study about 'Healthy Schools' and Childhood Obesity. The research is being carried out by Pauline Bromfield, an Educational Psychologist who works in the community.

Your child will be invited to join a 'focus' group discussion. This group will meet once during the Summer Term 2009. The timing of the meeting will be planned to ensure minimal disruption to your child's usual school day.

Involvement in this research is voluntary. You may decline to give permission for your child to join, or you may withdraw your consent for your child to be in the study, for any reason, at anytime, without penalty. If you consent, your child will be given the opportunity to give his or her consent to take part or withdraw.

The group discussions will be audio-taped as this is a very effective way to capture comments and record them accurately. Your child's privacy will be protected and names will be kept anonymous.

Please complete and return the attached form

Yours sincerely

Appendix 4.15: Information sheet and consent form for parents of children and young people participating in the primary and secondary focus groups

Healthy Schools' and Childhood Obesity Research Project

PARENT/CARER' S CONSENT FORM

Please read the statements and tick the boxes



1.	I understand that my child will be involved in a focus group discussion that is part of a research study on "Healthy Schools and Childhood Obesity".	
2.	I understand that participation in this study is entirely voluntary and that I can withdraw my child from the study at any time without giving a reason.	
3.	Although my consent may be given, I understand that my child has the individual right to consent and withdrawn from the study at any time without giving reason.	
4.	I understand that the views and information my child gives as a result of their participation in the study will remain anonymous.	
5.	I understand for the purposes of collecting accurate information, the advisory group meetings will be audio-taped.	
6.	I agree for my child to take part in this study.	

(Please print your Child's Full Name)

(Please Print Your Full Name)

(Please Sign Your Name)

(Date)

Thank you for your time in reading and completing this form

Pauline V Bromfield

Educational Psychology Service XXXXXXXXXX

Appendix 4.16 Information and consent form for children participating in the primary focus group



CHILD AND YOUNG PERSON'S INFORMATION SHEET AND CONSENT FORM - PRIMARY

'HEALTHY SCHOOLS' Research Project

INFORMATION SHEET

- You have been invited to take part in a research project. This will involve being part of a 'focus' group discussion with other children in the school. Your parents and the Headteacher have given permission for you to take part. It is also important to make sure that you want to give your consent.
- The purpose of the focus group is to hear the important views of children about how their school is a 'Healthy School'. The discussion also involves talking about children's weight and what you think about the concerns about childhood obesity. The researcher is Pauline Bromfield, an Educational Psychologist who is a regular visitor to the school.
- Everything that takes place in the sessions will be kept anonymous and confidential. This means that although others outside of the group will hear about the views given, no one will know who said what in the discussion. The only exception is when something is shared that causes a concern about your safety and well being and the Headteacher will be told.
- The focus groups will be audio-taped to help keep a good record of what is being said. Pauline Bromfield will be the only one to listen to the tape. No names will be used on the written records from the tape.
- Remember, being in this project is your choice. No one will be upset if you don't want to participate or even if you change your mind later and want to stop in the middle.
- You can ask any questions you have about the project now or at any time. Completing and signing the consent form means that you agree to be part of this research project.

Appendix 4.16 Information and consent form for children participating in the primary focus group

'HEALTHY SCHOOLS' Research Project

CONSENT FORM:

Please read the statements and tick the boxes if you agree with them

1.		I have listened to or read information about this project.	<input checked="" type="checkbox"/>
2.		I understand that I am volunteering to take part. I can leave the project at any time without giving a reason	<input type="checkbox"/>
3.		I understand that the views that I give in the discussion will be shared with others but no one outside of the group will know who said what. I understand that information that may cause concern about my safety and well being will have to be told to the Headteacher.	<input type="checkbox"/>
4.		I understand that the sessions will be audio taped.	<input type="checkbox"/>
5.		I agree to take part in the project	<input type="checkbox"/>

_____ (Please Print Your Full Name)

_____ (Please Sign Your Name)

_____ (Date)



Thank you for your time in reading and completing this form

Pauline V Bromfield
Educational Psychology Service



Appendix 4.17: Content of information sheet and consent form for young people participating in the secondary focus groups



CHILD AND YOUNG PERSON'S INFORMATION SHEET AND CONSENT FORM HEALTHY SCHOOLS' AND CHILDHOOD OBESITY Research Project

INFORMATION

- You are invited to take part in a research study on Healthy Schools and Childhood Obesity. This will involve being part of a 'focus' group discussion with other young people in the school. The Headteacher of your school has agreed for the focus group to take place in the school. Your parents' permission will be sought to gain consent for you to take part. It is also important to make sure that you want to give your consent.
- The purpose of the focus group is hear the valuable views of young people about their thoughts and feelings about childhood obesity and the current health promoting activities in the school and the community. The researcher is Pauline Bromfield, an Educational Psychologist who is a regular visitor to the school.
- The focus groups will be conducted as single sex groups. Each group will have 6-10 young people involved and will last for one hour. The focus groups will be held before the end of the summer term. The date and time for the focus groups will be arranged to ensure that it will cause minimal disruption to your regular routines in school.
- Everything that takes place in the sessions will be kept confidential. This means that although others outside of the group will hear about the views given, no one will know who said what in the sessions other than the group members.
- The focus groups will be audiotaped. This helps to make sure there is a good and accurate record of what was said. Again what is on the tape will be kept confidential. Pauline Bromfield will be the only one to listen to the tape. No names will be used on the written records from the tape
- Remember, being in this project is your choice. No one will be upset if you don't want to participate or even if you change your mind later and want to stop in the middle.
- You can ask any questions you have about the project now or at any time. Completing and signing the consent form means that you agree to be part of this research project.

Appendix 4.17: Content of information sheet and consent form for young people participating in the secondary focus groups

'HEALTHY SCHOOLS' and CHILDHOOD OBESITY Research Project

CONSENT FORM:

Please read the statements and tick the boxes if you agree with them



1.		I have read the information sheet about this project	<input type="checkbox"/>
2.		I have had time to think about the information	<input type="checkbox"/>
3.		I understand that I am volunteering to be involved and I can leave the project at any time without giving a reason	<input type="checkbox"/>
4.		I understand that the views that I give in this project will be shared with others but no one outside of the group will know who said what.	<input type="checkbox"/>
5.		I understand that the sessions will be audio taped to make sure a good record of what was said can be made.	<input type="checkbox"/>
6.		I agree to take part in the project	<input type="checkbox"/>

(Please Print Your Full Name)

(Please Sign Your Name)

(Date)



Thank you for your time in reading and completing this form

Pauline V Bromfield
Educational Psychology Service



Appendix 4.18: Primary Focus group's schedule

**HEALTHY SCHOOLS
RESEARCH PROJECT**



**CHILDREN'S
FOCUS GROUP**

Group Rules

-  **HAVE FUN** - This discussion is for you to learn and enjoy as well as helping the researcher.
-  **RESPECT** - Listen to others and they will listen to you.
-  **OPINIONS** - Say what's on your mind and don't be afraid to do so. Everyone has different opinions, no one is wrong.
-  **RIGHT TO PASS** - If you are asked a question and you don't want to answer - just say nothing or pass.
-  **CONFIDENTIALITY** - No one will know who says what. The only exception is any shared information that raises concerns about your safety and well being.
-  **ANONYMITY** - If there is anything you don't want to say in front of the others in the group, you can write down your views and hand them in.

Discussing sensitive topics

We will be taking about children's weight and body sizes for part of our discussion.



Which terms will be OK for us to use?

Underweight?	Large?
Overweight?	Big?
Obese?	Heavy?
Normal?	Fat?
Average?	



Focus Group Question 1

Is your school a **Healthy School**?

Share what you know by drawing or mapping things that are happening.



Focus Group Question 2

- Do children in this school **like and enjoy** Healthy School activities?

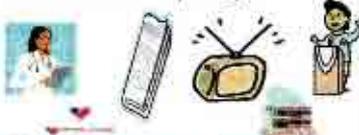


• If no, what and why?



Focus Group Question 2

Childhood Obesity is a term used to talk about children who may be overweight or very overweight. There is a lot of concern that more children may not have healthy weight.



Do children agree about this concern? What have you heard or seen?

Appendix 4.18: Primary Focus group's schedule

Focus Group Question 4

Healthy Schools encourage

Physical Activity  **AND**  **Healthy Eating**

to help children have a healthy weight.

What other ways do these activities help children?



Focus Group Question 5

Are any children going to feel **uncomfortable** about the Healthy School activities?

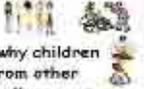


How can the school help them?



Activity

'Healthy Schools' is also about promoting well being for children. For example, schools having anti-bullying policies.



There are many reasons why children experience unkind acts from other children that we can describe as bullying.



Look at the reasons listed on the worksheet! You can add more reasons using the empty boxes.

Order or rank them in importance. There is an example overleaf.

<i>Special Needs and Disabilities</i>  1	<i>Race</i>  3	<i>Gender</i>  6
<i>Age</i>  6	<i>Weight</i>  5	<i>Physical Appearance</i>  4
<i>Religion / Faith</i>  7	<i>Family</i>  2	<i>Social / Personality</i>  2
 2	 2	 2

Final Comments

Is there anything else you would like to share about:-

- Healthy Schools
- Taking part in a focus group or in research in general?



Next Steps 

A Big Thank You

Thanks 

Giving you feedback about the results of the project



Appendix 4.19: Secondary focus groups' schedules

**HEALTHY SCHOOLS AND
CHILDHOOD OBESITY
RESEARCH PROJECT**



**YOUNG PEOPLE'S
FOCUS GROUP**

Group Rules 

HAVE FUN!

>RESPECT - Listen to others and they will listen to you

>OPENNESS - Say what's on your mind and don't be afraid to do so

>NON JUDGEMENTAL - Everyone has different opinions, no one is wrong

>RIGHT TO PASS - If you are asked a question and you don't want to answer - just say nothing or pass

>CONFIDENTIALITY - Who says what, stays in this room except...

>ANONYMITY - If there is anything you don't want to say in front of the others you can write down your views that you want to include and hand them in.

Terms that are OK to use?

Obese
Overweight
Large
Big
Heavy
Plus size
Fat



Focus Group Question 1

All the schools in [] want to be 'Healthy Schools'

- Share what you know about 'Healthy Schools'

What is happening in this school?

What have you liked or disliked?

Focus Group Question 2

Childhood Obesity is seen as a major concern in Britain.



Do young people share that concern?



Focus Group Question 3

Are actions to prevent and reduce levels of childhood obesity such as 'Healthy Schools' **helpful** to young people?

Are there any emotional and social benefits as well as physical?

Are there any aspects that are unhelpful?



Appendix 4.19: Secondary focus groups' schedules

Focus Group Question 4

With the spotlight on promoting healthy eating, physical activity and healthy body weight, are any particular groups of young people going to feel more vulnerable or uncomfortable? - How?

- Young people who are overweight/ obese ?
- Young people who are very concerned or anxious about their body image or body size?
- Can you think of positive and negative ways these young people may respond ?



Activity

'Healthy Schools' is also about promoting well being for young people. For example, schools having anti-bullying policies.

There are many reasons why children experience unkind acts from other children that we can describe as bullying.

Look at the reasons listed on the worksheet. You can add more reasons using the empty boxes.

Order or rank them in importance. There is an example overleaf.

Special Needs	Race	Gender
Age	Weight	Physical Appearance
Religion / Faith	Family	Social / Personality
Sexual Orientation		

Special Needs and Disabilities	Race	Gender
Age	Weight	Physical Appearance
Religion / Faith	Family	Social / Personality
Sexual Orientation		

Focus Group Question 5

What do you think this school and other settings should be doing to ensure that young people who are overweight or concerned about their weight do not feel uncomfortable, marginalized or excluded as a result of health promoting activities.

For example does the school's anti-bullying policy make a difference to fat-teasing experiences for young people?



Final Comments

Is there anything else you would like to share about:-

- Childhood Obesity?
- Taking part in a focus group or in research in general?



Next Steps

A Big Thank You

Thanks



Feedback about the findings of the study



Appendix 4.20: Overviews of questions for the semi-structured interviews sent to additional strategic participants

Semi structured interview with identified Health Education Service Healthy Schools Coordinator (HESHSC)

Purposes of questions

To gain information and perspectives about:

- key national and local policy drivers that are informing practice citywide on 'Healthy Schools'. In particular agendas with regard to Childhood Obesity;
- desired outcomes, in particular psychosocial outcomes for children and young people (CYP) who are overweight/obese; and
- reducing risk of 'unintended harm' in service delivery provision.

Overview of question themes

- Brief summary of HES' remit with the Healthy School Programme (HSP) including lead's own role and responsibilities.
- *Statutory guidance does indicate that the HSP and related Early Years Healthy Settings initiatives are seen by national and local government as the key vehicles through which schools and early year settings can play their part in addressing the national and local concerns with the regard to the prevention and management of childhood obesity.* In , are obesity targets, e.g. prevalence rates, being used as one of the measures to evaluate the success of the HSP?
- **Does the new HSP 'enhancement model' mean that schools with NHSS status have to reconsider their position as universal providers and become sites for more targeted and specialist approaches to address childhood obesity?**
- In what ways are schools being supported to demonstrate links or integration across the four themes of the HSP? E.g. Activities and tasks under healthy eating and physical activity ensure positive well being for children and young people; anti bullying policies addressing stigmatisation of weight/appearance.

Appendix 4.20: Overviews of questions for the semi-structured interviews sent to additional strategic participants

- Has the dialogue between the HES and schools/settings including evaluations, revealed that schools/settings have considered that in their planning and delivery of action plans that there may also be unintended negative consequences, alongside the desired positive outcomes, with the focus on healthy eating and healthy weight e.g. increased marginalisation of vulnerable groups, disordered eating? What approaches are recommended to schools to reduce this potential risk as well as ways to manage a possible tension of health promotion within a diversity and inclusive framework?

Semi- structured interview with P.E. Consultant within LA advisory service (PEC)

Purposes of questions

To gain information and perspectives about: -

- Key national, local, community policy drivers that are **informing schools' policies and practices with PE and Sport**. In particular agendas with regard to Childhood Obesity;
- Desired outcomes, in particular psychosocial outcomes for children and young people (CYP) who are overweight/obese; and
- Reducing risk of 'unintended harm' in service delivery provision.

Overview of questions

- Brief summary of role and responsibilities within designated Service
- Information about universal, targeted and specialist approaches taking place city wide for children and young people and their links to local action plans e.g. Healthy Schools, Extended Services.
- Any information as to whether measures, evaluation approaches involve desired non physical i.e. positive psychosocial / emotional well being outcomes for children who are overweight and obese?
- Has there been any consideration in the formal or informal discussions in planning and delivery, that there may be unintended negative consequences, with the focus on physical activity. For example young people perceiving a greater negative surveillance by peers and adults or a rise in weight bias/stigma. What approaches have been discussed and taken to reduce risk?

Appendix 4.21: Parents/Carers' meeting – written consent from to use views shared in meeting



**HEALTHY SCHOOLS AND CHILDHOOD OBESITY RESEARCH
STUDY**

I understand that Pauline Bromfield is carrying out research on Healthy Schools and Childhood Obesity.

I give my consent for notes from the meeting held on 7th July to be used in any write up of the study. I understand that my name, names of other parents/carers, and the name of the group will not be used at all; we will all remain anonymous.

Signed

Appendix 4.22: Parents/Carers' meeting -information sheet including invitation to participate in a follow-up semi-structured interview

HEALTHY SCHOOLS AND CHILDHOOD OBESITY RESEARCH PROJECT

INFORMATION AND CONSENT DETAILS FOR PARENTS' MEETING ON [REDACTED]
[REDACTED]

My name is Pauline Bromfield. I am carrying out research in [REDACTED] about the Healthy Schools Programme and Childhood Obesity. I have been talking to school staff, children and providers of health interventions. I am very interested in hearing the important and valuable views of parents and carers.

I have come to your group as I understand you have been meeting to discuss health issues such as healthy diets for children. I would value some of your time today to hear what you have been doing and your thoughts about other activities that 'Healthy Schools/Settings' are promoting for children. I am very interested in hearing how you think these activities are making an impact with regard to the concerns about Childhood Obesity whether positive or negative.

I will make notes during the meeting that I would like to use in my research. Your privacy will be protected with the information you are happy to share in this group. Your names will be anonymous in all written information. You are under no obligation here today to answer any of my questions if you do not want to. I am happy to answer any questions about my study today or at anytime

Following the meeting, if you are interested in sharing more of your views through an individual interview or through another group discussion then please read and complete the attached sheet.

Pauline V Bromfield
[REDACTED]

[REDACTED]

Appendix 4.22: Parents/Carers' meeting -information sheet including invitation to participate in a follow-up semi-structured interview

HEALTHY SCHOOLS AND CHILDHOOD OBESITY RESEARCH PROJECT

CONSENT FORM FOR FOLLOW PARENT INTERVIEW/GROUP DISCUSSION

I have been given information about the 'Healthy Schools and Childhood Obesity Research Study'.

As a volunteer, I can withdraw from the interview or discussion group at anytime without giving a reason.

I understand that my privacy will be protected and anonymity given. My name will not be used in any written information used for the study.

I agree to take part in the study.

(Please PRINT YOUR NAME)

(Please Sign Your Name)

(Date)

CONTACT DETAILS

Address

Phone

Pauline V Bromfield
Educational Psychology Service



Appendix 4.23: Example of a certificate of appreciation for children and young people who participated in an advisory reference or focus group.

Certificate of Appreciation

This certificate is awarded to

[Blank space for name]



In June 2009, XXXXXXXX , took part in a focus group discussion that was part of a 'Healthy Schools and Childhood Obesity' research study. Many thanks for volunteering and your valuable contribution.

Signature (Educational Psychology Service) Date
PAULINE V BROMFIELD

Signature (SCHOOL) Date
STAFF LEAD



Appendix 6.1: Extracts (8 in total) from the transcripts of the semi-structured interviews with adult providers

Extract 1: Semi-structured interview with Children's Centre/Nursery School 1- Healthy Setting Coordinator (CC1)

PVB: So just some examples, some of things you are doing (health promotion activities).

CC1: Some of the of things we felt there was an urgent need to address was in terms of healthy eating was the menus and making sure that there was consistency across the Centre in terms of making sure that the children were offered a balanced diet. Because we were very aware that it was very easy to go down the route of saying well the children can only have fruit as a pudding and that sort of thing and we are not at that stage where we think that is appropriate because we feel that children need a balance and variety so as long as they are eating some fruit and vegetables then you know all the other things are okay as well. So we had the nutritionist come in and look at those menus and changes have been made (INTERRUPTION). So that is in terms of the healthy eating. In terms of the physical activity one of the things we have been really promoting at the minute is really with the staff and parents as role models and getting them engage in physical activity. So things have been organised at the local sports centre , netball, netball games and things like that really was at the point was to found out what sort of skills and things, and interests parents and staff have and they might like to share to encourage others to participate. We feel as a Centre in terms of children and physical activity we provide more than enough because they have access to outdoor play every day and obviously in terms of individual children we are monitoring what they do on a daily basis...

PVB: ... I have just got this image of kids wearing little Pedro meters and a mix of you counting the number of steps and walks they do in a day.

CC1: Funnily enough we did joke about that because when they only came in and asked us well how do you know how much the children are doing. I mean we did joke about and say well we can get those you know. But realistically when you take in account the number of hours the children are here every day and for whatever reason the outdoor is also always really popular. And if for whatever reason they can't access that there is always some sort of physical activity provided inside.

PVB: Like the National Healthy Schools Standard, does the, your award also encompasses emotional well being.

CC: It does.

PVB: So could you give some examples of kind specific things you have. For me I think that will be quite interesting because that pervades your whole culture doesn't it? So in terms of doing anything specific.

CC1 Yes ,one of things that we have been exploring around sort of like behaviour really, is this concept of conflict resolution and children being able to solve and deal with problems themselves as far as possible so I have got members of staff that have already explored this in other settings that they have worked in who have brought back knowledge and shared it and then what we have also done is we have got members of staff to go and visit other settings that actually use conflict resolution as a key behaviour management strategy...

Appendix 6.1: Extracts (8 in total) from the transcripts of the semi-structured interviews with adult providers

Extract 2: Semi-structured interview with Primary School 1 (PS1)

PVB: Do you think, specifically, then looking back at the issue about obese that you would ever want to have anything targeted and specialist going on around working with children who are overweight?

PS1: You see we're trying to do it. We've got those posters up (WATCH- IT publicity), but we're trying to get it so it's the parents taking responsibility, and there's only so much at the end of the day, you can't really cater without literacy and numeracy.

PVB: No, but do you actually see it as the school's role or your role is really about signposting. Do you ever see yourself as being, you know, if the Government were to say we're not reaching our targets, the school has to do more, I mean would do be, do you think schools...?

PS1: If it was a government created the fact, then we'd have to do it.

PVB: But do you think it's, but do you think school should...?

PS1: But there's only so much we can do.

[Interruption – leading to a change of room – interview suspended for 5 minutes]

Appendix 6.1: Extracts (8 in total) from the transcripts of the semi-structured interviews with adult providers

Extract 3: Semi-structured interview with Secondary School 1 (SS1)

PVB: I suppose what I'm interested in is that in this school do you think that particular aspect of bullying is significant in this school or not, or do you think children if there is bullying in the school they get bullied for lots of other reasons rather than actually because of their weight status.

SS1: I don't think we've got, not I don't think we've got bullying related to weight, I honestly don't think that. If anything I think we've got bullying, some bullying, on race issues, some just age, so Year 10 bullying Year 7 just for the sake of it because they're little. I don't think we can really say that we've got, I don't think we've got many fat children that would be targeted by bullies, honestly, I don't think that.

PVB: There's this difference isn't there because I think there's our visual perception that children are overweight but also there are children who actually we think are healthy weights ...

SS1: But they themselves, yes.

PVB: And therefore they are sensitive. You know, young people are very good at throwing out comments and saying you're fat, and actually that child isn't technically fat if you were to weigh them.

SS1: It's a difficult question because if I was to identify what I consider all the fat children and say I want to talk with you, that would destroy their self esteem, so it's very difficult to know how to pitch, and I think we've probably got it about right leaving the form teacher to have discussions. I don't know, I mean I've never had children come to me and say I've been bullied because of my weight or anything like that. It's more around I think, well not so much in this school but other schools, it's been around clothing and trainers and that sort of stuff. Sometimes if a child's particularly unkempt they might get a bit of a problem there, but I honestly don't believe that we've had any issues at all to my knowledge around weight.

I'd go so far as to say it's the other extreme. I mean I remember last year the Year 11 boy who was, he openly dieted and he didn't mind who knew he was dieting, I'm on a diet, I am overweight, I want to do something about it, and he used to go out walking with [REDACTED] He'd go and collect his sandwich, you know, and he didn't have fizzy drinks and, you know, people used to have an open conversation with him about that, so I, and he's the only one I can really think of that would be in that category of possibly clinically obese, I suppose. Although I guess we've got girls that would like to be thinner and may well be doing things about it, I don't know how that affects their self esteem. So I think the answer to the question is I don't really know and that's the honest answer.

Appendix 6.1: Extracts (8 in total) from the transcripts of the semi-structured interviews with adult providers

Extract 4: Semi-structured interview with Extended Services Cluster Coordinator ESCC

PVB: There was piece of research done, and if you are interested I would send it to you. It was done done in a secondary school. it was targeting a group of children who were overweight and was asking them how they felt about Healthy Schools , what was going on in their secondary schools, and some, not all, did say that it made them feel more exposed and more vulnerable and I think the recommendations from that research were just really to say what you are doing is not really wrong but you need to think very carefully about how you promote this.

ESCC I think it is the same with any programmes that you put in schools. Because we deliver family learning and it is targeted at children who are below a level 3 so it families that need that additional support so in one way it is how you advertise and promote the programme itself and it is that you are not just targeting children that are overweight and obese or you are targeting but you are coming back to that universal group as well so it is about inclusion really and making sure that all children feel included but you have got your target group there as well that are participating if they want to so it is an option really, it is not forced and it is working with the families because it is not just targeting the young person, it is being aware what is going on at home as well and their lifestyles.

PVB: ... there is that phrase 'First do Harm' and it is actually to think that if you are creating cultures of children being healthy and children having healthy weight that actually in fact are you creating environments where children are finding themselves I don't fit it because I am not a healthy weight.

ESCC Yeah I mean it is very wide , you known, broader than what we are, because you have got the press you have got the media , you have got camps now , you know for children with obesity issues to go and spend six weeks there and I was listening to it over the summer and children were saying I have come and lost 10 pounds and I am really happy, you know , but it is difficult , a real difficult one ,because children , some children will feel maybe feel that is more directed at them but that is self conscious.

PVB: ...visiting some of the schools they do have a very healthy positive ethos and I think they would be mortified to think that anything that they are doing is causing distress to certain targeted groups and raising levels...

ESCC And that is why schools have put in place for the Healthy Schools Coordinators to work together to address this type of issues and look about how it can be delivered within the school ... It is a real difficult really, it is hard to say with some young people and I think if that was to happen schools would need to address it and it is about having someone on board to support that child if they feel that way. And I hope it does not happen.

Appendix 6.1: Extracts (8 in total) from the transcripts of the semi-structured interviews with adult providers

Extract 5: Semi-structured interview with Community Sports Centre Manager (SCM)

PVB: But do you think particularly with targeted groups like this, it's managing that tension about there is an element of stigmatisation isn't there? That actually part of the uncomfortableness for schools or other providers or other partners is about by targeting these groups, targeting these children, we're actually sort of exacerbating or compounding this stigmatisation by actually saying look there's something wrong, you need to do something, and that's the uncomfortableness.

SCM: It is, we find that if we had a play scheme on, or something like this, we'd have probably more overweight kids in the play scheme than a group Quite easily, without making any effort at that, and then we'd just have to manage that within their activities. But any more than that, it should start with the ... and what would you want to do? Would you want to exacerbate it and say well are you coming to these groups, and then once you start dragging seven, eight out, doing something different. And they start looking at each other and they start adding two and two together, you know, and I think that being more generalised and working from that and then maybe building up to a point where they might be more comfortable at being somewhere near to that, it might be a good idea.

But I mean they don't know, nobody would know that they're specialised when they're up here because they're in there, they have meetings and sit down and they go and do their activities, and you wouldn't think any different. They're just doing activities in the sports room. Like any other groups, it is, I should imagine in the other environments it can be more of a stigmatised thing.

PVB: But there is also this other issue, all of, also about that for some parents of some young people it isn't an issue, and it's this question about ...

SCM: If you have an issue then you don't have an issue but. Or do they know and do they understand what the consequences are.

Appendix 6.1: Extracts (8 in total) from the transcripts of the semi-structured interviews with adult providers

Extract 6: Semi-structured interview with anti-bullying coordinator (ABC)

ABC: *I suppose, for me, I mean I looked at this earlier on and I thought for me it's here: c) the anti-bullying policy ensures the safety and emotional wellbeing of children targeted due to their weight and status. That's where I think I'm coming from. I think that's why we fit in with the safeguarding agenda. And I suppose for me it's also, for me, it's about human rights and equalities. So that's where I come from.*

Now whether other people in [REDACTED] whether that's where they're coming from as well, I don't know if I could say that really. I mean I think that that's what we're about. I suppose, as part of that, I think there should be education for children, maybe about, I don't know how they can avoid bullying or how they can deal with it if it happens to them, so there should be some kind of preventative education around that. I guess there probably is some kind of conflict. I mean this kind of suggests that there's a conflict between the health education agenda and the anti-bullying agenda, and I guess that that's probably true. And whether schools are getting any support with that, I doubt whether they are.

PVB: *That's one of the themes I think that I was kind of interested in, how are schools managing this sort of, well I suppose they're used to managing sort of contradictions because they've got the standards and inclusion agendas. But ... I was just interested whether you've actually come across A and B¹ in terms of your role, in terms of talking to other people, talking to other services, and is this some of the rhetoric that you've heard?*

ABC: *I haven't really to be honest with you. Whether those people, I mean on the other hand, having said that, I'm not really engaged directly with children or with schools, so whether people like the Health Education Service where they stand on that and what their experience is I can't really say.*

¹ A. Preventing and managing obesity will reduce bullying incidences (Children are less likely to be bullied or bully if they are a healthy weight)
B. Anti Bullying policies will support the prevention and management of obesity (Inclusive, non stigmatising and safe environments are more likely to facilitate children's access and uptake of activities that promote healthy lifestyles)
C. Anti bullying policies ensure the safety and emotional well being of children who are targeted due to their weight status

Appendix 6.1: Extracts (8 in total) from the transcripts of the semi-structured interviews with adult providers

Extract 7: Semi-structured interview with Physical Education Consultant (PEC)

PVB: ...research is showing that particularly with research with overweight pupils that of all lessons PE is the one that they have the most discomfort with, and you have to remember a lot of this research is about self reported, so it's how they perceive what's going on, and it's about their perceptions about how their abilities, skills, the issues around body image, this notion of enhanced surveillance, they get targeted more than others and also stigma. And it's just stigma shown by peers, it's also stigma shown by PE, and it's the whole PE lesson. It starts from the minute they go into the changing room to doing the activity and getting out and I was just sort of interested in saying how seriously is this taken on board in developing policies and practices and what guidance are schools getting around managing that balance?

PEC: I would say not enough is my short answer. Some things have improved so for example PE kit in schools has improved and, you know, the fact of having to wearing a gym skirt, I mean, you know, in the 1940s and so lots have improved about it, and you go to some schools now and they've all got tracksuits and, you know, they're nice and loose, you know, and you can see. So there are some real positives in that, and a lot have made an effort with that from what I've seen. And others have adapted the curriculums so have gone away from the traditional netball etc. You know simple things like dance mats..., and things like that, and activities like that, and they don't have that same, it's an individual ... [unclear]. So those sorts of things have been brought in to try and cater not just for children who are overweight but other children who aren't traditionally good at PE. So that is a positive I would say.

I still think there's a problem with teachers that aren't aware and aren't sensitive to it. Now, obviously, that's a generalisation ...

PVB: But like you said yourself it's not all but clearly they are seen as the most critical.

PEC: Yeah, and I think my colleague, [REDACTED] sees where they're insensitive to the needs of that. I suppose it kind of comes from, through all our training now, there's an inclusive aspect to our training, so, you know, and as I said to you, our physical education now, we are pushing more on. It's not about gymnastics, it's about teaching and learning, and it's not about, people will say to me oh I can't teach forward rolls because I can't do one.

... So as regards our support we have an inclusive approach to it, but we don't work with every teacher that's out there. So I would still worry about that.

Appendix 6.1: Extracts (8 in total) from the transcripts of the semi-structured interviews with adult providers

Extract 8: Semi-structured interview with Heath Education Service Healthy Schools Coordinator (HESHSC)

- PVB *It will be because I'm kind of thinking in terms of visibility that, you know, because you do pick up from reading research about children's own self perceptions about their body, what their weight status is, parental perception, then you have your sort of real measurements in terms of the BMI and they don't always fit.*
- HESHSC *No, no, they don't. I mean there are numbers of issues but I'm just thinking one of the secondary schools I work with, they gave all the girls in a targeted group there for NHSS, they gave them a set of scales so they could sort of weigh themselves privately, so that they did work with them before school or during assemblies I think. But they felt that by giving them a set of scales they could, because they'd, being older girls they were more aware of themselves of the fact that of why they were in this group, and they were working together to try and help and they felt that giving them these scales where they could sort of take them away and perhaps using them at home.*
- PVB *But did the girls have a very clear idea what they saw as normal, average weight?*
- HESHSC *I don't know enough about what went on.*
- PVB *Well I'm just saying that's ...*
- HESHSC *It's a big issue that. I mean whatever vulnerable group they pick, whether it's a group in a secondary school of girls who are vulnerable to become pregnant, that's another, whatever group they choose as a vulnerable group, you know, even if we just said a group of looked after children, you know, there's that difficulty of stigmatisation or what other pupils, because kids can be cruel and obviously, you know, working on emotional health and there are lots of things have gone on in the school one hopes that children won't react cruelly. But the more obvious vulnerable group, you know, there is the potential there with this but obviously we haven't got that far yet so we haven't had any issues that have come out. But I can see there's potential for some elements of difficulty.*
- PVB *This is one of the things, areas that I've tried in a sensitive way to explore with some groups of young people about this notion about when schools are trying to do something about does it raise the visibility of the concerns, you know, do you think children feel they have more surveillance or do you think...?*
- HESHSC *I'm not particularly thinking of the group themselves because I would hope the school would be sensitive enough to work with them in a way that was, that kids would feel was supportive. I'm just thinking more of the wider issue of, an identifiable group amongst other people in the school, but I suppose it's a question, that will have to be a question of them maybe withdrawing that group at a time when others, you know, they're not an obvious group across the school or, I don't know.*

Appendix 6.2: Extracts from the children and young people's primary and secondary advisory reference groups (PARG and SARG) transcripts.

Primary Advisory Reference Group (PARG) Transcript 3 extracts in total

PARG Extract 1

PARG: *I find out things by going to the computer*

PVB: *Going to the computer. Yes that is very good idea*

PARG: – *I find out things by going to the library*

PVB: *Right we have got the computer, we have got the library.*

PARG: *Computer*

PVB: *Computer*

PARG: *Dictionary*

PVB: *You find out things from the dictionary*

PARG: *Asking people*

PVB: *Asking people, yes that is a great way to get information*

PARG: *Go round the classroom*

PVB: *Go round the classroom. Has anybody got anymore ideas?*

PARG: *Look on the internet*

PVB: *Look on the internet – fantastic. One more –somebody had they had up down there*

PARG: *I was going to say internet*

PVB: *The internet*

PARG: *and talking*

PVB: *Great. Everyone of these is right. These are all different ways we can find out information, doing research, and that is what I am doing at the moment in [REDACTED] I am finding out information. I am doing research. And I am doing things like reading, go on the internet, I am talking to people. I am asking questions and one of things I want to do is to find out information from children and I wanted to ask you what you though the best ideas of doing that.*

Appendix 6.2: Extracts from the children and young people's primary and secondary advisory reference groups (PARG and SARG) transcripts.

PARG Extract 2

- PVB: ... do you think talking to children in groups is the best way to do this research or is there another way I could do it.*
- PARG: Both – first you could talk about it and then you could interview them and see what ideas they have.*
- PVB: So you think I could do more than a group. Perhaps do some interviews with children. OK. Does everybody agree or does somebody have another view. Now remember in the group we will be talking about healthy schools, about children's weight, these are the kind of things we will be talking in groups, You think groups are the best way?*
- PARG: – You could do a questionnaire because some people might be shy.*
- PVB: I was not going to have lots of groups I was going to have one group so I think about that. Giving them a questionnaire for those who are too shy to talk. Now in the secondary school we had a debate about the makeup of the group. Whether it should be a mixed group or have a separate boy and girl group. The girls in the group thought it would be better to have separate groups. Because the girls said the boys would be silly. Now that may be different in a primary school. What do you think?*
- PARG: Separate group, boy girl, separate.....*
- PARG: I think ages.... You cannot put an older child with a younger one*
- PVB: There may be issues with numbers. Because of the time it will not be possible to have a group for every age in the school. So if there was a best age to talk to about Healthy Schools which age do you think that would be?*
- PARG: In primary schools Year 6 and Year 5.*
- PVB: Y6 and Y5. How do you feel about that Y2s, Y3s and Y4s do you think that is fair? If I had to pick a particular age – do you agree? Do you understand – Some was suggesting meeting different age groups. That is I would meet with a group of Y5s, Y4s Y3s etc but I will not have the time to do that. So if I had to choose maybe one or two age groups to work with which do you think would be the best ones to work with?*
- PARG: Y6 that is because of the understanding. Also more awareness about how the body changes However if I was the high school I would say in between say 13 or 14*
- PVB: Do you think children in year 3 or 4 would have something to say*
- PARG: – I think Year 4*

Appendix 6.2: Extracts from the children and young people's primary and secondary advisory reference groups (PARG and SARG) transcripts.

PARG Extract 3

- PVB: ... What do you think of that kind of system with teachers nominating? If I was to run a group in school in this school. What would be the best way to invite children? What would be best way or fair way.*
- PARG: Children who are not confident/*
- PVB: You think it should be given to children, they should be chosen, who are not confident, under confident.*
- PARG: I think you should go to classrooms and look and see how children behave and stuff.*
- PVB: Right it may not be possible for me to go and visit all the classes to do that. Could I ask the teachers? Do you think they would be able to nominate someone?*
- PARG: They only pick certain, sensible children.*
- PVB: For certain reasons you can understand why they do that. But for this do you think the children will be able to give me a good selection.*
- PARG: The children could vote about who they wanted to be.*
- PVB: So say I had six spaces they could vote who had the spaces. So I could ask the teachers to nominate someone. I could do a vote. If lots of children wanted to do it we could have a vote. Are there other ways I could ask children to involve children in this research? Any other ways. How do you get children involved what do you do as a school council.*
- PARG: We usually stop the lesson, say it is for school council and asks them questions.*
- PVB: Do you think you could nominate?*
- PARG: Yes*
- PVB: Do you think you could nominate is that an option? If I had to put a group together. Could you nominate? Is that something to think about? NO? Good idea? Is that something you could do or would rather the teachers nominated?*
- PARG: I think the teachers and children could work together. If the teachers saw someone and we saw the person as well ... and that person would have the most (unclear).*

Appendix 6.2: Extracts from the children and young people's primary and secondary advisory reference groups (PARG and SARG) transcripts.

Secondary Advisory Reference Group (SARG) Transcript 4 extracts in total

SARG Extract 1

PVB: ... When you hear people say the word research. What images generate in your mind when you say people are doing research? What are they doing?

SARG: Find out information

PVB: Find out information. That is a good one

(Participants' engaged in warm up activity)

PVB: Right have you got something to share? Do you want to share one of your things?

SARG: I will share them all.

PVB: Survey. What do you mean by survey?

SARG: Give people stuff

PVB: Ok

SARG: Questionnaire, computing, internet, homework, experiment, related to different circumstances,

Getting information out of it

PVB: So got finding out information, survey, questionnaire, computer, experiments. Somebody said homework?

SARG: Homework is not research

It is. It is like getting research for something

Homework is not research

PVB: Relating to different circumstances

SARG: Yeah and getting information out of it

PVB: Anything else? When you think of the word research? Anything else? No? Well all those words are relevant. When I think of about that, I am doing? I am finding out information.

SARG: Searching for your answer.

Appendix 6.2: Extracts from the children and young people's primary and secondary advisory reference groups (PARG and SARG) transcripts.

PVB: I am looking for answers for questions I have got. Survey, questionnaires. I am not actually going to be asking people to write out answers on a questionnaire but I am going to be asking them questions

SARG: What kind

PVB: I show you later. I am using the computer, to search things to find things out. Experiment – what do you mean by experiment. Is that what you do? What do you mean You said the word, What do you mean

SARG: Experimenting, like discovering things. Like a scientist

PVB: Research is about discovery

SARG: Or they making something

PVB: Or making something. I am hoping to discover something..... Relating to different circumstances and getting information out of it. Could you give me an example of what you meant by that?

SARG: For example, it is like you are talking about this thing and you can go round to different people who have different circumstances and it is like comparing it together and see.

SARG Extract 2

PVB: These are some of the questions I am going to be asking in those groups. Do they like these health promoting activities? Do they want them? Do they like them? Do they enjoy them? What more do they want? What less do they want? Who do they think is going to benefit? Are certain groups of children going to benefit more than others?

SARG: I think the girls will benefit more than boys?

PVB: But also there is an issue for those children who think, or believe that they are overweight, it does not matter that they are overweight or not, it is a question as to whether they think they are, are they going to find these things helpful or unhelpful. And what do you think could be done to make sure no one feels uncomfortable about what is going on? So these are going to be some of the questions I am going to be asking?

SARG: Oh my god

PVB: What is wrong?

SARG: She thinks she is overweight

PVB Does not matter; it is about what you think

SARG: But look at you...

Appendix 6.2: Extracts from the children and young people's primary and secondary advisory reference groups (PARG and SARG) transcripts.

- PVB: So this is my first question for you?*
- SARG: I can wrap my arms around her*
- PVB: When I had this research idea, one of things I had to prove was that it was worthwhile and it was worthwhile doing it. I mean you get lots of different people coming in with lots of different research ideas but I suppose one of the questions I have to ask you think this is a research activity that people are going, children are going to be interested in.*
- SARG: I would*
- PVB: That is my first question. Is it worthwhile doing this? Or am kind of I wasting my time, nobody is going to be*
- SARG: I think more mature people will be but*
- PVB: You don't think*
- SARG: I think our year would and I know the girls would*
- PVB: Year 10, the girls would,*
- SARG: I think my year (Y7) would of*
Some people in Year 9 -would probably
Maybe people in Year 8
You know year 7, the boys yeah are annoying, the girls are a bit annoying but not that much, especially the boys, they keep on teasing girls.
- PVB: So do you think it should be a group of older children or should it be mixed?*
- SARG: Older children*
- PVB: You think it is more likely to be successful with older children*
- SARG: (Unclear) Year 7*
- PVB: Younger than Year 7?*
- SARG: I don't think Year 7s are not mature enough to talk about*
Yeah
- PVB: What about Year 8*
- SARG: And Year 8*
- PVB: So just year 9 and year 10, I don't think, Year 11 possibly*

Appendix 6.2: Extracts from the children and young people's primary and secondary advisory reference groups (PARG and SARG) transcripts.

SARG: They are not all here

PVB: There are too busy

SARG: It just depends – some people are more mature for their age

PVB: So it is giving people the opportunity whether the...

SARG: If you ask them and they agree to it

SARG Extract 3

PVB: No as I said I want to do this as a group discussion and again one of things I wanted to ask you, you have mentioned earlier on when people do research they can do things like questionnaires or surveys what do you think of this group discussion do you think I should do as a group thing or do you think I should do it as a survey.

SARG: A survey

No, I think you should do it a group thing. Get a group of girls or some of year 10.

But survey but obviously

Cos a survey they would not have, get as much say in it. But like in a discussion group they will tell you what they feel and everything.

You really are good

Thank you

Really good

PVB: Do you agree is that what you are saying. So do you think the group discussion?

SARG: Yeah

PVB: is a better idea than doing a survey and a questionnaire.

SARG: Cos say on a survey you want to ask them a question, say they want to write a paragraph or something there is not enough information to write it. If they say out, it may be more easier for them.

It may not take (unclear)... longer for in the future to read every single survey.

PVB: Right That is true, right that is good. Right the groups – again it is going back to the point who should I ask? And how should I invite young people to come and participate.... I mean what happened, when I wanted an advisory reference group your council was recommended to

Appendix 6.2: Extracts from the children and young people's primary and secondary advisory reference groups (PARG and SARG) transcripts.

use, to ask, to do that but what about this focus group. Do you think it should be open or do you think I should go to staff and ask them to suggest

SARG: Nah it should be open

PVB: Do you think you should you suggest. How do I..?

SARG: I don't know

You should announce it in assembly or something and people will be interested

Yeah

Find a really interesting way to get it out to them

PVB: So you are actually it should be open recruitment.

SARG: Yeah

PVB: Some of the staff is saying they can find me young people to be in this group but you think it should be

SARG: But they will always find specific people

You want all different types of people

Cos most of the time staff pick, they pick the exact same people

Pick people who just be good and stuff like that but it is not just about that

Probably they would not want to like say much

SARG Extract 4

PVB: You might want to go. Ok thanks for that? What about this debate I am having about whether to do it as a girls or boy group or mixed group. What do you think?

SARG: I think it should be boys and girls

Yeah

I don't, I don't

PVB: What the vote? Who says separate groups? Who says mixed groups?

SARG: But would you, would you be, do you think the girls in your year would be comfortable like you know.

Appendix 6.2: Extracts from the children and young people's primary and secondary advisory reference groups (PARG and SARG) transcripts.

To talk about with the boys

What they

To talk about obesity

Yeah and like stuff they feel to the boys

Yeah with the boys

So you have a girl group and boy group and the girls can talk to girls

Yeah

This is a mixed group and it is working

Yeah but with some people you won't and

Yeah some people will laugh at you and other people are more serious

Yeah

And some people would not want to say stuff that they are saying

PVB: *.... I value your views. . I am not going to say yes or no now to what you are saying. I am just interested in hearing your views.*

SARG: *You won't get mixed opinions, you just get set boys and girls.*

PVB: *Well there is always the option of perhaps doing a bit of both.*

SARG *Why don't you mix them together, I mean like do the girls one, do the boys one, see what they find out.*

Or why don't you get the people, you could ask them.

Cos no, like, you know some of the girls, yeah they won't speak up cos they might be a bit shy because of the boys. Cos you know, nobody here, I won't speak up in front of boys cos I have got issues.

But I would speak in front of the girls.

Me neither because the girls are just hee hee.

Boys can be more ...

PVB: *... this could be a sensitive subject for some, this is why I want to make sure whatever the makeup of the group people are going to feel safe and comfortable but it is something to think about so ..*

SARG: *Maybe you should have separate groups because some people are under-confident*

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

PRIMARY FOCUS GROUP (PFG) TRANSCRIPT 7 extracts in total

PFG Extract 1

PVB: This discussion is about Healthy Schools and one of things we are going to touch upon is children's weight. One of the things I wanted to check out with you is about the terms we are going to use when we talk about children's weight. Now I am adult, and I am a researcher so all these terms that I have listened here like underweight, overweight obese, normal, average, large, big heavy. I am happy to hear them... but I just wanted to check out if they were any of these terms, particularly the last term, the term fat, which you would feel uncomfortable using or saying. I think it is important to check. Also I mean also as well as being and adult and a researcher I am also a person who is overweight. As I said I do not have a problem hearing this but I wondered if any of you had strong views about which terms we should use or not use

I did do this activity with some secondary school children. They said the one that caused the most debate was the term fat. Some people said we should not be using it and some people said it was okay to use it? What do you think?

PFG: We should not

PVB: You don't think we should be using it this afternoon ok? So what should we be saying instead when we talking about children's weight?

PFG: Overweight

PVB: Overweight. Ok. Any other terms you are comfortable with. I am going to circle these.

PFG: Obese –

PVB: Obese alright – we are happy to use that, right

PFG: Large

PVB: And large, ok

PFG: Normal

PVB: Normal (last participant joins focus group)

PFG: Average

PVB: So we are definitely say not fat. Heavy? Is that fine?

PFG: Yes

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

PFG Extract 2

- PVB: *...Has anybody else written anything different that is not about food and not about doing things that are active? No? Anything else that makes this school a healthy school.*
- PFG: *I think it is because of, not like loads of people that look big and obese and that.*
- PVB: *Do you think that is what Healthy Schools is about? Say it again I did not hear you properly*
- PFG: *I think it is because it shows how likes our school does not have a lot of people*
- PVB: *Alright, you think it is because the school is healthy that you don't have children in the school*
- PFG: *that are obese*

PFG Extract 3

- PVB: *Going back to that comment you said that you think [REDACTED] is a healthy school because children aren't getting overweight. Do you think children are getting slimmer or getting healthier weights in school?*
- PFG: *Yeah*
- PVB: *In the time that you have been here?*
- PVB: *You don't know? Ok. Did the year 6 children, did you all do the ..., I heard that the school nurses were coming*
- PFG: *Yeah to check your height and your BMN*
- Your BMI*
- PVB: *Your BMI. And that has happened?*
- PFG: *I did not do it*
- PVB: *You did not do it*
- PFG: *You have a choice if you do not want to do it.*
- PVB: *Right that is good that you had a choice ok. But they did it in a good way? For those of you who took part. Was it done in a nice way? It did not do it front of everyone? Did you go somewhere private?*
- PFG: *They stood at the door*

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

But there... (unclear)

It was not private

PVB: It was not private ok.

PFG: But they won't tell each other the results

PVB: They won't tell you the results. That is good

PFG: They told us but not anyone else.

PFG Extract 4

PVB: ...They is a lot of concern that more children may not be having a healthy weight. Can you see my pictures? You have doctors and nurses saying it. Newspapers. I don't know if you read newspapers or read magazines, but often you find articles about it. There are even some programmes on TV that involve young children. Have you seen that? Have you seen some of the programmes that are on TV about children who may not have a healthy weight? What do you think about them? Do you think they are fair? Do you think they are good programmes or? Are they interesting or not?

PFG: I think

They are interesting

They are kind of interesting but then I think like that the people that like the children that are obese it might like affect them somehow

And give them the confidence

The confidence of helping them and

PVB: So you think being on TV will may actually make their confidence less or more?

PFG: They are watching someone saying such words. They going to feel bad

PVB: They are going to feel bad about themselves when they are watching the TV?

PFG: But when you are obese and watching TV you learn that you should not be obese.

PVB: Ok Ok

PVB: So I said politicians, schools are doing it. So there is a lot of talk about this. One of things I was interested in there are a lot of people saying it

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

is very serious. We need to do something about it. And I was wondering what you think?...

- PFG: It is actually serious because it might affecting their*
- If you get teased a lot you won't want to come to school*
- They just want to stay at home all the time*
- It might affect their lungs*
- Their breathing*
- Yeah their breathing*
- If they are saying it is a big issue why don't they put the gym membership down?*
- If they are making a big deal about it why don't they make it go a bit down so that all the obese children can go to the gym?*

PFG Extract 5

- PFG: I think like, if the person, if like the child is obese and like they go to a physical activity with their school and they meet someone, it might actually help them to have more confidence in themselves*
- They both understand what they are going through*
- And they might discuss it with someone that will make them feel*
- I am not kind of shy to tell feel this. They are going to tell that person.*
- PVB: So you think that some children by doing things together they may be more happier to share what they are thinking and feeling? So those children who have got more healthy weight may be more sympathetic and understanding? Is that what you are saying?*
- PFG: No. Not healthy ones, the same.*
- PVB: Ok, Ah, doing it together. Oh children who are overweight. OK.*
- PFG: You may get someone who is bit smaller they might tease them.*
- PVB: Oh OK*
- PFG: They might be people who are small and people who are obese. They might still go to that person and that person might still encourage them.*
- Yeah*

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

PFG Extract 6

- PFG: I think that people will feel uncomfortable and might want to change the way they look and then might want to go to surgery and have like get plastic surgery.*
- That is bad.*
- I think they should just like exercise and eat healthily*
- Eat healthy foods*
- And talk about how you are feeling*
- Yeah*
- PVB: Do you think though. I don't know whether you have seen this in school or not but do you think because everyone has been asked to eat healthily that when children, some children might feel a bit uncomfortable and self conscious when they having their dinners because they think children are looking at what they are eating and going to make a remark. What do you think?*
- PFG: With some obese people when they are eating healthy foods, some people might be looking at them and asking why are you eating healthy food you are not going to lose weight and like*
- Or if they are eating like a chocolate bar – why are eating chocolate? You are not going to lose weight, you know*
- PVB: Do you think that may happen or have you seen it happen?*
- PFG: I have seen it happen*
- I have seen it happen*
- PVB: You have seen it happen. So children are making remarks about what children are eating*
- PFG: Yeah if you are big*
- And how you eat too*
- Yeah if you eat a lot and go for seconds. They say that is why you big because you are going for seconds.*
- Some people may judge the way you look and the way you are eating and like that.*

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

PFG Extract 7

PVB: What about PE because that was another thing that was raised by the older children that some children might feel with all this PE and children having to do more of it that some children are going to feel uncomfortable. First of all they are going to feel uncomfortable because they are going to have to do it and also some children get self conscious about changing and getting into PE clothes. What do you think about that?

PFG: I think it is going to be very very hard for them, like obese kids because like if they cannot change properly like

They take longer.

Yeah they take longer and people will start laughing at them .Like when they are taking their tops off. They say like ah you

Boys in our class when they put on their sorts, some people tease them about their bellies

Like we have got this boy called A. Like some of the boys tease him and say you have got. Am I allowed to use this word man-boobs?

PVB: Well I have heard it once. Maybe not use it again

PFG: Well they say that he has got them and say look ah at your feet, look at your thighs and all that and start teasing him.

And like when he is doing PE, (unclear) he gets tired easily

And starts walking and they start laughing at him

And say hurry up hurry up

There was boy , I am not going to say his name, in swimming well every time he stopped because we had to go all the way round. People would laugh at him oh you are too fat you cannot swim. So he stepped out and you kind of felt a bit

PVB: One of things you said earlier that one of things you were concerned about that because of all this teasing that some children might stop doing things. Some children might stop coming to school and might stop doing, making excuses not to do PE. Have you seen that happen?

PFG: Yeah

A lot

I have seen them trying, like actually they are not eating some children saying at dinner I am not hungry. I am full and therefore I am not eating

And everyone laughs

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

Unclear

Like they would eat it ... (unclear), they would just take a bite but when they get home they will eat more and more because they are really hungry.

They won't show that they are hungry

That is not good to starve

PVB: That is not good, trying to starve yourself.

What about PE. Do you think people try to make excuses or do you think the school very good at trying to encourage people?

PFG: I think actually the school is good because some people in our class. There is a boy who doing PE and the teachers actually encourage him.

He seems to like enjoying PE, he just does not want to do it.

He defends himself when people start to tease him and all that. He defends himself.

And then he gets really upset

And then he walks away.

I think the teachers do a good job because of how they are encouraging the person to do PE and not listen to what people think about them or say about them. And I really think they do a good job.

SECONDARY FOCUS GROUP BOYS (SFGB) TRANSCRIPT 6 extracts in total

SFGB Extract 1

PVB: Now I am use to hearing these terms and I don't have a problem hearing them as long as they are used appropriately. But I wanted to check whether anybody had any particular issues about using them or not.

*SFGB: I don't think people should call people fat because it is more insulting .
Maybe they already feel sad about it and if people keep on (unclear)
Put people down*

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

SFGB Extract 2

PVB: ... there is a lot of concern about children getting more overweight and what I wanted to ask you as young people do you agree. Do you think that concern is true? Should we be doing something about it or is it too much fuss? What is your view?

SFGB: We should be doing something about it because...

At the end of the day it should be up to the child whether they want to lose weight because if people are pressurizing people too much to lose weight it can make them feel bad as well.

PVB: Ok, any other view about that. It is not the only reason why we have got healthy schools, but it is a main it is a key reason but it is not the reason. Any other views about whether you agree with that level of concern? Do you think it is something young people should be worried about? We have had one that it should be up to the young person to decide whether they want to do anything. Have you got any other her views about it? Is it something we should be worried about?

SFGB: Yeah cos when you get older it could get worse and worse.

PVB: It could get worse and worse as children get older Yes that is a view about something should be done. Anything else?

SFGB: You could get heart disease.

PVB: True, yes. It is known that they are some risks.

SFGB: It could make you have an unhappy childhood.

PVB: Right, in what way could it make you have an unhappy childhood?

SFGB: If you have got parents. If you are slightly overweight and you want to do something about it and (unclear) it is not working and it just make you unhappy. And you could just feel left out.

There is boy in primary school and he was obese and he told me personally that he was on a diet. I never told no- one though. And someone found out. Someone heard a conversation and keep calling him fat and made him sad. I don't want to be on a diet ever because they are going to start blazing him again. He got bullied a lot.

And you see with bullying. When you are fat now when someone blazes you about your weight it could lead to other consequences like child may say does not want to come to this school no more. They may think of suicide and say I don't want to face this fact anymore.

PVB: Oh right that is quiet serious Have you heard stuff like that?

SFGB: I have seen it on the news.

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

SFGB Extract 3

PVB: *...Let's look at the positive let's have a balanced view. In what ways can it be helpful that what is going on in school can be helpful to young people who are concerned about their weight?*

SFGB: *They might not feel left out anymore.*

PVB: *They might not feel left out anymore.*

SFGB: *Social reputation as well.*

PVB: *What do you mean by that social reputation?*

SFGB: *People disrespect people for being overweight? And they have got a reason to do name calling and if they were not overweight they would not be a target for that.*

(INTERRUPTION FOR 5 MINUTES)

PVB: *So we are saying that it could be helpful for young people who maybe having difficulties but actually helping them to lose weight could make their lives better*

SFGB: *They are more active, they have a longer life as well. They will get more jobs*

They won't feel different

PVB: *Let's go back earlier to the things that you were saying that could be unhelpful. So before hand I heard some views about, am I right in saying, young people might feel under pressure? Was that right?*

SFGB: *They should not be worried at this stage right now.*

At this stage

They should be worrying when they are 16 probably

I think it is more helpful to hear about it when you are wrong because if you leave it too late they might not do anything about it? When you are a kid you are more active.

PVB: *So do you think, here you are secondary pupils, do you think they are more should happen when children are younger. I mean*

SFGB: *Yeah*

PVB: *Children's weight changes at different stages of their school career but if somebody is overweight and in primary school. Do you think they should be trying to do something then or wait until they come here to secondary?*

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

SFGB: I don't think children should be worrying about it in primary schools. Cos that is where they should be have all the fun and all that (unclear) before it starts getting serious.

PVB: What do you think? Do you agree? At primary school it should be just left and then sort the problem out when they are older.

SFGB: Yes when they are bit older

They should have a bit of education on it but not too much

Because if they are worrying about it in primary school they won't be able to concentrate and work and stuff.

They might not understand what is going on

SFGB Extract 5

PVB: Also they could be some children who have an okay weight but start to worry about their body image. I was just thinking are they any other groups with this focus on healthy schools eating the right food , healthy activity do you think other children might feel under pressure as well as children who are overweight or obese?

SFGB: There is generally much pressure on children. They are encouraged too much to be just exactly healthy and to look fit and like that. And people just worry too much and they need to relax a bit more.

Even people who are overweight or underweight, other people need to know that they need to be reminded that they can't be like they don't want to be.

PVB: What about the issue of boys and girls. Do you think boys feel it more than girls?

SFGB: Girls

Girls

The girls are worried about their image

The girls are worried about their image and how they look.

PVB: I was wondering if who was likely going back to this bullying and teasing who is if , say you had an overweight boy or an overweight girl who do you think is likely to subject to more teasing the boy or the girl

SFGB: The boy

The boy

PVB: The boy? So even though girls worry about it, it is the boys that get the teasing not the girls. Oh that is interesting

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

- SFGB: Boys are more prone to name calling and girls don't*
- It is a bit wrong if you like are blazing a girl if you say look at this girl and that*
- PVB: So it is considered boys do it*
- SFGB: Girls don't really insult each other about their weight*
- PVB: But they are likely to worry more about it. That is interesting*
- SFGB: When someone wants to do football and if they are overweight people might go ah you can't run.*
- You can't run you have to go (unclear) in substitution or goal keeper*
- PVB: Does that happen a lot in PE?*
- SFGB: No*
- PVB: Not in this school*
- SFGB: Sometimes it can happen*
- Yeah sometimes it does. When we do PE we let most of the people who are overweight, we get them to run about, not just standing*
- I think people are much more in their image because you can have a slightly overweight person and they can be fitter than a healthy person.*
- PVB: True/. One of things that I was interested in hearing, I did talk about it with the girls group, I was just wondering whether of all the lessons in the school PE is the one where some children are more likely*
- SFGB: Get bullied*
- PVB: to dislike than others particularly because of the body image thing.*
- SFGB: Yeah*
- PVB: It is not just the lesson. It is the whole going to the changing rooms, getting changed.*
- SFGB: Yeah*
- Yeah*
- Not sure*
- Yeah*
- PVB: Am I right in that speculation that PE is a hard lesson for children who have concerns about body image and body weight.*
- SFGB: Yeah*

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

Because in other lessons you are not showing your whole image but in PE

Are you talking about girls or boys?

PVB: It could be both. It could be both I was just wondered what you thought PE a difficult lesson not just because of doing PE but also the whole thing about getting changed.

SFGB: There is a boy in my year group who is overweight and he is not overweight any more but he use to be. He was worried about his weight and people use to tease him and everything so he just did not bring his PE kit and he did not take part in PE and he got in trouble for it. But now people started being more supportive and he is ok with it.

SFGB Extract 6

PVB: So just going through this we are saying boys are more likely to be teased about their weight but girls are going to worry about it more. Do you think children who are very underweight have the same problems or do you think overweight children experience more problems?

SFGB: Overweight children experience more problems because they is too much pressure on being overweight. No one really takes notice of you being underweight...

An there are too many jokes like you are fat and that

I think underweight people are getting more pressured. Yeah because people are saying that to me as well.

I think there needs to be more education for underweight as well as overweight.

Yeah

PVB: You have already covered my last prompt. I said can you think of ways which young people can respond to this pressure. You have already talked about children may not want to do PE so they don't do their PE kit, you have talked about young people avoiding

SFGB : People.

PVB: People. Do you know of young people who don't come to school?

SFGB: Yeah

PVB: Because they are afraid of all the bullying and teasing that might go on.

SFGB: Sometimes

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

No

I think so

I have heard of it but I have not met anyone who has been through that

PVB: *Is there any other ways in which you think that young people may respond to this pressure or this discomfort in a negative way to them.*

SFGB: *It might lead to fights.*

SFGB: *It might start anorexia.*

PVB: *That is an interesting one. What do you mean by that? Can you expand that on that?*

SFGB: *Say like you are getting bullying and they say that you are obese it might lead to a fight and in their head they might think that shall I change and get anorexia and that.*

When people start to change people are going to ask why you are changing because that is the way you are always going to be.

PVB: *So they make it a hard time for even trying to change?*

SFGB: *Yeah*

SECONDARY FOCUS GROUP GIRLS (SFGG) TRANSCRIPT 6 extracts in total
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SFGG Extract 1

PVB: *...Some people are just called overweight, some people use the term large, some people use the term big, heavy, sometimes shops talk about plus size because that is more about telling people the type of clothes they can buy. I think the term that generates a lot of comment is the word*

SFGG: *Fat*

PVB: *Fat. So I don't know how you feel about using that in our discussion. Like I said I don't have a problem with it if is used appropriately but I wondered how you felt?*

SFGG: *Not bothered*

PVB: *You are not, you are happy*

SFGG: *I feel alright with every word I mean*

I don't get

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

I don't like any other word on this except plus size

Yeah,

and large

they don't really

They don't offend anyone

Yeah they don't hurt people's feelings

Plus size sounds right.

Like if I was saying to someone now you are fat or obese. Obviously they would get offended. If you use plus size or heavy or something like that they will think you are not saying it in a bad way.

PVB: *Ok so for this discussion you are saying we should just use heavy and plus size and not use the other words*

SFGG: *I think you should use just plus size*

Not bothered I have not heard plus size before.

PVB: *I think it is really a phrase we tend to see in shops*

SFGG: *For clothes and that*

Well may be we should use that instead of obese

PVB: *Well like I said we see how it goes. I just wanted to say that as long as these terms are used appropriately I do not mind hearing them. I just wanted to check what you were happy in hearing? Ok, let's start our discussion then.*

SFGG Extract 2

PVB: *... Have you seen some of the TV programmes that have come on?*

SFGG: *You are what you eat*

PVB: *What do you think of those programmes?*

SFGG: *They put people off*

Yeah

They put people of food in general

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

They don't encourage them to eat healthy they encourage them to cut down on food. Cos there is this guy. You know these fad diets. He uses to eat just one chocolate bar a day.

Just one chocolate bar

And when woman actually she lost a lot of weight. Cut down on your calories but you can have 100 calories a day.

It is not that good cos she probably got ill after eating just chocolate. I know that is what he just ate but this is what he eats now this is what you eat. She lost weight but how do you know inside that she is still ill cos just eating chocolate?

And it makes people feel very bad about themselves and lose their self confidence when they see stuff like that.

PVB: *What about the programmes that involve young people? Have you seen any of those? There have been a couple on TV. There is one about children who go to a camp? Have you seen those kind of programmes?*

SFGG *I saw that one*

The one, the teenagers were like, they are like

It is called fat camp USA.

Yeah

That sounds very off-putting

Fat camp USA. That is what I would not call it. 'teenagers' camp' or something more

Something like 'weight loss' camp

Yeah

Because when I saw it I was like

People who are overweight are going to see stuff like that

And who really wants to go onto telly with themselves overweight

Exactly and they know that they are

SFGG Extract 3

SFGG: *I think normal people are becoming skinnier because they are thinking oh my god I am not skinnier enough. I have a couple of friends and*

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

they are size 8 and size 10 and like oh my good look at me. Look I am fat. Look I need to lose weight now and become a size 6 or a size 8 and I say are you for real? They are stupid.

PVB: *So you don't think people are not getting bigger, it is just that they are getting*

SFGG: *They are getting paranoid.*

Right

They are getting more scared right. Oh my god, am I getting, am I really that fat. You see boys, right sometimes they go say right sometimes to Y and me they do call us fat and ugly. We can get paranoid and we have got to wear makeup to make us look prettier and we have got to lose. I am skinny but because people tell me you are fat. And I am thinking to myself I am not fat though. Now I have started to do jogging and my mum says stop doing jogging you don't need to. My mum says just ignore boys.

I know this girl who called this boy fat and he is not fat. He is just a bit big.

He is just a big for his age.

I am not being nasty miss. Yeah He has got a bulge on him?

SFGG Extract 4

PVB: *...You said the food is not very good but suppose the school was very good in providing healthy options do you think people will start saying, you eating that, you should not be eating this, you should not be eating that. Do you think that is going on in school? Do you think it is getting worse?*

SFGG: *I think people will feel uncomfortable because like some people might not feel good at sport and stuff and might not like the food that the school provides. And they might feel they have to eat because everyone else is doing it. And like in my sports group. We all love sport but they are like specific people. people do not want in their teams cos they can't do that specific sport well so they obviously feel bad. Sometimes we actually have people crying and stuff cos they feel everyone else is picking on them.*

PVB: *So you are saying that some people might feel uncomfortable because they don't have the same skill as everybody else. So what about young people who, let's put it on the table, what about young people who are concerned about their body weight, who might be overweight. Do you think they are affected by what is going on? Do you think they feel under more pressure in PE or not?*

SFGG: *Yes they might do. They might have to do running and stuff and they can't run and they think people are going to laugh at them. SO they are going to say that I am broke my leg or something like that, I can't do it.*

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

I think it is like a shame for people. Like who can't do sports. Say I am not good at sports and I am skinny but I can do sports and stuff. I have got a condition. They pick me and I don't want to do it and if I do it and say I can't run and people might laugh at me because there is this girl right called O like she runs but she is not quite fast and like people don't want her in their group. So mostly it is me picking her in my group because I don't like leaving people out. (unclear). So I take people who cannot do it for themselves and encourage them and Ms W says take them to one side and your own little thing. So it is like people and me helping them out.

That is nice.

SFGG Extract 5

PVB: ... I think it is not just actually doing PE. I also wondered about the changing bit and having to change into PE kits. Whether some people feel

SFGG: Uncomfortable

PVB: Embarrassed, particularly if they are concerned about their body image and body size.

SFGG: Yeah like you know in our changing room yeah, people get other people to cover them with their clothes and stuff ... and then they get changed.

PVB: But does that happen irrespective of what bodies, I can imagine you don't have to be a particular size, is it or do you see it most with girls who are ..

SFGG: Well we kind of separate ourselves out and me and friends go to the shower area.

And we are just there in the shower area all the time.

In a part where no one can see you so me and my friends when we take our tops off or something we go to the back so people won't see us. A few people who get changed out there in the outer space. And people stare at them and say oh my god look at that and obviously they feel embarrassed.

PVB: How about how, how staff treat people who are overweight in PE.

SFGG: There is this teacher here and she is raw.

She will come out with random stuff. It is like see my old friend. Like she is younger than me. She is from the area. We were at my house and I was weighing myself. I was six stone something. She was bigger than me. And I said just let me see how heavy you are and she said no. I said why? I do feel uncomfortable. So, it does not really matter we are friends. I am not going to tell anyone and she did it. That is not really bad and then I started taking her jogging round and stuff and then we fell out friends and before that she was saying that the

Appendix 6.3: Extracts from the children and young people's primary and secondary focus groups transcripts

teachers in her school were saying Z is fat don't pick her in her group and everything like that.

They can't say that.

And apparently this school is supposed to be [REDACTED] And the teacher was saying don't pick [REDACTED] she is fat she can't run she runs like a pig and stuff like that. And then I started to take her out jogging and riding bikes and everything.

I think that is really rude. If I heard anyone say that I would go..

PVB: I am just wondering what other behaviours young people might do because of that embarrassment. I have given one example but have you through your own experiences here seen certain behaviours that is because they are feeling uncomfortable.

SFGG: Stop eating. Starve themselves. There was this time I thought what is the point in eating it does not get you anywhere so I did not eat from a Friday to a Monday. And I got really really tired. I felt what is the point of this. So I went to the fridge and took everything out and said I am eating today. Cos at the end of the day you just don't see the point. You are going to get tired. You are going to feel pain. It is not going to make you happy. People are not going to see the difference (unclear) do move on especially with boys. Look at her look at her. Look at the way she is looking, look her fat she is stuff like that. It is stupid.

You know if you fat and you lose weight. People call you fat and you are fat and people call you skinny when are skinny so just stay yourself. I use to think I was really skinny. I use to eat a lot and my mum was like why are you eating so much. Boys (unclear) I am really skinny, that was in primary school. Then in this school people are saying that I am fat. And then I just take no notice of them. Whatever and my mum says boys say stuff really just ignore them, what do your friends say, believe your friends.

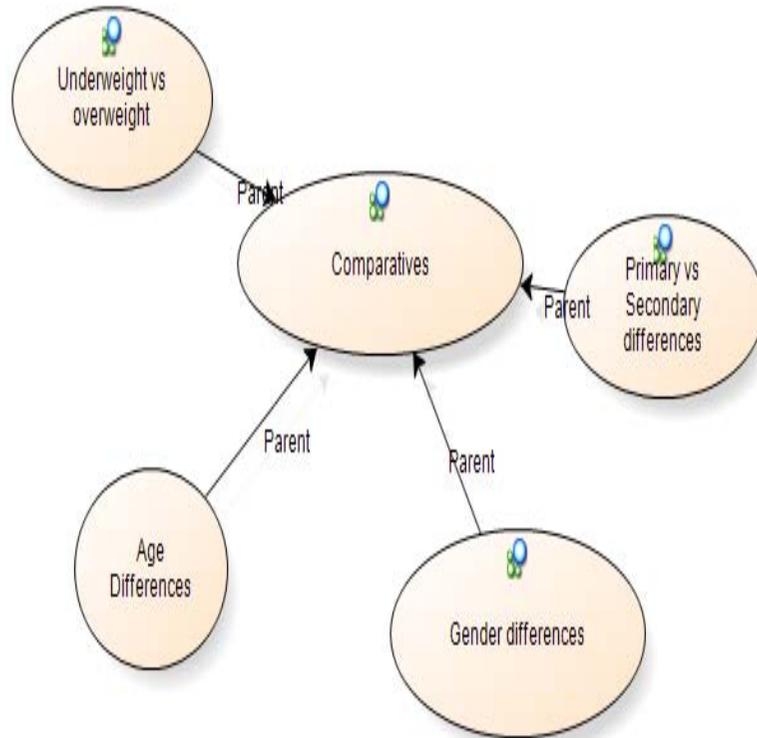
You should never listen to boys man they have got issues.

Appendix 6.4: Table of the 115 deductive and inductive codes generated during phase 2 of the Braun and Clarke's (2006) thematic analysis model

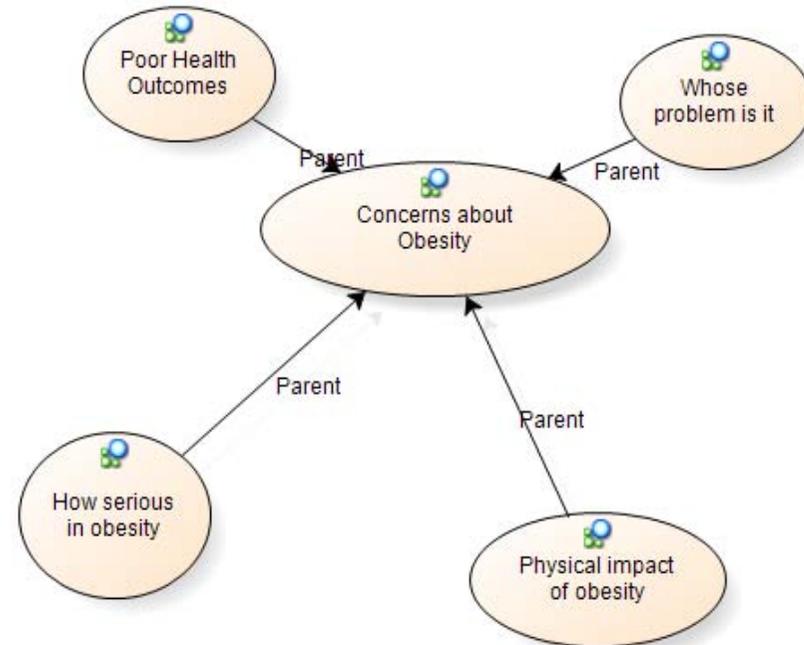
1. Absenteeism D	30. Evaluation of provision D	60. Measure psychosocial outcomes D	89. Promoting forces (FFA)
2. Age differences D	31. Exo LA/PCT	61. Media discourses D	90. Psychosocial causes of obesity D
3. Aversion to PE D	32. Explicit targets for obesity D	62. Meso extended provision factors D	91. <u>PVB ABLPs I</u>
4. Barriers to access provision	33. External Partners D	63. Micros, families schools communities D	92. Role of EPS
5. Being Healthy	34. Families' factors D	64. Model of PE provision D	93. Role of HES D
6. BMI D	35. Food menu D	65. Models of provision D	94. Role of staff D
7. Body dissatisfaction esteem and image D	36. <u>Funding I</u>	66. <u>Mutual support I</u>	95. Schools' factors D
8. Bullying and Teasing D	37. Gender differences D	67. NCMP D	96. Self esteem D
9. <u>Busy team I</u>	38. Gott factor D	68. <u>New research questions I</u>	97. <u>Serendipities I</u>
10. <u>Coming together I</u>	39. Government factors	69. <u>Next steps for providers I</u>	98. Signposting D
11. Community factors	40. Gym D	70. Non overweight peers roles D	99. Smoking and losing weight D
12. Conflicts and tensions D	41. Health and wellbeing D	71. Obesity and fitness D	100. Specialist Provision D
13. CYP consultation D	42. Health Education D	72. Obesity data D	101. Sport vs PE D
14. CP ideas about HSP D	43. Healthy Eating D	73. Ontogenic factors	102. Staying Safe D
15. CYP ideas about research D	44. <u>Healthy Learning Environments I</u>	74. Outside providers for PE D	103. Suicide D
16. CYP reported observations	45. Healthy Schools and SEAL D	75. PCT roles	104. Support D
17. CYP solutions to problem	46. How serious is obesity	76. PE and Health D	105. Surgery D
18. CYP use of obesity terms D	47. Identifying OB OW D	77. PE body exposure D	106. Surveillance, Pressure, Spotlighting D
19. CYP views on EWB D	48. <u>Impact of research activity I</u>	78. PE Links with HSP D	107. Targeted provision D
20. Data D	49. Inclusive practices D	79. PE relationship with obesity D	108. Underweight vs overweight D
21. <u>Delicacy of obesity I</u>	50. Indirect prevention activities D	80. PE vs Physical activity D	109. Unintended Harm D
22. Diets and weight loss D	51. Indirect references to weight D	81. Perceived vs real weight D	110. Universal provision D
23. Disordered eating D	52. <u>Inhibiting Forces (FFA)</u>	82. PHSE D	111. Unsympathetic support for change D
24. Diversity and size acceptance D	53. <u>Innovation I</u>	83. Physical impact of obesity D	112. Weight stigma or bias D
25. Early Years D	54. Internal Partners D	84. Physical activity D	113. Whole school approach D
26. Economic well being D	55. Interventions D	85. Policy drivers and priorities D	114. Holistic model of Healthy Schools
27. Emotional impact of obesity D	56. LA role D	86. Poor health outcomes D	115. Whose problem is it? D
28. Emotional Well Being D	57. Local bullying guidance and research D	87. Positive impact of HSP on obesity	
29. Enjoying and achieving D	58. Macro Government/media	88. <u>Primary vs secondary differences I</u>	
	59. Making a positive contribution D		

Appendix 6.5 The 16 Categories that emerged from the collation of the codes 115 (code hierarchy 126 total- 90 1st, 28 2nd, 8 3rd.) during Phase 3 part 1 of the Braun and Clarke's (2006) model

1. Comparatives (4) 4

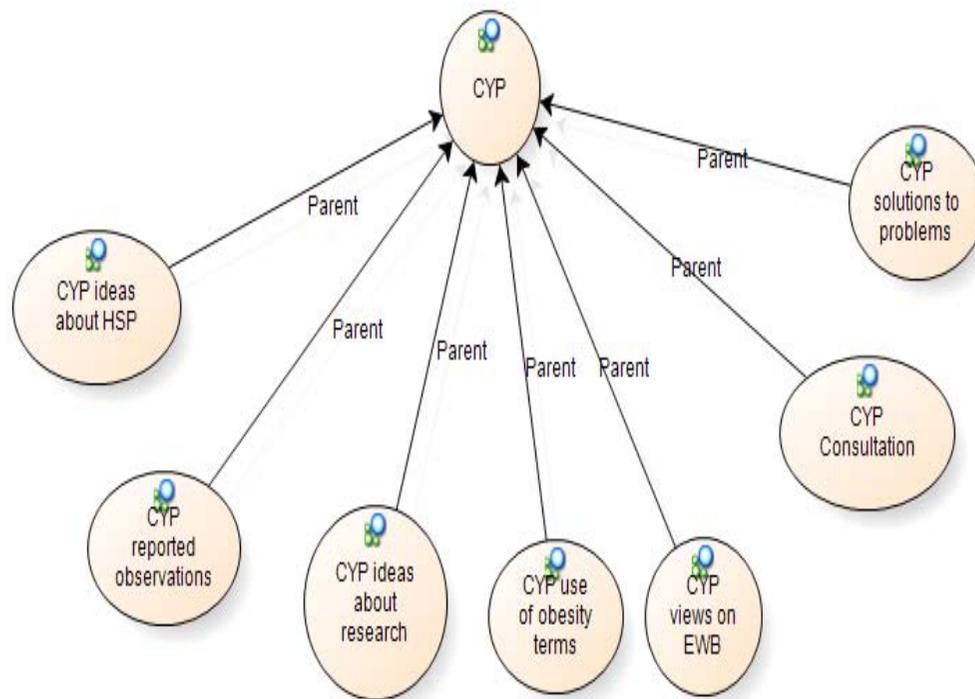


2. Concerns about Obesity (4) 4

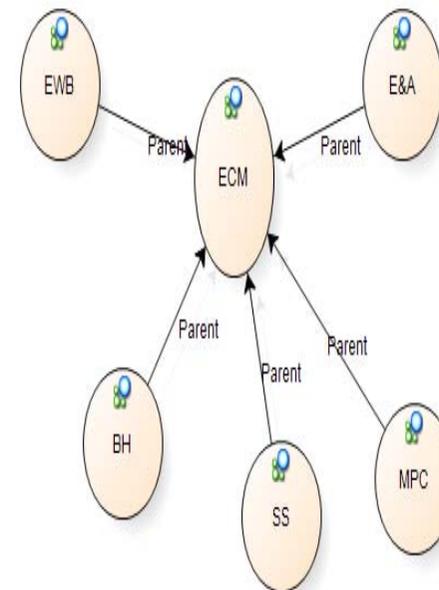


Appendix 6.5 The 16 Categories that emerged from the collation of the codes 115 (code hierarchy 126 total- 90 1st, 28 2nd, 8 3rd.) during Phase 3 part 1 of the Braun and Clarke's (2006) model

3. Children and Young People (7) 7

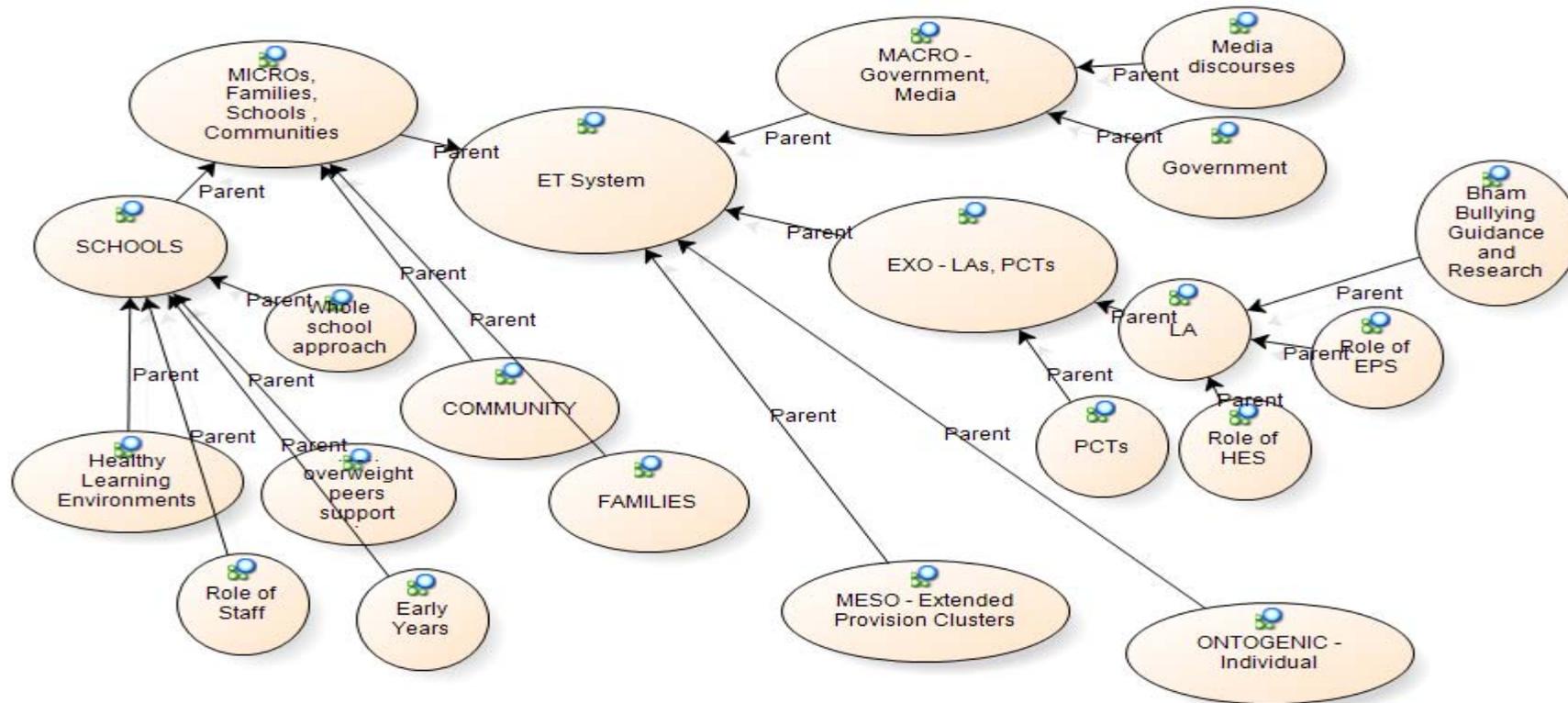


4. Every Child Matters (5) 5



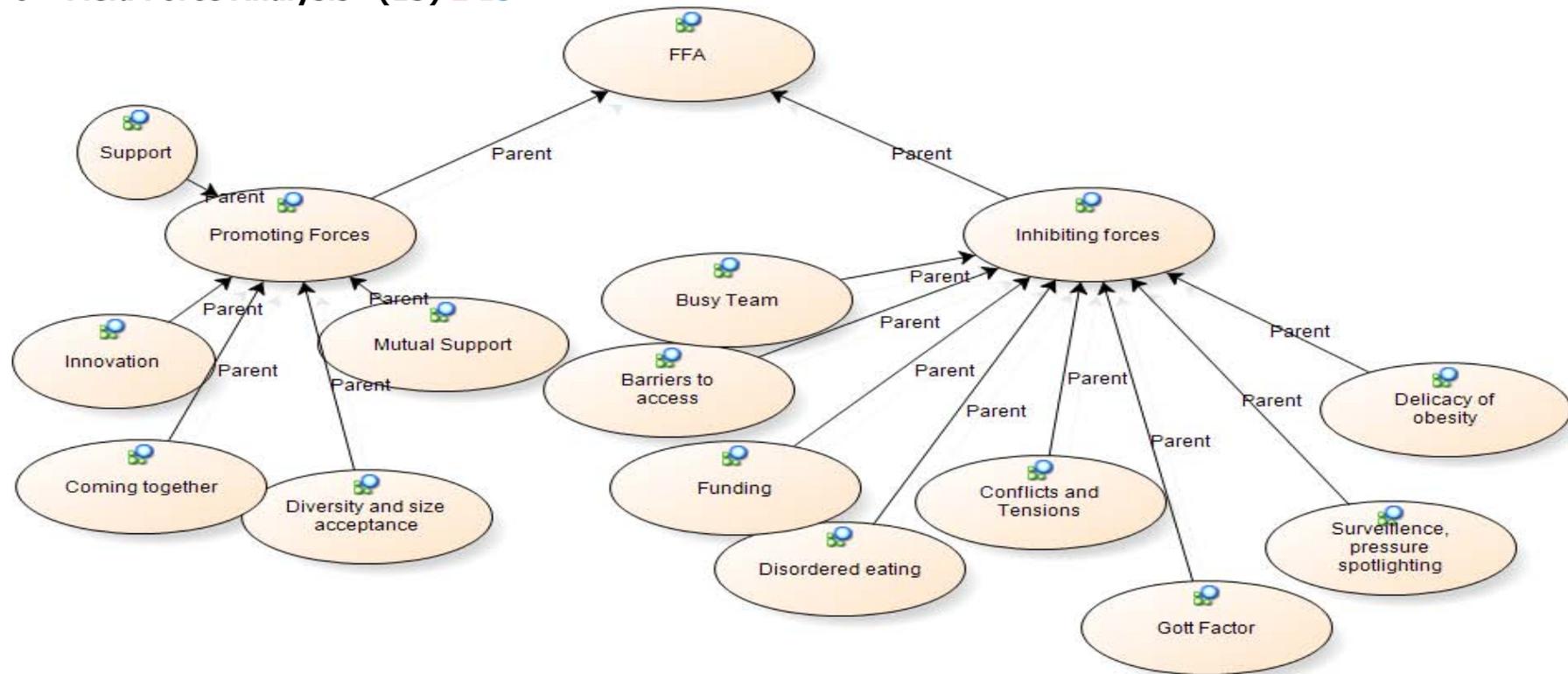
Appendix 6.5 The 16 Categories that emerged from the collation of the codes 115 (code hierarchy 126 total- 90 1st, 28 2nd, 8 3rd.) during Phase 3 part 1 of the Braun and Clarke's (2006) model

5 Ecological Transactional System (20) 5 7 8



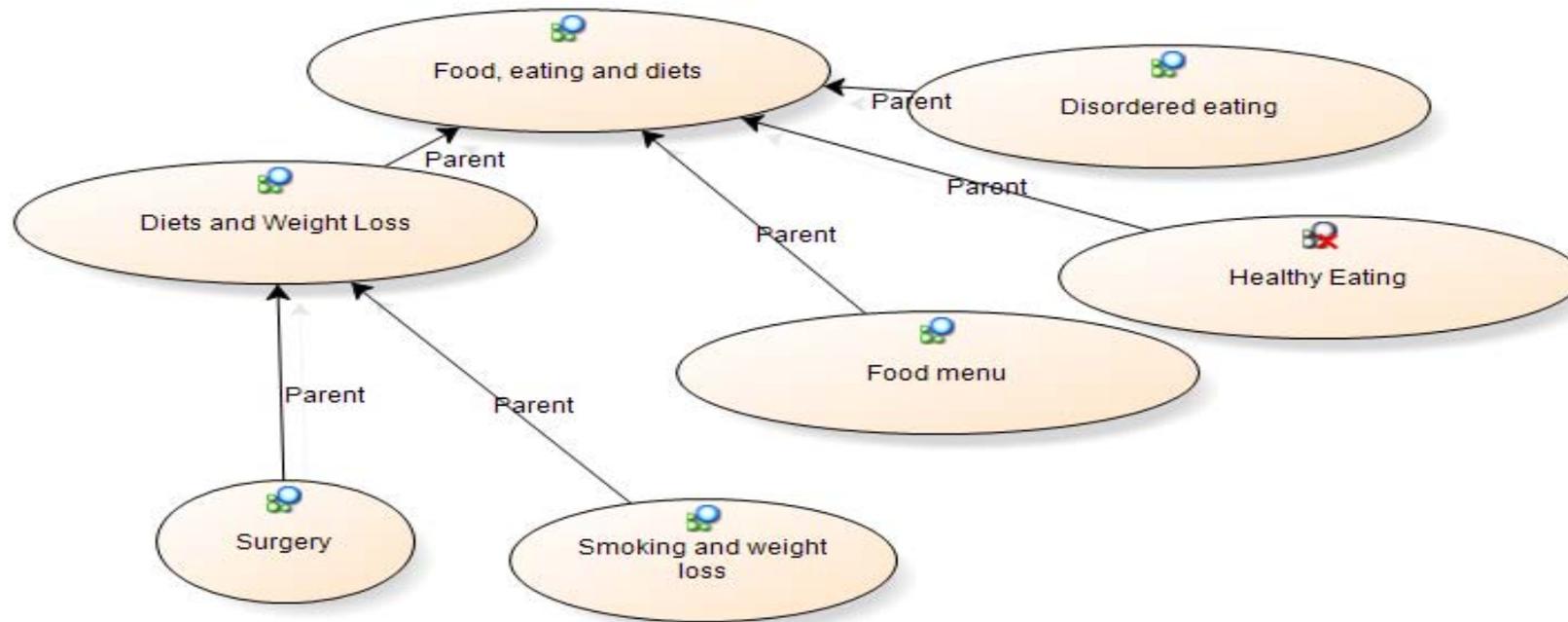
Appendix 6.5 The 16 Categories that emerged from the collation of the codes 115 (code hierarchy 126 total- 90 1st, 28 2nd, 8 3rd.) during Phase 3 part 1 of the Braun and Clarke's (2006) model

6 Field Force Analysis (15) 2 13



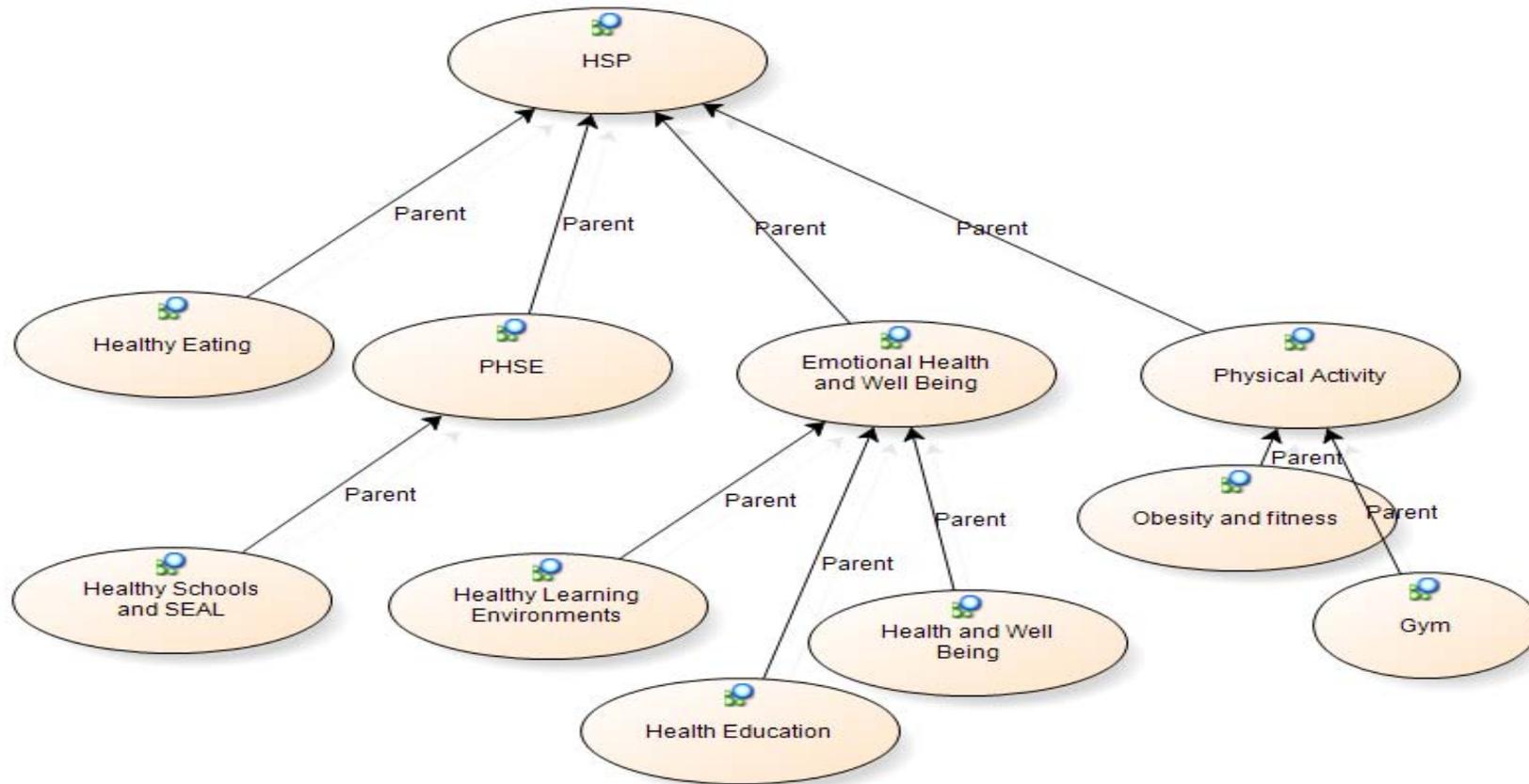
Appendix 6.5 The 16 Categories that emerged from the collation of the codes 115 (code hierarchy 126 total- 90 1st, 28 2nd, 8 3rd.) during Phase 3 part 1 of the Braun and Clarke's (2006) model

7. Food and Eating (6) 4 2



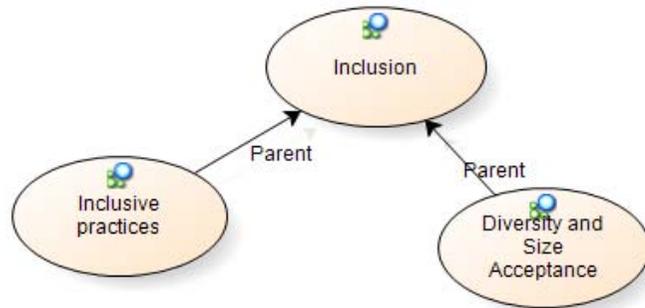
Appendix 6.5 The 16 Categories that emerged from the collation of the codes 115 (code hierarchy 126 total- 90 1st, 28 2nd, 8 3rd.) during Phase 3 part 1 of the Braun and Clarke's (2006) model

8. Healthy School Programme (10) 4 6

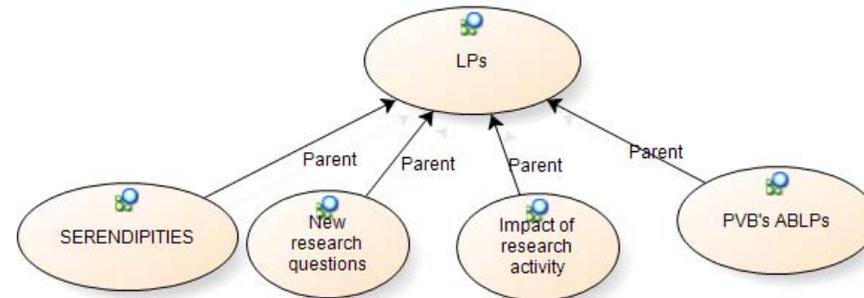


Appendix 6.5 The 16 Categories that emerged from the collation of the codes 115 (code hierarchy 126 total- 90 1st, 28 2nd, 8 3rd.) during Phase 3 part 1 of the Braun and Clarke's (2006) model

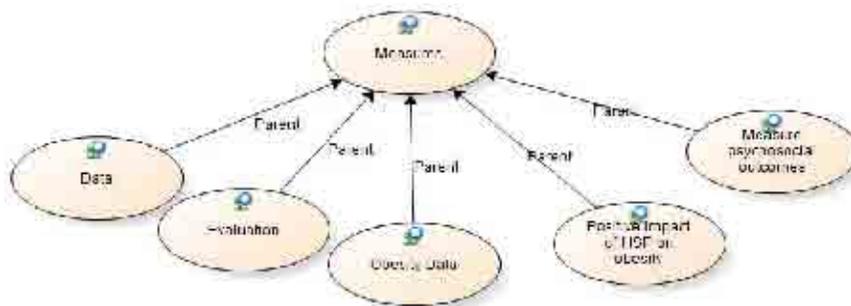
9. Inclusion (2) 2



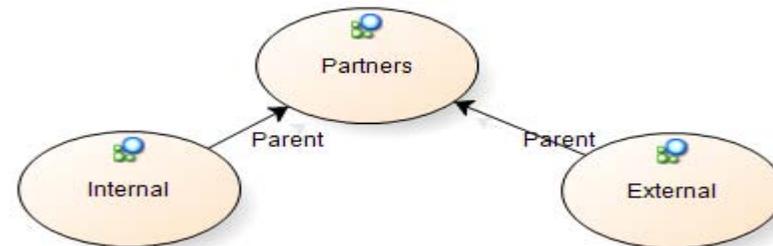
10 Learning Points (4) 4



11. Measures (5) 5

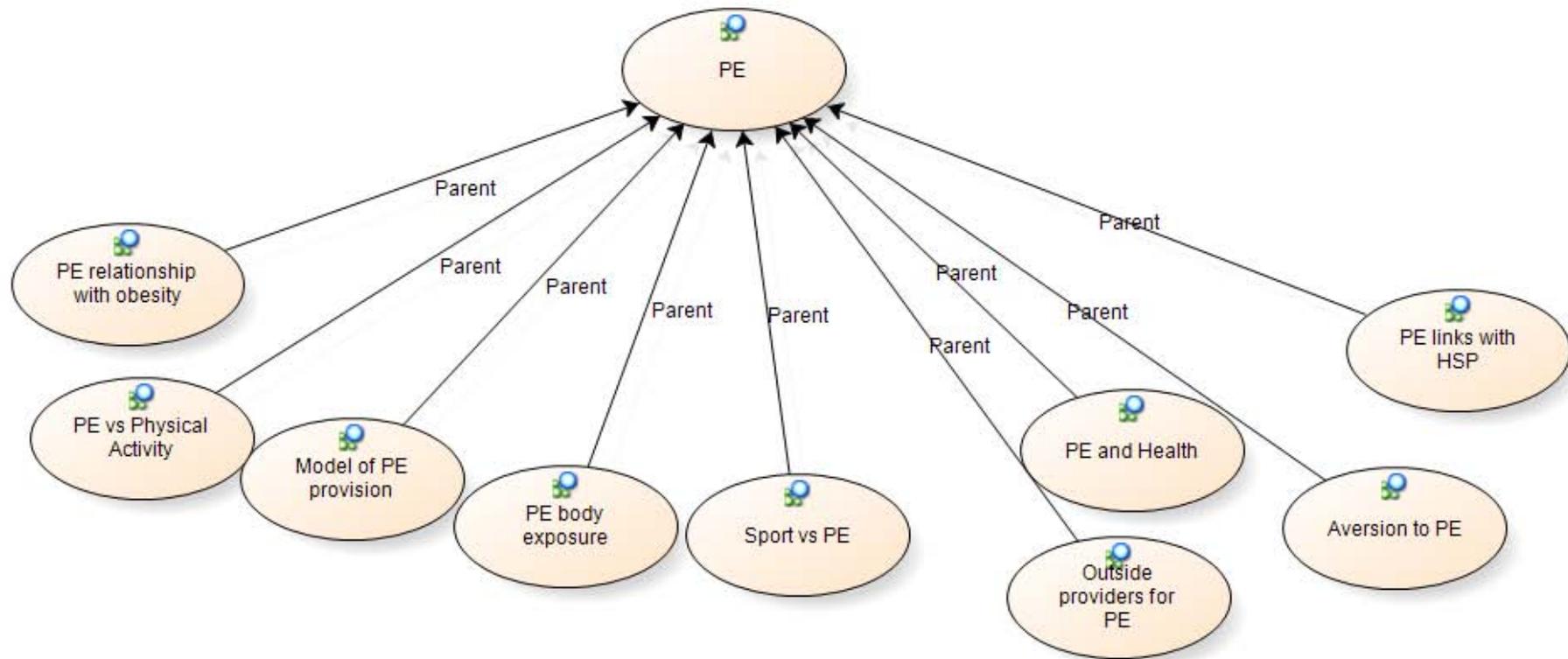


12. Partners (2) 2



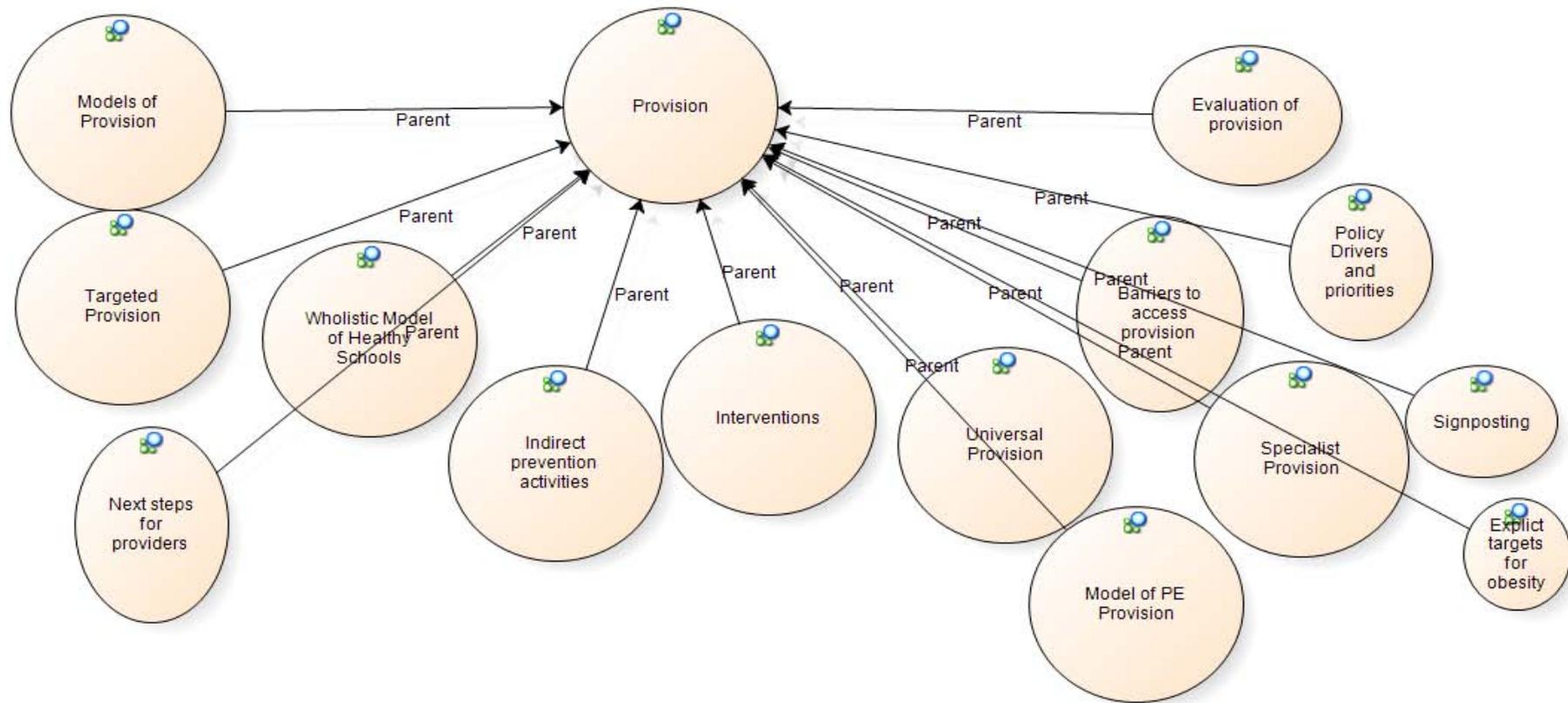
Appendix 6.5 The 16 Categories that emerged from the collation of the codes 115 (code hierarchy 126 total- 90 1st, 28 2nd, 8 3rd.) during Phase 3 part 1 of the Braun and Clarke's (2006) model

13. Physical Education (9) 9



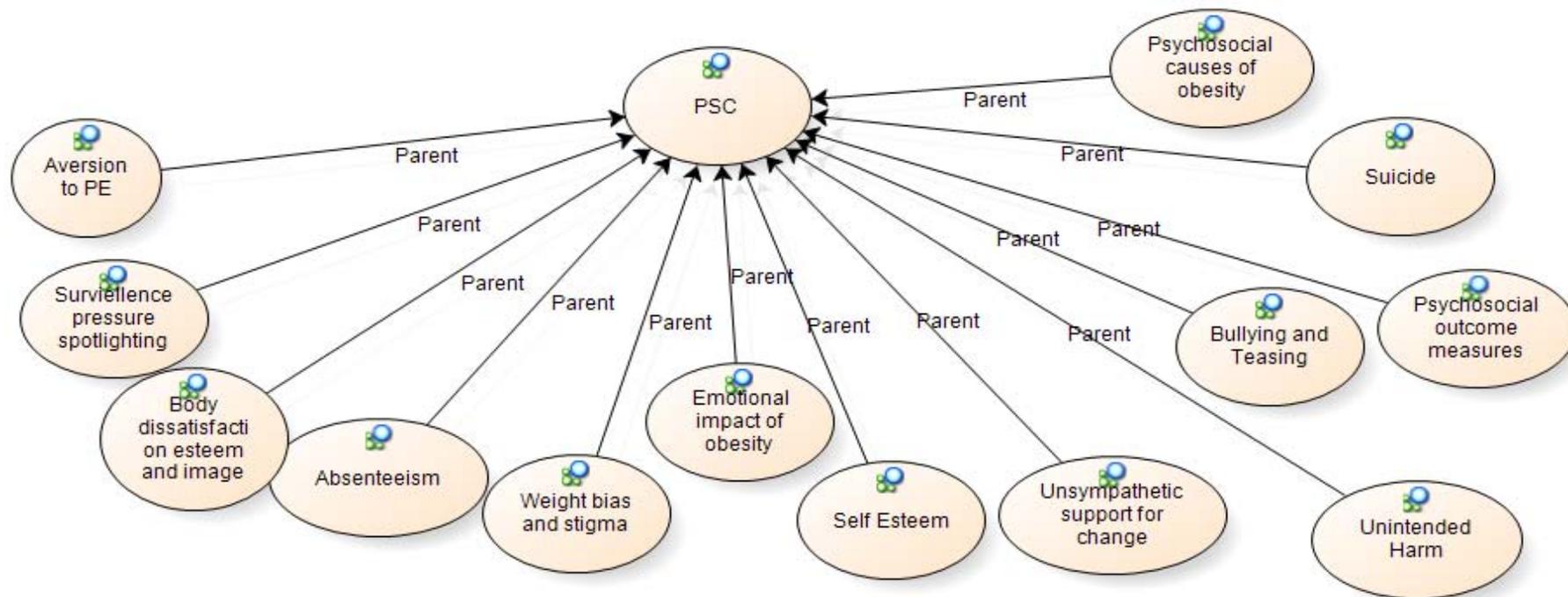
Appendix 6.5 The 16 Categories that emerged from the collation of the codes 115 (code hierarchy 126 total- 90 1st, 28 2nd, 8 3rd.) during Phase 3 part 1 of the Braun and Clarke's (2006) model

14. Provision (14) 14



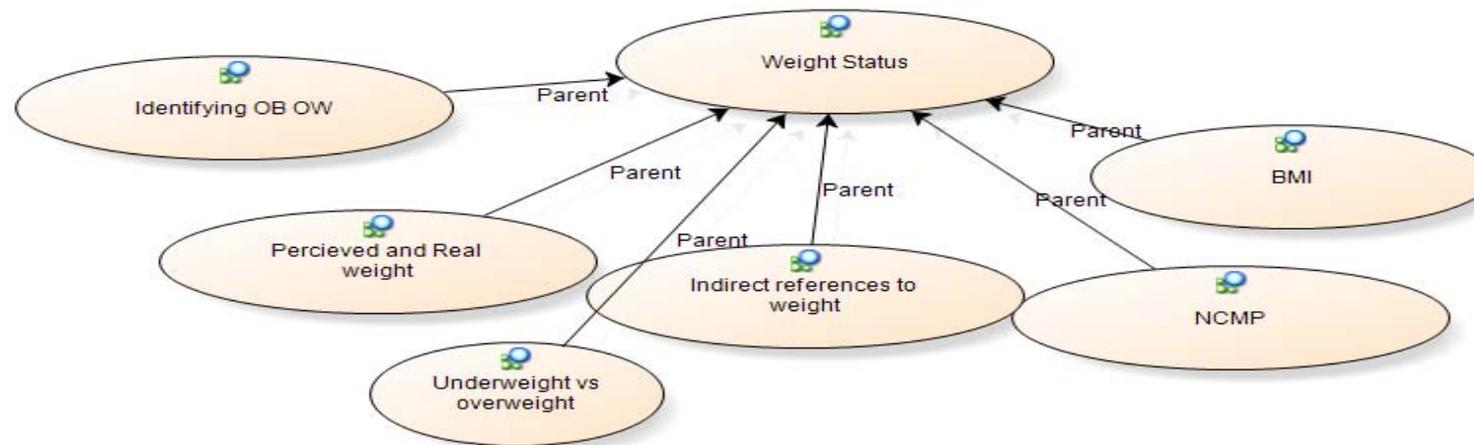
Appendix 6.5 The 16 Categories that emerged from the collation of the codes 115 (code hierarchy 126 total- 90 1st, 28 2nd, 8 3rd.) during Phase 3 part 1 of the Braun and Clarke's (2006) model

15. Psychosocial correlates of obesity (13) 13



Appendix 6.5 The 16 Categories that emerged from the collation of the codes 115 (code hierarchy 126 total- 90 1st, 28 2nd, 8 3rd.) during Phase 3 part 1 of the Braun and Clarke's (2006) model

16. Weight Status (6) 6



APPENDIX 6.6: Examples (3) of completed Contact Summary Forms (CSFs)

<p>1. Context CONTACT – PS2 Headteacher Telephone Call to PS2 by PVB June 11th 09</p> <p>PS2 had originally signalled positively about participation in the research. PS2 had again been approached to participate in a CYP focus group before the Easter break. Non response to date. Rang the school to elicit official response.</p>
<p>7. Main issues or themes that struck you</p> <p>The 'Gott' factor. I think this was the first explicit challenge I got from a potential participant that my research may create 'unintended harm' as a result of the spotlight on the issue of obesity</p>
<p>8. Summarize the salient points you got (or failed to get) on each of the target questions</p> <p>The head initial approach was to request that could she ask me a question. Then Head proceeded to share a story. An outcome of the NCMP last year had led to an invitation for targeted children in Y6 to participate in the local NHS Watch it programme. Outcome had caused concern for her. Parents had reported regret. Head articulating that they were not keen with obesity having an explicit focus again in the school with children. Felt all areas covered with their healthy eating and physical activity. I responded by summarising the ethical steps that had been taken to ensure risks had been minimised. However the Head indicated that given the choice the response was no with regard to the school being involved.</p>
<p>9. Anything else that struck you as salient, interesting, illuminating or important?</p> <p>Had I made the purposes of the research clear?</p>
<p>10. What new (or remaining target questions do you have in considering the next contact.</p> <p>The Head has given her verbal permission for a summary of our phone conversation to be used as data in the research.</p>
<p>11. Process</p> <p>I had not expected the challenge regarding the 'potential harm'. Although a disappointing outcome, the opportunity to defend the research was an important learning point. Experience also highlighted sensitivities around this research topic. I also feel that the perceived extended time since the initial overtures well over 18th months has been too long.</p>
<p>12. Reflections</p> <p>PS1 and PS2 were two schools that had initially responded to the invitation to participate.</p> <p style="padding-left: 40px;">the HSC passively withdrew and here now the active withdrawal from the focus groups. I think I was less demanding with PS2 with regard to providing a strong lobby to have a change of view. Very likely I acquiesced easily because I was more concerned about protecting the visiting EP relationship</p>

APPENDIX 6.6: Examples (3) of completed Contact Summary Forms (CSFs)

<p>1. Context CONTACT – Interview with ABC Work place setting of ABC. We had had a preliminary discussion over a year ago regarding my research. Overview of questions sent beforehand.</p>	<p>April 2009</p>
<p>2. Main issues or themes that struck you Weight is just one of many issues with regard to bullying– no dialogue as yet with local key stakeholders in making the links. No specific data nationally or locally with regard to its prevalence.</p>	
<p>3. Summarize the salient points you got (or failed to get) on each of the target questions</p> <ul style="list-style-type: none"> • Weight related factors such as obesity are not mentioned explicitly in local documents – Recent local data give - need to look at questions to see if asked in surveys • In [REDACTED] no evidence base or anecdotal data to indicate the level of significance for obesity factors in comparison to other factors with regard to bullying? Comparative data not looked into in surveys • Sentence in bold ABC position – does not feel in a position whether other partners feel the same <p>Anti bullying policies ensure the safety and emotional well being of children who are targeted due to their weight status</p> <ul style="list-style-type: none"> • No firm plans to develop any guidance to schools with regard to obesity and bullying. • Not able to comment how schools are being supported in managing the tension between health outcomes and diversity respect for difference. Feels with multiagency strategic group coming from different parties that conversation may develop. • There was not sufficient time for ABC to give comment about the research evidence that was shared. 	
<p>Anything else that struck you as salient, interesting, illuminating or important? Despite the title could not give me the information I needed with regard to the operational dynamics . The ABC was targeted in the belief that a good strategic overview could be given however the signposting to other contacts in the LA with regard to the specific issue of obesity suggest that others such as the HES are seen as the ones to give the information about how obesity is informing the operationalisation of anti-bullying policy and practices with regard to weight issues.</p>	
<p>What new (or remaining target questions do you have in considering the next contact. The ABC did suggest possible sources of literature that will be useful in the ongoing literature review</p>	
<p>4. Process</p> <ul style="list-style-type: none"> • I could see clear and natural links with the questions and the literature review • This was a very focus discussion due to the theme of bullying. It was very informative for me. Also this interviewee had clearly prepared for the interview 	
<p>5. Reflections I felt it was a more equal interview, in the sense that it felt that unlike the previous interviewees we had equal knowledge to exchange and she had awareness about the issue/ Maybe the specific focus on bullying helped. I still feel the challenge that I am too apologetic with this research is right. However my feeling is perhaps shared by others research students should not be too hard on myself in thinking I am the only one interest in this. I have not struggled to find data on this as shown by a rich literature review</p>	

APPENDIX 6.6: Examples (3) of completed Contact Summary Forms (CSFs)

Contact type:

Visit _____ ✓ _____

Phone _____

Site:

Contact date 09.02.09

Secondary Advisory Reference Group (SARG)

1. Context summary

This was the official SARG session
4 students from Y7-10. Two females (Y7 and 10) and two males (y8 and Y9). One student arrived late. I have met the participants last **week as they are members of the 'Chairs' student council group**. This group of 4 are the ones that have volunteered from the group. There were 8 at that meeting.

I had expected the staff lead to be present however the session was just facilitated by me. However the lead staff did ensure the use of the lunch session by fetching lunch for the pupils to eat during the meeting.

The meeting lasted for approximately 55 minutes with a 6 minute interval to allow the student to start their lunch.

The meeting was subject to a series disruption by noise in the corridor and uninvited entry by some students. At one point an interruption by another member staff member to collect an item

The school was closed for two days last week due to weather conditions. The school was also subject to a recent and positive Ofsted inspection

2. Main issues or themes that struck you

- Benefits of working with an established group
- Group had clear identity of being a voice for others
- Some disclosures around perceptions of body image made me realised that had I considered enough the confidential boundaries with regard children sharing their weight status stories. Clearly it is rich data for the research. We had discussed confidentiality issues at the start of the session but was it really clear about this aspect. I have to rely on the example of their request to switch the tape off when they were having lunch that what was being recorded was still okay to use.
- **Group's conceptualisation of research**
- The group themselves introduced the underweight issue into the discussion
- The girl reps in the group felt more strongly about separate groups. Initially boys were up for and favoured mixed groups.

APPENDIX 6.6: Examples (3) of completed Contact Summary Forms (CSFs)

3. Anything else that struck you as salient, interesting, illuminating or important?

Only one of the activities was piloted the bullying task. It was done very rushed as it took place right at the end of the session. There was pressure to make sure the young people were not late for their next lesson. Plus there was the added factor of a intrusive noise from the corridor as a result of other students waiting to go into or leaving the neighbouring teaching classrooms . However I think its visual format aided understanding as the group completed it with very little difficulty. The main questions that were asked in the limited time was about the order of the rating and asking what SEN and social factors mean so I need to consider these in amendments and future instructions. I chose to leave out sexual orientation and I should reflect on why that happened especially in light of research and policy on bullying in secondary schools – why did I consider it sensitive? It should be included in an amended version.

I was told by the SARG that I should include what health means and what do you mean by a healthy weight – These are important questions but I feel that these are an research activity in its own right and if I am only going to have the opportunity to meet a group once I am going to have to prioritise. Especially in light of the time demands today. A better link to the research questions could be what do they think healthy schools is all about

4. What new (or remaining target questions do you have in considering the next contact.

Also there were missed opportunities to seek data from the ARG rather than wait for the FGs. I felt pressurized with the advent of the lunches being brought in and wanting to finish the question I was on. It impacted on my general listening and selective listening skills. For example I appear to have missed the query by one student on the connection between obesity and emotional well being. Also there was the comment that girls benefit more with healthy promoting activities than boys. I think my poor response to this particular question was that I was repeating the national party line that PA and HE are the clear drivers around obesity for HSP. The EWBH and PSHE are secondary and maybe a distinct agenda to obesity although links have been made to ensure the practices under PA and HE is done in a sensitive and non stigmatising manner.

5. Process

Checking arrangements. I did not get the opportunity to talk to the lead staff again in between these meetings despite repeated attempted contact. If I can only negotiated one meeting per group I need to reduce the information given significantly to allow more time for commentary

Some of the missed opportunities clearly show the disadvantages of trying to do this as a lone ranger. What I missed a co facilitator could have

APPENDIX 6.6: Examples (3) of completed Contact Summary Forms (CSFs)

picked up. It also reminded me about the false security you get with audio taping. You can feel complacent. Yes you can capture what is said but audio taping replays cant change the direction of the interaction at the time.

The group felt assertive enough to request that the tape be switched off while they having their lunch break.

6. Reflections

This was essence a pilot focus group. **I don't know how much** in the near future of my entrenched communication style can be adapted to smooth the flaws eg I can be a dominant voice, I am not succinct and tend to over complicate language when not necessary. What is needed is practice and I am not going to have that before meeting with the focus groups. Maybe what I have to do is self regulate/monitor myself more in day to day communications. Tell myself am I listening, wait till they finish. I can **understand the appeal of 'objective research'**. Reading some positivist orientated articles it is interesting in that end section where they share methodological limitations – also comments about the size, dynamics never about their competencies as a facilitator. This might be different in qualitative research feedback. Must find some articles about focus groups and the competency of facilitator and what levels of self awareness you need.

I also do have some anxiety about what I can demand with regard to time with groups of CYP in the school. When I suggested the opportunity to meet with them again I did not get positive non verbal vibes from the lead staff member. Although this group was keen to meet again I felt I needed to move on with trying to secure the focus groups and perhaps secure more than one meeting with those groups than opt to the AFG again in the near future. It is a gamble because I think another session with them would be valuable to revisit and hear more about what they think about the research.

Appendix 6.7: An example of a completed Document Summary Form (DSF) (Sections have been made non-visible to protect anonymity)

Also key has been the appointment of the position of School Sports Coordinator (SSCo) for the 'Westfield' Cluster. The SSCo was appointed to develop and enhance the extended provision around the delivery of sport in all the cluster schools...

All the opportunities the SSCo has provided over the last twelve months can be seen to directly support schools in achieving a range of healthy schools physical activity criteria. SSCo has also instigated activities for children with specific needs, through delivering adapted sports activities.

*During the last twelve months the 'Westfield' Cluster has also developed significant partnerships to support the general health and well-being of children, young people and families in the cluster. **Members of the partnership are now delivering programmes aimed [REDACTED] support for children and their families where weight-related issues have been identified*** children who are vulnerable and hard to reach and those who are at risk of exclusion.*

*Member schools consider that their involvement with the 'Westfield' Cluster has directly supported their individual developments towards achieving and maintaining National Healthy School status. **Professionals working in the fields of health and education have worked together to enhance and complement the existing provision in the schools,***

[REDACTED]

Other examples of partnership working were also given.

*This is probably a reference to the WATCH IT programme

There are lots of agendas behind the NHSP in the cluster. Will be interesting to see if there is a consensus by other stakeholders about the importance of the childhood obesity agenda driving these interventions.

Appendix 6.8: Extracts from ‘diary notes’

<p>21st May 2008</p>	<p>Further revision to draft questionnaires for</p> <ul style="list-style-type: none"> ➤ Providers ➤ Parents/carers ➤ CYP <p>I have noted my insistence to have rating scales, tick boxes – ghost of positivism?!!!.</p>
<p>27th July 2008</p>	<p>Today carried out pilot interview with [REDACTED]. As I was conducted the pilot these key thoughts came to mind. Need to think carefully of preparation, for example should the consent info sheets be sent out beforehand. Although we had discussed the project beforehand and its purposes, felt I was putting participant in a scanning position and would have they said no at that point?</p>
<p>29th September 2008</p>	<p>Contact with SCM. Very pleased that he is happy to be formally approached. I was concerned that the interim time period since the initial consultation with the steering group meeting in Feb, which SCM attended, has been way to long and interest, and hence momentum for the research may have waned.</p>
<p>December 18th 2008</p>	<p>I have been reflecting on what was said to me in the last supervision. That I needed to stop being apologetic to everyone about my research. There is still a sense at times that this research is of no value to anyone but me. Still a feeling that the participants’ receptiveness is due to my working relationship within the cluster.</p>
<p>8th January 2009</p>	<p>Positive meeting with CC1 lead to discuss plans for focus group. Agreed with me that we need to tackle with gusto the issue at heart – obesity rather than meander through the healthy settings feedback. Is this a sign I have become less apologetic?</p>
<p>12th February 2009</p>	<p>The parent focus group had to be rescheduled due to non attendance today. Actually I knew this was going to be a no goer as soon as I arrived at the Nursery. My heart sank when I came to the door and saw that they had put a copy of the consent form as well as the flyer on the door. I would have not done it that way. Just put up the poster and use interest signalled in the one to one to give out the consent forms</p>
<p>14th March 2009</p>	<p>Email from CC1. Request the focus group to be cancelled due to poor take up and staffing issues Really disappointed and essentially affected my productivity for the rest of the week.</p>
<p>1st May 2009</p>	<p>Today was my second visit to SS1 this week to meet the last of the two school council groups Y10 and Y7. Was very aware that ARG had indicated that Y7 was not the best group to approach due to immaturity. In fact this was the group I had the most disruption with. Smirks and laughs. No denying one factor my body size. I think up to now I have not adequately dealt with my visibility as a fat person in this research. At times I have clearly chosen to be silent about it despite experiences to date such as today showing that it is a variable in the research. It is not even discussed in supervision of late. I met 18 young people today. So from a total potential sample group of 41 I am hoping to secure between 12-20 volunteers.</p>

Appendix 6.8: Extracts from ‘diary notes’

	<p>Ambitious with regard to a 50% uptake. Key question the CYP asked was ‘when’ – seems to be a trend that if lessons are to be missed good motivator to take part.</p> <p>I am predicting I may have more interest from girls than boys. I must see if there is any research on boys participation in research</p>
11th May 2009	<p>Today I read the Curtis article again. Looking back last summer I remember how its publication really knocked me of course as essentially I was reading the study I was planning in part to do. It has been a factor behind the inertia that has plagued me, made me question the originality of my study, one of the key purposes of the research. It was easier to read it with more objectivity this time. I used the scope of her study to help reflections on the planning of my focus groups</p>
1st June 2009	<p>Met with lead from CC to discuss parent focus group. Shared reflections about engaging parents with research. Maybe approach was too formal need to find a balance that will meet research standards but also accommodate parents. Possible opportunity identified with drop in approach</p>
10th June 2009	<p>Ethical challenge regarding confidentiality and handling of data. Request made for audio tape due to incident during focus group (interruption and rude behaviour by non participants). Told lead I would not be prepared to hand over tape. I would just comment on what I was aware of at the time</p>
4th August 2009	<p>Good feedback from a fellow researcher, who told me that analysis puts you in the heart of the emotions of your study. So true, reading the transcripts and listening again to the recordings as been difficult. Lots of cringe moments about my role and approaches.</p>
5th August 2009	<p>Nvivo 8 acts like a conflict mediator to the data – enables me to create some distance and address the difficulties that are emerging from the data</p>
10th Sept 2009	<p>Email message from targeted community participant, the PCT/HES advisory post. Cancelling our interview. Now is the time to let this go. I have been soliciting this person for over 8 months now I need to listen to what she telling me non-verbally.</p>

Extracts from Supervision Record: December 2008

Some discussion re: further simplification of information sheet for Advisory Reference Group

Discussion of role tensions and Pauline’s guilt and ambivalence about promoting the value of the research and using any persuasion in cases where parties are equivocal or prove unreliable

Agreed that design may need to be revised to take account of varying commitment of providers, and commended Pauline on progress, and judicious balance between tenacity and willingness to compromise over several frustrating months when contacts had been elusive or evasive

Appendix 6.8: Extracts from 'diary notes'

Extracts from Supervision Record: June 2009

Pauline is likely to use Thematic Analysis, and agreed to re-engage with core sources (e.g. Boyatzis, Roulston, Braun and Clarke) to ensure accurate application of the inductive cf. theoretical thematic analysis, and sensitive choice of whatever variant of TA appears most fit for purpose

Here, discussion focused on continuing difficulties with recruiting to a designated focus group, and feedback from staff that cultural factors within the cluster rendered parents reluctant to engage with an ad hoc and formalised group.

An opportunity had emerged for Pauline to attend a meeting of an established parents' reference group focusing on health needs, where questions relating to childhood obesity could be explored within a wider agenda. Discussed whether this would be an acceptable fall-back position, and agreed it would (falling within an ethnographic tradition, with Pauline taking field notes). However, agreed that the question of informed consent may then be problematic. Pauline to read how ethical requirements for research are addressed by ethnographers...

Extracts from diary kept during analysis phase using NVivo 8 memo function

August 13th 2009

You know something I love NVivo - it would have been hell on earth if I had to do this on paper - !!!

Right I am going to look at my codes again to define them - maybe I should write them in the descriptions box as well

I recall from Lindsey 1999 who warns to not let your codes particularly tree nodes influence your interpretation of the data - I have just added some of the ET systems- only because I did not want to forget them - I wonder if I will detect a change

August 17th 2009

Thinking back to the coding that was done today. Really hard to engage in data that you feel unattached to. I realised that my discontent is because my questions in the interviews and focus groups did not ask enough about the psychosocial dimension.

August 24th 2009

Again the PSC interview was enlightening - learnt a lot about the strategic context of PE within this agenda

August 25th 2009

I have been listening again to the PARG session and reviewing the transcript. More evidence that my transcripts are not 100% verbatim accurate. However that is a good thing. I think striving for perfection is evidence of trying to come across as objective. The flaws make it so readily acceptable that transcripts are a reconstruction of truth

Appendix 6.8: Extracts from 'diary notes'

27th August 2009

I have listened again to the SARG audio file for the meeting. It has been good to revisit as there are things you forget from that time. My last impressing was hearing someone who was feeling pressure to get feedback on design missed out on using group to draw data. Not so much as a loss as some - three in fact did return to take part in the FGs but I did not know that at the time. There is also the challenge of asking myself how much did I really listen to them. Was I just going through motions as this was the right thing to do? Maybe this doctorate I have to see as a research driving test. I will get better with research endeavours in the future. One thing I would like to see myself doing is helping colleagues with CYP advisory reference groups, let see if we can develop practice in my service.

1st September 2009

I think one thing I would dispute with Braun and Clark is this artificial divide between coding and themes. Some of the codes I can see becoming a theme e.g. coming together

25th October 2009

When I printed of my codes to show at my last supervision it was clear that there were many overlaps- so maybe the first port of call here is to address these duplications before coding into the next round of coding

30th October 2009

I have used the time out to think about what themes are being generated. It is clear that there has been a deductive approach rather than inductive. I think the completion of this and the third round of coding should be totally open to anything that comes into mind - step outside my research questions

30th December 2009

Boredom has affected my analyst tendencies - I suppose the comfort is that Boyatzis says this tedium is common.

4th January 2010

I also need to come to a decision about my contribution to this data. So far I have been ignoring my voice for the most part. I am just working my way through the looking at my contributions - I have called them PVB's ABLP's Attitudes , Beliefs and Learning Points to capture my role and the learning that was happening that I think are relevant.

7th January 2010

There are still inaccuracies in the transcriptions more grammatical than semantic. I think the key thing is that any primary data cited in the thesis, I need to double check that it is 100% correct transcription

A key learning point is over reliance on transcription to capture the event

21st March 2010

I am speculating that if I reread and coded all the raw data again using the final themes as a starting point would the same coding hierarchy be revealed? I feel the analysis process has enabled me to strip the data down to its components like stripping a car engine and putting it back together again. Know better where the bits are and how they go together but do I really understand any better how it works? Some things, but definitely not all.

Appendix 6.9: Changes to codes between Phase 3 part 1 (115 codes) and Phase 3 part 2 (107 codes)

Deleted <u>Name Change</u> <i>Merged into another or new code</i>		Merger connections	
<ol style="list-style-type: none"> 1. Absenteeism 2. Age differences 3. Aversion to PE 4. Barriers to access provision 5. Being healthy 6. BMI 7. Body dissatisfaction esteem and image 8. Bullying and Teasing 9. Busy team 10. Coming together 11. Community factors 12. Conflicts and tensions 13. <u>CYP consultation</u> 14. CYP ideas about HSP 15. CYP ideas about research 16. CYP reported observations 17. CYP solutions to problem 18. CYP use of obesity terms 19. CYP views on EWB 20. <u>Data</u> 21. Delicacy of obesity 22. Diets and weight loss 23. Disordered eating 24. Diversity and size acceptance D 25. Early Years 26. Economic well being 27. Emotional impact of obesity 28. Emotional Well Being 29. Enjoying and achieving 30. Evaluation of provision 	<ol style="list-style-type: none"> 31. Exo LA/PCT 32. Explicit targets for obesity 33. External Partners 34. <u>Families factors</u> 35. Food menu 36. Funding 37. Gender differences 38. <u>Gott factor</u> 39. Government factors 40. Gym 41. Health and wellbeing 42. Health Education 43. Healthy Eating 44. Healthy Learning Environments 45. Healthy Schools and SEAL 46. <u>How serious is obesity</u> 47. Identifying OB OW Impact of research activity 48. Impact of research activity 49. Inclusive practices 50. Indirect prevention activities 51. <u>Indirect references to weight</u> 52. Innovation 53. Internal Partners 54. Inhibiting forces (FFA) 55. Interventions 56. LA role 57. Local bullying guidance and research 58. Macro Government/Media 59. Making a positive contribution 	<ol style="list-style-type: none"> 60. <u>Measure psychosocial outcomes</u> 61. Media Discourses 62. <u>Meso extended provision factors</u> 63. Micro-families, schools, communities 64. Model of PE provision 65. Models of provision 66. <u>Mutual support</u> 67. NCMP 68. New research questions 69. Next steps for providers 70. <u>Non overweight peers roles</u> 71. Obesity and fitness 72. Obesity data 73. Ontogenic factors 74. Outside providers for PE 75. PCT roles 76. PE and Health 77. PE body exposure 78. PE Links with HSP 79. PE relationship with obesity 80. PE vs. physical activity 81. Perceived vs. real weight 82. PHSE 83. <u>Physical impact of obesity</u> 84. Physical activity 85. Policy drivers and priorities 86. Poor health outcomes 87. <u>Positive impact of HSP on obesity</u> 88. Primary vs. secondary differences 	<ol style="list-style-type: none"> 89. <u>Promoting Forces</u> 90. <u>FFA)Psychosocial causes of obesity</u> 91. <u>PVB ABLPs</u> 92. <u>Role of EPS</u> 93. <u>Role of HES</u> 94. <u>Role of staff S</u> 95. <u>School factors</u> 96. <u>Self esteem</u> 97. <u>Serendipities</u> 98. <u>Signposting</u> 99. <u>Smoking and losing weight</u> 100. <u>Specialist Provision</u> 101. <u>Sport vs PE</u> 102. <u>Staying Safe</u> 103. <u>Suicide D</u> 104. <u>Support</u> 105. <u>Surgery</u> 106. <u>Surveillance, Pressure, Spotlighting</u> 107. <u>Targeted provision</u> 108. <u>Underweight vs. overweight</u> 109. <u>Unintended Harm</u> 110. <u>Universal provision</u> 111. <u>Unsympathetic support for change</u> 112. <u>Weight stigma or bias</u> 113. <u>Whole school approach</u> 114. <u>Wholistic model of Healthy Schools</u> Whose problem is it?
<p>New code names</p> <p>13 CYP consultation experiences 20 Cluster data</p>	<p>34 Parents/Carers and Families roles 46 Obesity as a priority concern 59 Psychosocial outcome measures</p>	<p>60 Psychosocial outcome measures</p>	<p>104 CYP support roles 112 Holistic model of NHSP</p>

**Appendix: 6.10: The revised 13 Categories and 107 (148) codes:
85 (1st), 51 2nd, 12 3rd order codes**

<p>ETS Roles and Activities 33 (6) 18 9</p> <p>Macro - Government, Media</p> <ul style="list-style-type: none"> ○ Government ○ Media discourses <p>EXO - LAs, PCTs</p> <ul style="list-style-type: none"> ○ LA <ul style="list-style-type: none"> ▪ <i>Local Bullying Guidance and Research</i> ▪ <i>Role of EPS</i> ▪ <i>Role of HES</i> ○ PCTs <p>Meso Extended Services Clusters</p> <p>Micros-, Families, Schools , Communities</p> <ul style="list-style-type: none"> ○ Community ○ Early Years ○ Parent/Carers and Families roles ○ Schools Factors <ul style="list-style-type: none"> ▪ <i>Early Years</i> ▪ <i>Healthy Learning Environments</i> ▪ <i>CYP support roles</i> ▪ <i>Primary vs. secondary differences</i> ▪ <i>Role of Staff</i> ▪ <i>Whole school approach</i> ▪ <p>Ontogenic</p> <p>Partnership Features</p> <ul style="list-style-type: none"> ○ Busy team ○ Coming together ○ External Partners ○ Funding ○ Innovation ○ Internal Partners ○ Conflicts and tensions ○ Delicacy of obesity ○ Signposting ○ Next steps for providers 	<p>Unintended harm – risk potentiation and compensatory factors 16 (2) 14</p> <p>Risk Potentiation</p> <ul style="list-style-type: none"> ○ Bullying and Teasing ○ Body dissatisfaction esteem and image ○ Surveillance, pressure spotlighting ○ Unsympathetic support for change ○ Role of Staff ○ Parent/Carers and Families roles ○ Perceived and Real weight <p>Compensatory</p> <ul style="list-style-type: none"> ○ Diversity and size acceptance ○ General Support for OW/OB CYP ○ Inclusive practices ○ CYPs support roles ○ Role of Staff ○ Parent/Carers and Families roles ○ Holistic Model of NSHP
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**Appendix: 6.10: The revised 13 Categories and 107 (148) codes:
85 (1st), 51 2nd, 12 3rd order codes**

<p>Comparatives (4)</p> <p>Age differences</p> <p>Gender differences</p> <p>Primary and secondary school differences</p> <p>Underweight vs. overweight</p>	<p>Concerns about obesity (3)</p> <p>Cluster data</p> <p>Obesity as a priority concern</p> <p>Poor health outcomes</p>
<p>NHSP 13 (5) 7</p> <p>Emotional Health and Well Being</p> <ul style="list-style-type: none"> ○ Health and Well Being ○ Health Education ○ Healthy Learning Environments <p>Healthy Eating</p> <ul style="list-style-type: none"> ○ Food menu <p>PHSE</p> <ul style="list-style-type: none"> ○ Healthy Schools and SEAL <p>Physical Activity</p>	
<p>PE and Sport 12 (10) 2</p> <p>Aversion to PE</p> <p>Model of PE provision</p> <p>Outside providers for PE</p> <p>PE and Health</p> <p>PE body exposure</p> <p>PE links with HSP</p> <p>PE relationship with obesity</p> <p>PE vs. Physical Activity</p> <p>Sport vs. PE</p> <p>Physical Activity</p> <ul style="list-style-type: none"> ○ Gym ○ Obesity and fitness 	<p>Provision (14)</p> <p>Barriers to access provision</p> <p>Evaluation of provision</p> <p>Holistic Model of NSHP</p> <p>Indirect prevention activities</p> <p>Interventions</p> <p>Model of PE Provision</p> <p>Models of Provision</p> <p>Next steps for providers</p> <p>Signposting</p> <p>Specialist Provision</p> <p>Targeted Provision</p> <p>Universal Provision</p> <p>Explicit targets for obesity</p> <p>Policy Drivers and priorities</p> <p>Obesity as a priority concern</p>

**Appendix: 6.10: The revised 13 Categories and 107 (148) codes:
85 (1st), 51 2nd, 12 3rd order codes**

<p>CYP's' perspectives (9)</p> <p>CYP consultation experiences</p> <p>CYP ideas about NHSP</p> <p>CYP ideas about research</p> <p>CYP reported observations of OW/OB experiences</p> <p>CYP responses to bullying activity</p> <p>CYP solutions to problems</p> <p>CYP support roles</p> <p>CYP use of obesity terms</p> <p>CYP views on EWB</p>	<p>ECM Outcomes 16 (5) 8 3</p> <p>Being Healthy</p> <ul style="list-style-type: none"> ○ Emotional Health and Well Being <ul style="list-style-type: none"> ▪ <i>Health and Well Being</i> ▪ <i>Health Education</i> ▪ <i>Healthy Learning Environments</i> ○ Body dissatisfaction esteem and image ○ Self Esteem ○ Poor health outcomes <p>Staying Safe</p> <ul style="list-style-type: none"> ○ Suicide <p>Enjoying and achieving</p> <ul style="list-style-type: none"> ○ Absenteeism ○ Aversion to PE ○ Bullying and Teasing <p>Making a Positive Contribution</p> <p>Economic well being</p>
<p>Food , eating and diets 5 (3) 2</p> <p>Diets and Weight Loss</p> <ul style="list-style-type: none"> ○ Smoking and weight loss ○ Surgery <p>Disordered eating</p> <p>Food menu</p>	<p>Learning Points (4)</p> <p>Impact of research activity</p> <p>New research questions</p> <p>PVB's ABLPs</p> <p>Serendipities</p>
<p>Psychosocial correlates of obesity (13)</p> <p>Absenteeism</p> <p>Aversion to PE</p> <p>Body dissatisfaction esteem and image</p> <p>Bullying and Teasing</p> <p>Emotional impact of obesity</p> <p>Psychosocial causes of obesity</p> <p>Psychosocial outcome measures</p> <p>Self Esteem</p> <p>Suicide</p> <p>Surveillance, pressure ,spotlighting</p> <p>Unsympathetic support for change</p>	<p>Weight Status (6)</p> <p>BMI</p> <p>Identifying OB OW</p> <p>NCMP</p> <p>Obesity Data</p> <p>Perceived and Real weight</p> <p>Underweight vs. overweight</p>

Appendix 8.1: A summary of the research design ideas given by the primary and secondary advisory reference groups (PARG and SARG) and their relation to the adopted research design

	Age of Participants	Methods to seek the views of children	Mixed or single gender focus groups	Recruitment Method
Primary Advisory Reference Group (PARG)	<ul style="list-style-type: none"> • Young and older children will not work together in a group • Years 4-6 	<ul style="list-style-type: none"> • Groups and individual interviews • Questionnaires for shy participants 	<ul style="list-style-type: none"> • Single sex or mixed 	<ul style="list-style-type: none"> • Choosing children who are not confident • Open Recruitment • Researcher to observe behaviours in classroom and then select • Children vote who they wanted to participate • Teachers only pick certain sensible children • School council could nominate • School council and staff could work together to nominate
Adopted design or method used in the research for the primary focus group	<ul style="list-style-type: none"> • Years 5 and 6 	<ul style="list-style-type: none"> • Focus groups 	<ul style="list-style-type: none"> • Mixed 	<ul style="list-style-type: none"> • Lead staff for school council selected 6 pupils from Year 5 and 6. Only 4 returned consent forms. 2 PARG participants also recruited into PFG
Secondary Advisory Reference Groups (SARG)	<ul style="list-style-type: none"> • Mature people will be more interested • Year 10 especially the girls • Year 8 and 9 • Y7s are not mature enough 	<ul style="list-style-type: none"> • Younger children would prefer research games rather than questionnaires • Group discussion with girls or year 10 • Surveys will not give CYP a say, Insufficient space to write what they want to say 	<ul style="list-style-type: none"> • Single • The option of running single sex groups followed by a mixed group 	<ul style="list-style-type: none"> • Open recruitment using posters • School council representatives explaining the research to the tutor groups may affect anonymity of potential participants wanting to take part.
Adopted design or method used in the research for the secondary focus groups	<ul style="list-style-type: none"> • Years 8-10. No Y7 pupil volunteered 	<ul style="list-style-type: none"> • Focus groups 	<ul style="list-style-type: none"> • Single 	<ul style="list-style-type: none"> • Participants recruited from selected population- school council year groups 7-10

Appendix 8.2: Bryman's (2004 p318) criteria to describe the successful interviewer (based on Kvale 1996)

Box 15.5 Kvale's list of qualification criteria of an interviewer (plus two others)

Kvale (1996) has proposed a very useful list of ten criteria of a successful interviewer.

- **Knowledgeable:** is thoroughly familiar with the focus of the interview; pilot interviews of the kind used in survey interviewing can be useful here.
- **Structuring:** gives purpose for interview; rounds it off; asks whether interviewee has questions.
- **Clear:** asks simple, easy, short questions; no jargon.
- **Gentle:** lets people finish; gives them time to think; tolerates pauses.
- **Sensitive:** listens attentively to what is said and how it is said; is empathetic in dealing with the interviewee.
- **Open:** responds to what is important to interviewee and is flexible.
- **Steering:** knows what he/she wants to find out.
- **Critical:** is prepared to challenge what is said, for example, dealing with inconsistencies in interviewees' replies.
- **Remembering:** relates what is said to what has previously been said.
- **Interpreting:** clarifies and extends meanings of interviewees' statements, but without imposing meaning on them.

To Kvale's list I would add the following.

- **Balanced:** does not talk too much, which may make the interviewee passive, and does not talk too little, which may result in the interviewee feeling he or she is not talking along the right lines.
- **Ethically sensitive:** is sensitive to the ethical dimension of interviewing, ensuring the interviewee appreciates what the research is about, its purposes, and that his or her answers will be treated confidentially

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