



Zone Boro Weight Management Focus Group – Thematic Analysis Results

Introduction

Three focus groups were held with parents and Link Workers as part of Zone Boro to explore priorities and opinions regarding children's:

1. Physical Activity and Weight Management
2. Mental Health and Wellbeing
3. What long term changes could be implemented to improve children's overall physical and mental wellbeing

The aim of conducting these focus groups is to understand what current community assets enable positive physical and mental wellbeing for children and their families, and where the barriers lie which can result in poor mental and physical wellbeing. By understanding this, we aim to seek out the best practice approach to help support the needs of the child and their family whilst considering individual circumstances, barriers and preexisting community assets.

Methodology

All three focus groups were transcribed using.... anonymized (Parents labelled A, B or C) and then the transcripts were transferred onto three individual Microsoft Word documents. Responses from each transcript were then individually colour coded to form subthemes themes. Emerging subthemes were then placed into the following three main clusters:

1. Awareness and engagement with Physical Activity and Weight Management
2. Mental Health and Wellbeing
3. Long term changes to improve children's physical and mental wellbeing

Once all three transcripts were colour-coded and subthemes were identified, codes from each transcript were transferred and organised into final sub-themes in separate Microsoft Excel spreadsheets. Once all subthemes were organised for each transcript, data from all three focus groups were compiled into one Microsoft Excel Spreadsheet to identify the most commonly occurring subthemes within the main themes listed above.

Results

Table 1 displays the thematic and content analysis of the 'Awareness and engagement with Physical Activity and Weight management' cluster; separated into main themes and subthemes.

Table 1

| Cluster | Main Themes | Subthemes | Number of Codes |
|--|---|--|-----------------|
| Awareness and engagement with Physical Activity and Weight Management | External influences preventing physical activity | Parental Influence | 13 |
| | | Time Pressure | 4 |
| | | Multiple Children | 4 |
| | | Negative school rules | 2 |
| | | Peer Influence | 1 |
| | | Transport | 3 |
| | | Lack of friends | 1 |
| | | SEND needs | 2 |
| | Positive existing community provision | Good School Support | 4 |
| | | Variety of community clubs | 9 |
| | | Nutrition advice | 1 |
| | Lack of existing community provision | No Safe Space | 14 |
| | | Lack of signposting | 7 |
| | | Lack of consistent GP support | 3 |
| | | Expensive fees for clubs | 13 |
| | | Lack of school support | 3 |
| | | Using sweets as bribery | 7 |
| | | Limited club capacity | 5 |
| | | Lack of SEND-specific support | 2 |
| | Positive after-school club provision and support | A large variety of clubs | 1 |
| | | Outside activity during the school day | 1 |
| | | Curriculum swimming lessons | 1 |
| | Lack of after-school club provision and support | Better engagement with community clubs | 5 |
| Neglect of outside activity | | 2 | |
| A limited number of school clubs | | 2 | |
| Intrinsic understanding of the benefits of nutrition and physical activity | Preference towards unhealthy food | 5 | |
| | Lack of motivation to engage in Physical Activity | 7 | |
| | Good Physical activity levels | 2 | |

Table 2 displays the thematic and content analysis of the ‘Mental Health and Wellbeing’ cluster r; separated into main themes and subthemes.

Table 2

| Cluster | Main Themes | Subthemes | Number of Codes |
|--|---------------------------------------|--|-----------------|
| Mental Health and Wellbeing | Lack of existing community provision | Lack of support from school | 6 |
| | | Lack of support from GP | 5 |
| | | Lack of accessibility to Child Adolescent Mental Health Service (CAMHS) and mental health services | 5 |
| | | Lack of communication between services | 1 |
| | | Lack of school support | 3 |
| | Positive existing community provision | Positive teacher support | 1 |
| | | Positive pastoral support from school | 2 |
| | | Community counselling | 3 |
| | | Zone Boro | 3 |
| | School Engagement | Limited SEND specific support | 1 |
| | | Reluctance to engage with school | 2 |
| | | Continued school refusal | 3 |
| | | Lack of parental support | 2 |
| | | Little school engagement for older pupils | 1 |
| | COVID-19 | Improved mood and mental health since the Pandemic | 1 |
| Better Mental Health during pandemic | | 1 | |
| Difficulties with managing Mental Health during pandemic | | 1 | |

Table 3 displays the thematic and content analysis of the 'Long Term Future Changes' cluster; separated into main themes and subthemes.

Table 3

| Cluster | Main Themes | Subthemes | Number of Codes |
|--------------------------|----------------------------------|---|-----------------|
| Long Term Future Changes | Changes to community provision | Increased signposting and awareness | 2 |
| | | More easily accessible places to exercise and play | 4 |
| | | More activities and clubs for children to partake in | 2 |
| | | Increased parental guidance | 1 |
| | | Increased awareness for children without a formal mental health or SEND diagnosis | 1 |
| | | Transport | 1 |
| | | Further Mental Health education | 1 |
| | | SEND specific clubs | 1 |
| | Better nutritional understanding | Increased nutritional guidance for parents | 1 |
| | | Portion sizes | 2 |
| | | Make healthy food more accessible | 1 |
| | | Less Takeaways | 2 |
| | Involvement of the Link Worker | More engagement | 2 |
| | | Continued point of access for mental health support | 1 |

Child and Weight Management

What are the problems with weight management?



Several external influences and barriers to engaging in a healthy lifestyle were highlighted across the three focus groups. The most prevalent subtheme across all three focus groups was **'Parental influence'**. Parents report that it is their own motivation and attitude towards weight management which affects their child's attitudes towards engaging in a healthy lifestyle. *'I think parent influence has a lot to do with it. I'll try to walk rather than drive somewhere if I can. I think they get into those good habits from the things we do. We definitely have a job to do. (Focus Group One, Parent A).*

In alignment with **'Parental Influence'**, parents often reported using **'unhealthy food as bribery'**. Parents use sweets as a bribe to get their child to behave or attend an activity. *'If I don't give my daughter sweets when I pick her up from school she wouldn't go home. I have to bring her something.'* (Focus Group One, Parent C) However, a level of control over the use of sweets and unhealthy food was expressed. Therefore suggesting that parents were aware of the consequences of providing their children with unhealthy food and that moderation is required. *'I give my children sweet and biscuits – it's not that they're not allowed them. I think it's because another trusted adult has given them to them and at school so they eat them even though they've given them up for lent. (Focus Group One, Parent A).*

Furthermore, in focus group one and two parents also reported that **'Time Pressure'** was a barrier to enabling their children to engage in physical activities such as swimming. In focus groups two and three, **'Time Pressure'** was also mentioned alongside having multiple children within one family. *'Yes, that's the main barrier for me. (In response to having multiple children who wish to attend different clubs) (Focus Group Two, Parent A).*

Parents also reported that having **'Multiple children'** meant it was difficult to arrange schedules so that their children could attend their chosen after-school activities. *'If you have more than one child. It is the logistics' (Parent B, Focus Group 2).* Furthermore, a prevalent age gap between siblings makes it difficult for parents to keep their child engaged whilst another child is partaking in a club. *'I can't have them all going at the same time, that's a massive barrier for me. It's balancing the different age ranges. I couldn't expect one of mine to sit and wait for the others to finish their lesson. He'd be wild.'* (Focus Group Three, Parent B).

Other, less frequent, subthemes which were highlighted as barriers to weight management were **'Negative School rules'**, **'Peer Influence'**, **'Transport'**, **'Lack of Friends'** and **'SEND needs'**.

What are the problems with existing community provision?

Problems with existing community provisions was the most prevalent main theme across all three focus groups. The lack of community provision was a clear barrier preventing children and families from engaging in healthy weight management behaviours. Within this theme, parents reported the most concerns in the subtheme **'Lack of Safe Space'** for their children to exercise and play in. Parents were not only concerned about the limited number of playgrounds *"Where we live there aren't really any playgrounds which are safe to go and play. So my children would love to go and kick a football in a green space but there's nowhere safe"* (Focus Group One, Parent A) but also that other members of the community can use public areas inappropriately *"We go to Stuarts park a lot. Right now in Albert Park there's a lot of drug dealing going on. So I'll be in the middle of the field and a motorbike will turn up with 3 teenagers on it. They come at the time when the kids are in the park."* (Focus Group One, Parent B).

The **'Cost of Fees'** was frequently reported across all three focus groups as a barrier to engaging in exercise and weight management. Parents reported that clubs such as football are *'£50 per month'* (Focus Group One, Parent B) and that their children were restricted in what activities they could take part in due to the cost. Some activities were reported as being completely inaccessible due to the cost of fees *'Mine have never had swimming lessons because I can't afford it.'* (Focus Group One, Parent B).

'Lack of Awareness and Signposting for Community Support' was also commonly reported across all three focus groups. Particularly, problems were highlighted regarding communication between different community provisions such



as school, GP services and the council. Furthermore, parents reported that there was little support following standardised health checks which took place in school. *'All I got was a letter telling me he was underweight and a leaflet about nutrition. I got a follow up phone call asking if I needed any help but I wasn't sure what help they could give me given that he won't eat. (Focus Group One, Parent A).*

Other areas of concern which were less frequently reported as subthemes were **'Lack of School Support'** and the **'Limited Capacity'** of community clubs which can prevent children from engaging in activities which could benefit weight management.

What are the existing problems with school support?

Within the theme of **'Lack of School Provision'**, parents reported that their children had **'better engagement with community clubs'** *'School provide swimming but they need it on a regular basis. We take ours at the weekend so she practises then' (Focus Group, Parent B).* Furthermore, it was reported that in comparison to the community, schools have a limited choice of clubs which result in many students being unable to join clubs *'You're only allowed to do two activities per year per child.'* **(Focus Group Three, Parent A).**

It was also highlighted that schools can **'Neglect Outside Activity'** as it is removed from children as a behavioural consequence *'My school has after-school sports clubs but my big bug bear is that during the school day, they've taking their activities off them. They've removed football from lunchtime and they're keeping them in at lunchtime. They get about 15 minutes outside.'* **(Focus Group One, Parent A).**

Do children understand the benefits of healthy nutrition and physical activity?

Another commonly reported barrier for healthy weight management is that children are **'Unmotivated to Engage in Physical Activity'**. *'We all know what we're supposed to do but it's a question of doing it!' (Focus Group One, Parent A).* However, some parents did state that some of their children had **'Good Engagement with Physical Exercise'** but these children were in the minority. *'My kids are very sporty and go to football twice a week. My daughter goes to football but she gets tired easily and that might be because of her weight.'* **(Focus Group One, Parent A).** As well as a lack of motivation to engage in physical activity, children's understanding of nutrition was also reported as poor with many showing a **'Preference for Unhealthy Food.'** *'I try but if it's not beige it's a challenge to get him to eat it. (Focus Group Three, Parent A).*

Are there any positive existing community provision to support children and families?

Despite the barriers mentioned, parents still report that there is **'Good School Support'**, and a large variety of community clubs and one parent mentioned that they had received nutritional advice through a leaflet.

Is there any positive school support for children and families?

Despite several aspects of school provision being reported as barriers to weight management, parents sometimes reported that there were some positive aspects to school provision. For example, one parent reported that there was a large variety of clubs, that there was outside activity in the schools day and that there were curriculum school swimming lessons. This implies that schools are providing some support but this could vary depending on the school.

Mental Health and Wellbeing

What are the barriers to achieving positive mental health and wellbeing?



'School Engagement' was a notable barrier to achieving positive mental health and wellbeing. Within this theme, 'School Refusal' was mentioned as a concern as parents felt it was difficult to know how to improve their child's mental health and wellbeing when there is difficulty with accessing the appropriate support. *'We got dropped by the social disability team because there is no safeguarding issue and I requested a social worker because of all the school refusal but it doesn't meet their criteria. We've been through that cycle so many times but we don't meet the threshold.'* (Focus Group Three, Parent B). In conjunction with 'School Refusal', there was also two parents who mentioned that their child is reluctant to attend school, thus suggesting that children's attitude towards school and their support can be interpreted negatively.

Two parents also mentioned that they felt there was a 'Lack of Parental Support' and guidance for how to deal with their child's mental health and wellbeing. *'You're left tearing your hair out. You're left educating yourself so that you can help them.'* (Focus Group Two, Parent B).

Other barriers to achieving positive mental health and wellbeing was 'Limited SEND specific support' and the 'Lack of Support and Engagement for Older Pupils' such as teenagers.

Another barrier to achieving positive mental health and wellbeing was the 'COVID-19 pandemic'. Although one parent said that their child's mental health and wellbeing has improved since the beginning of the pandemic, two parents suggested that since returning to school, their child's mental health and wellbeing had deteriorated and that a lot of children were having difficulties managing mental health during the pandemic. *'It had a massive impact. It was detrimental. Still now when we walk down the street he'll swerve out of people's way. He's never lost that. He was in year 3. He fell apart when he didn't have school routine but he also didn't want to go. It was really difficult.'* (Focus Group Two, Parent A).

What are the problems with existing community provisions for fostering positive mental health and wellbeing?

A commonly reported barrier within the theme of 'Lack of Existing Community Provision' was 'Lack of Support from School'. Parents felt that school did not support their children appropriately and were capable of exacerbating existing mental health and wellbeing problems. *'They'll do these massive assemblies about behaviour and he feels like they're targeted at him. Some of the strategies they use negatively affect his mental health.'* (Focus Group One, Parent A).

'Lack of GP support' and 'Accessibility to Child Adolescent Mental Health Services (CAMHS)' were also frequently mentioned barriers to mental health and wellbeing. Parents felt that they couldn't access the mental health support they needed for the child when they required it. Furthermore, parents also implied that if they could access support it was often inappropriate or inconsistent. *'CAMHS – god help me! There's nothing in between school and camhs apart from you. It's got to get really, really bad for CAMHS involvement. If the child doesn't engage or follow the steps they put in place with Camhs then it's goodbye. There's absolutely nothing to help with my son's OCD.'* (Focus Group Three, Parent B).

Another minor subtheme mentioned within the theme of 'Lack of Existing Community Provision' was a 'Lack of Communication between Community Services'. Overall this suggests that accessibility and communication between services is a primary problem for fostering positive mental health and wellbeing for young people.

Are there any positive existing community provision to support the mental health and wellbeing of children and families?

Positive existing community provisions mentioned once were 'Teacher Support', 'Positive Pastoral Support from school' and 'Community counselling'. The involvement of 'Zone Boro' was also mentioned by two parents as being an



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invaluable source of support for their child and helped to improve their mental health and wellbeing. *'If there hadn't been Zone Boro then my child wouldn't be at school'. (Focus Group One, Parent A).*

Future long term changes and Recommendations

What changes can be made to community provision and support to help improve weight management and Mental Health and Wellbeing?

- Increasing Signposting and Awareness to community clubs and Mental Health support
- Create more safe areas which are easily accessible for children to exercise and play either independently or with families
- Have a larger variety of activities and clubs for children to partake in. This includes the development of clubs which cater to a variety of SEND needs
- Increased parental guidance on how to help support their child's weight management, Mental Health and Wellbeing
- Increased awareness on how to support children who are yet to receive or are without a formal Mental Health and/or SEND diagnosis
- A larger variety of transport options for children and families so that it is easier to attend clubs and activities
- The continuation of Mental Health education for both children and families
- The continued involvement of the Link Worker and Zone Boro

What can be done to improve nutritional understanding?

- Increased nutritional guidance for parents either through schools or the community. This could be effectively achieved by signposting useful online resources
- Reducing portion sizes for children to help parents manage their child's nutrition and daily food intake
- Make healthy food more financially accessible. This could be achieved by ensuring schools are offering healthier options which children can have during lunchtimes