Appendix 7: User voice analysis

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Contents

Healthy Lives Survey (2022)

In 2022, the Healthy Lives Survey was shared with Suffolk families to ask about their experiences and the support available with regards to healthy weight management. A total of 103 responses were collected. The qualitative results were organised using NVivo 12, a qualitative analysis software tool.

What do you think might motivate you to seek support from a healthy living service?

Figure 1 provides a thematic analysis of answers reported to the question "what do you think might motivate you to seek support from a healthy living service?". Results identified six key themes:

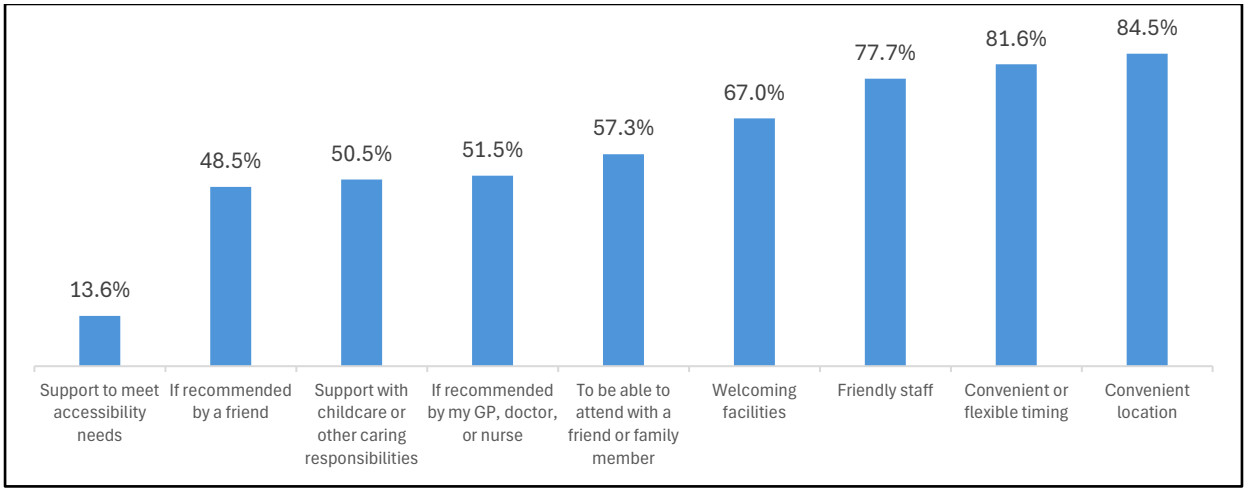
1. **Health concerns:** Participants were more likely to seek support if them or a family member experienced a health issue or if it was recommended by a health professional such as a doctor.
2. **Lifestyle concerns:** Participants were more likely to seek support if they were concerned about their own or their child's health behaviours including weight, eating habits, sleep, or lack of physical activity.
3. **Children:** Participants were more likely to seek help to support their children, to be better role models for their children and to have more energy for their children.
4. **Live events and time points:** Participants were more likely to seek support after Christmas or before a summer holiday. Participants were also more likely to seek support if they had a life changing event such as a marital breakup or death in the family. Participants were also more likely to seek support if they had a special occasion approaching such as a wedding.
5. **Feeling ready to engage:** Participants mentioned that they were more likely to seek support if they felt ready within themselves to utilise the services. Participants consistently used the term "need" highlighting that they are more likely to engage if they see this as a necessity.
6. **Other people:** Participants were more likely to engage if they had seen other people taking part in the service, other people's success stories and stories within the news. Participants also mentioned that support from friends and family and groups with likeminded individuals would help.

Figure 1: Motivators to seeking support from a healthy living service, thematic analysis, (n=100)

If you felt that healthy living services or groups might be useful to you and your family, what might help you decide to use them?

Figure 2 presents results to the question “if you felt that healthy living services or groups might be useful to you and your family, what might help you decide to use them?”. Based on the survey of 103 respondents regarding factors that influence decisions to use healthy living services, location and timing emerge as the most influential considerations. Convenient location ranked highest at 84.5%, closely followed by convenient or flexible timing at 81.6%. The human element also proves significant, with friendly staff (77.7%) and welcoming facilities (67.0%) both receiving strong support. Healthcare professional recommendations (51.5%) and friend recommendations (48.5%) show moderate influence, while support with childcare or caring responsibilities (50.5%) appears equally important to about half the respondents. The ability to attend with friends or family members (57.3%) demonstrates the social aspect's importance. Notably, support for accessibility needs ranked lowest at 13.6%, though this may reflect the specific demographic composition of survey participants rather than the general importance of accessibility.

Figure 2: Factors influencing decisions to use healthy living services or groups (n=103)



Are there certain words or phrases about healthy living or lifestyles that might put you and your family off from going to a service group?

Figure 3 presents a world cloud with the most frequent words used to answer the question “Are there certain words or phrases about healthy living or lifestyles that might put you and your family off from going to a service or group?”. The word cloud prominently features "weight" as its central term, surrounded by related concepts that suggest strong associations with weight stigma in health contexts. Terms like "BMI," "body," "loss," "diet," and "obesity" indicate that weight-focused language dominates health service messaging. Negative emotional concepts appear frequently, including "judgement," "blame," "unhealthy," "triggering," and "disorder," suggesting these terms create psychological barriers to engagement with health services. Overall, this visualisation highlights how weight-centric terminology has the potential to alienate people from health services. The language often carries implicit judgment and shame rather than promoting inclusive, holistic approaches to wellbeing that would feel more welcoming to diverse individuals and families.

Language Barriers to Engagement with Healthy Living Services

Figure 3 illustrates the words and phrases most commonly identified by participants as discouraging when considering healthy living services or groups. The word cloud analysis reveals that "weight" is the most frequently cited term, with related concepts such as "BMI," "body," "loss," "diet," and "obesity" also appearing prominently. This prevalence of weight-focused language suggests that messaging in health contexts often centres on weight, which may contribute to feelings of stigma among individuals and families.

Negative emotional terms are also commonly mentioned, including "judgement," "blame," "unhealthy," "triggering," and "disorder." The presence of these words indicates that participants may perceive a psychological barrier in health service communication, one that might provoke feelings of shame or discomfort. These findings highlight the potential for weight-centric and judgemental language to alienate people, making them less likely to engage with health services.

In summary, the word cloud demonstrates that the use of weight-related and negatively charged terminology in health service messaging may undermine inclusivity and deter participation. Participants appear to prefer approaches to wellbeing that avoid stigmatising language and instead foster a more welcoming and holistic environment for diverse individuals and families.

Figure 3: Word cloud identifying words or phrases about healthy living or lifestyles that might put participants and their families off from going to a service or group (n=87)

Are there things that might make it more difficult for you and your family to lead healthier lives?

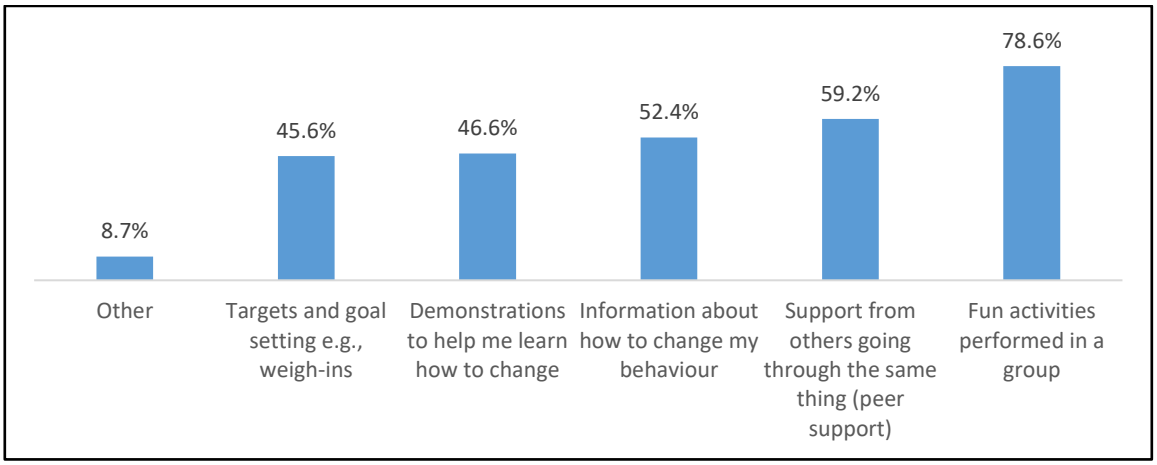
Figure 4 provides thematic analysis of the responses of 98 participants to the question “Are there things that might make it more difficult for you and your family to lead healthier lives?”. Results show that four major barriers to leading healthier lives were identified including: time constraints (including busy schedules, lack of meal planning time, shorter shelf life of healthy foods, and insufficient childcare support), cost barriers (with healthy foods and physical activities becoming increasingly unaffordable amid rising living costs), motivation challenges (such as exhaustion, mental health issues, and difficulty engaging), and problematic eating habits (including children's food preferences, understanding labelling, limited cooking skills, and special dietary needs). These interconnected factors create a complex web of obstacles. For example, financial pressures limit food choices, time scarcity prevents proper meal preparation, psychological barriers reduce motivation, and established eating patterns resist change—illustrating why many families struggle to implement healthier lifestyle practices despite understanding their importance.

Figure 4: Factors negatively influencing participants and their families to lead healthier lives, thematic analysis (n=98)

If you felt you and your family needed/wanted to use a healthy living service or group, do you have any ideas about what might help you?

Figure 5 shows the participant responses to the question "If you felt you and your family needed/wanted to use a healthy living service or group, do you have any ideas about what might help you?". Participants were given the options shown along the horizontal axis; participants could pick multiple options where appropriate. Results show that, "Fun activities performed in a group" ranked highest with over 3 or 4 participants (78.6%) highlighting this idea. This was followed by over half of participants highlighting "Support from others going through the same thing (peer support)" (59.2%). "Information about how to change my behaviour" was also highlighted by over half of participants (52.4%), and "Demonstrations to help me learn how to change" was highlighted by just under half (46.6%). "Targets and goal setting e.g., weigh-ins" show moderate importance (45.6%). "Other" factors received minimal support at just 8.7%. The data illustrates that social and enjoyable aspects of interventions are most valued by participants, with fun group activities being significantly more important than any other factor. This suggests that effective behaviour change programs should prioritise engaging group activities and peer support alongside more traditional elements like information provision and goal setting.

Figure 5: Participant preferences for components of behaviour change interventions (n=103)



If you and your family were considering attending a service or group, what would you like to know about it before going?

Figure 6 presents a word cloud highlighting significant and reoccurring responses from participants to the question "If you and your family were considering attending a service or group, what would you like to know before going?". Results show that "Cost" emerges as the most critical consideration, suggesting financial implications are vital in families' decision-making. "Time" and "Location" also feature prominently, indicating that practical logistics influence participation decisions. Families want clarity on social aspects through information about "Child friendly" accommodations and "Group size," while service details matter as seen in words like "Agenda" and "Theme". Practical concerns such as "Parking facilities" and "Free parking" appear alongside evaluative factors like "Reviews from others" and "How is success measured?" The visualisation shows that balancing practical constraints (cost, time, location), service credibility indicators (evidence, reviews), and specific family needs (child-friendly options, appropriate education level). This reveals that service content matters to potential participants, but accessibility, practicality, and suitability for their specific family situation are equally important considerations in their decision-making process.

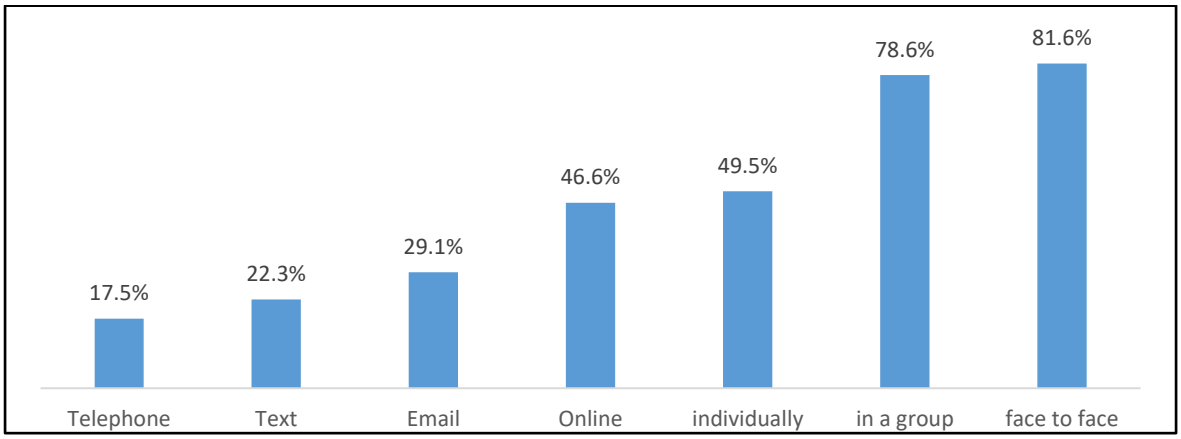
Figure 6: Word cloud highlighting what families want to know before attending a service or group (n=93)

What ways you and your family would be happy to use services or groups if you felt you wanted/needed to?

Figure 7 shows participants answers to the question "What ways you and your family would be happy to use services or groups if you felt you wanted/needed to?". Participants were given the options shown along the horizontal axis; participants could pick multiple options where appropriate. Results show that face-to-face interaction were preferred, with 81.6% of respondents indicating their comfort with this approach. Group settings followed closely at 78.6%, showing strong preference for in-person social

engagement. Individual support ranks third at 49.5%, with online services at 46.6%. Digital communication methods show notably lower preference levels: email (29.1%), text messages (22.3%), and telephone (17.5%). These findings demonstrate a clear preference hierarchy, with direct human interaction (face-to-face and group settings) substantially more appealing than digital or remote alternatives. This suggests that while service providers might be tempted to shift toward digital delivery for efficiency, families strongly prefer personal interaction and may be less likely to engage with services offered primarily through digital or remote channels.

Figure 7: Preferred methods for accessing family services and support groups (n=103)



Do you have any other thoughts on how you and your family would like sessions to be delivered and about how these sessions should look or feel?

Figure 8 provides a thematic analysis of answers to the two questions "Do you have any other thoughts on how you and your family would like sessions to be delivered?" and "Is there anything extra you and your family would like to tell us about how these services/groups should look or feel?". Results identified five key themes:

1. **Inclusivity:** families express desire for diverse staff backgrounds, accessibility for parents with small children, transportation considerations (with walking distance limitations of 30 minutes), and concerns about exclusionary invitation systems that make them feel unwelcome.
2. **In person, with others:** families strongly emphasise the desire for face-to-face interaction in various settings including leisure centres, local villages, homes, children's centres, and taverns, with particular interest in small groups, family cooking classes, and activities where families interact while children learn.
3. **Frequency:** families prefer flexible attendance options rather than weekly commitments, with preferences for regular sessions throughout the year and long-term support options**.**
4. **Individuality:** highlights desires for personalised approaches including individual assessments, one-to-one support, goal-based progress measurement, and recognition that "little changes that are personal and maintainable make a big difference".
5. **Online support:** Families are interested in blended approaches combining online and in-person options, with specific requests for e-books, online resources, Facebook groups for tip sharing, visual guides, and Zoom classes for both information and activities.

Figure 8: Thematic analysis for participants preferences in service delivery: format, location, and support characteristics

Figure 9 provides a word cloud capturing families' desired atmosphere for support services and groups when answering the two questions listed above. "Fun" emerges as the dominant characteristic, indicating that enjoyment is vital for family engagement. "Welcoming" follows as the second most prominent term, suggesting families need to feel accepted and included from their first interaction. "Comfortable" and "supportive" appear as significant priorities, showing that emotional safety is fundamental. The cloud includes several accessibility-related terms like "accessible," "inviting," and "community," indicating services should be approachable and inclusive. Other qualities suggest the ideal atmosphere balances informality ("casual") with productivity ("educational," "informative," "learn"). Terms like "bright," "colourful," and "positive" point to aesthetic and emotional preferences for uplifting environments, while "truthful" and "clear" underscore the importance of honest, transparent communication. This visualisation effectively shows that families prioritise enjoyable, inclusive, and emotionally safe environments that balance learning with comfort.

Figure 9: Word cloud highlighting the desired atmosphere characteristics for Family Support Services and Groups

CYP Engagement (2022)

Focus Groups were held with parents and carers in Family Hubs & Homestart groups (28 families). Results to questions asked are provided below.

What would you describe as living healthy or well for you and your family?

Based on the collected responses across multiple family hubs, several key themes emerged about what participants consider essential for healthy living for themselves and their families, shown in table 1.

Table 1: Summary of responses to the question "What would you describe as living healthy or well for you and your family

Theme	Summary
Physical health	• **Exercise and outdoor activity**: Frequent mentions of walking, staying active, getting fresh air, and ensuring children have ample play opportunities outdoors • **Nutrition**: Healthy eating consistently highlighted, with specific references to vegetables, soups, broths, drinking water, and balanced meals • **Sleep**: Good quality sleep and regular bedtimes noted as important, though some parents stay up late for personal time
Social wellbeing	• **Community connections**: Strong emphasis on attending groups and socialising, with many stating these gatherings are "very important" for mental health • **Support systems**: Value placed on making friends through groups like breastfeeding support or stay and play sessions • **Cultural expressions**: Food traditions serve as important cultural connections
Access to resources	• **Services and facilities:** Importance of healthcare access, libraries, playgrounds, and children's centres • **Transportation:** Need for personal vehicles in rural areas highlighted as essential for accessing services • **Financial security:** Being able to afford essentials
Mental health	• **Personal time:** Making time for oneself recognised as important despite challenges with young children • **Professional support:** Value of counselling services mentioned, with particular appreciation when provided through employment • **Feeling safe and valued:** Healthy relationships highlighted as contributing to overall wellbeing
Format flexibility	• **Online options:** Virtual groups praised for accessibility, particularly for parents who might struggle to attend in-person sessions

In your opinion, what are the biggest barriers for you and your family to living a healthy life?

Based on the collected responses across multiple family hubs, several key barriers emerged that participants identified as preventing healthy living for themselves and their families, shown in table 2.

Table 2: Summary of responses to the question "What are the biggest barriers for you and your family to living a healthy life?"

Theme	Summary
Financial constraints	• **Rising costs**: Frequent mentions of increased cost of living, with specific examples of grocery shopping costs rising significantly (e.g., from £60 to £100) • **Healthy food affordability**: Consistent observations that nutritious foods (particularly fresh produce like strawberries) are more expensive than processed alternatives and convenience foods • **Transportation expenses**: Fuel costs limiting mobility, especially in rural areas where cars are essential
Time limitations	• **Food preparation**: Lack of time to prepare healthy meals with comments like "don't have time to cut carrots" or "don't have time to cook healthily for myself" • **Exercise barriers**: Multiple mentions of struggling to find time for physical activity while managing childcare responsibilities • **Work-life balance**: Parents returning to work earlier than desired due to financial pressures

Knowledge and Information Gaps	• **Nutritional confusion:** Difficulty understanding food labelling and packaging information • **Portion control:** Uncertainty about appropriate portion sizes and salt content • **Dental health:** Limited awareness about impacts of certain practices on children's dental health
Access Issues	• **Healthcare services:** Reduced pharmacy hours, difficulty accessing GPs for "minor ailments," and long waiting lists • **Transportation challenges:** Dangerous walking conditions forcing car dependency even for short distances
Family food preferences	• **Children's eating habits:** Frequent references to children refusing vegetables or healthy foods • **Meal planning challenges:** Difficulty catering to everyone's preferences at mealtimes • **School food environment:** Concerns about nutritional quality of school meals and contradictory messages about healthy eating

What might put you off, or discourage you from using/ attending a service to help with making healthier changes to your life?

Table 3: Summary of responses to the question "What might put you off, or discourage you from using/ attending a service to help with making healthier changes to your life?"

Theme	Summary
Financial barriers	• **Cost concerns**: Multiple emphatic mentions of cost as a "driving factor" with comments like "Cost would put me off" and "Cost! As really bad" • **Expense of private services**: Specific mention that "privately run groups can be ridiculously expensive"
Logistics and accessibility	• **Timing challenges**: Preference for daytime rather than evening sessions, with specific mention that "not too early in the morning" is important • **Transportation issues**: Difficulty with bus schedules, car dependency, and challenges with children falling asleep during car journeys • **Location concerns**: Strong preference for local services with multiple mentions that venues need to be nearby or within the village
Psychological barriers	• **Fear of judgment**: Concerns about feeling "looked down on" or being judged by others, particularly for new parents • **Discomfort with group settings**: Some explicitly stated they're "not a group person" and would avoid group-based programs • **Anxiety about new environments**: Hesitation about "going somewhere new" versus familiar locations
Programme format and content	• **Terminology sensitivity**: Strong aversion to services that mention "dieting," "weight," or involve "scales" • **Approach preferences**: Resistance to prescriptive approaches or "being told what to do" • **Complexity concerns**: Simple, straightforward programmes preferred over those that are "too complicated"
Family and life circumstances	• **Parental fatigue**: Tiredness from early wakeups with children affecting motivation and energy levels • **Schedule conflicts**: Services clashing with nursery, school, or work schedules, particularly for those working evenings and weekends • **Special considerations**: Concerns about accommodating food allergies or other specific needs
Information and perception	• **Knowledge gaps**: Some feeling they lack sufficient information about healthy eating • **Self-sufficiency**: Others believing they "have all the information" needed and don't require additional services

What support do you think would appreciate from services to make healthier changes or reduce barriers for you and your family? What could this support look like?

Table 4: Summary of responses to the question "What support do you think would appreciate from services to make healthier changes or reduce barriers for you and your family? What could this support look like? "

Theme	Summary
Education and information	• **Nutritional guidance**: Strong desire for practical workshops about understanding food packaging, sugar content, and portion sizes with specific mention of the HENRY course being valuable • **Cooking skills**: Requests for training on meal preparation, using leftovers, and "what to do with what's in your fridge" • **Healthy alternatives**: Interest in learning about snack ideas and an app showing healthier food options
Accessible local services	• **Community-based support**: Preference for services delivered in familiar, local venues with comments like "here is a great venue" • **Continuous availability**: Concerns about gaps in service during school holidays when "you almost need it more" • **Affordable options**: Observations that private services are "too expensive" with specific mention of an NCT parenting course costing £150
Mental health support	• **Crisis intervention**: Recognition that "there's a mental health crisis at the moment and more needs to be done" • **Navigational assistance**: Help with "finding the right channels to access support" for mental health • **Postnatal focus**: Specific request for "postnatal mental health support groups"
Group-based learning	• **Peer support**: Interest in "getting groups of parents in a class together talking about what children eat" • **Interactive approaches**: Requests for workshops rather than one-way information delivery • **Outreach activities**: Suggestions for experts "coming along to this group" to provide information
Individual support	• **Personal guidance**: Desire for "someone you could talk to one to one about the reasons why you overeat" • **Non-judgmental support**: Negative experiences with being told children were "overweight" or "obese" without constructive advice • **Tailored advice**: Need for support based on individual circumstances rather than blanket recommendations
Community and infrastructure	• **Youth services**: Concerns about lack of activities for teenagers who are "hanging around here as there is nothing to do" • **Improved transportation**: Calls for better rural transport services particularly for "young people and elderly" • **Community centres**: Suggestions to "utilise community centres more" to combat isolation
Financial assistance	• **Cost support**: Requests for "anything to help with the costs of healthy foods" • **School programs**: Suggestion that groups could "give out healthy meals to children who need it" during holidays • **Equitable funding**: Observation that "some services seem to get more money than others" with call for "more levelling-up"

Additional comments

Table 5: Additional comments within the CYP engagement sessions

Theme	Summary
Timing and delivery information	• **Early intervention**: Recognition that "parents need information early on" in maternity and at "key stages in child development" • **Opportunistic education**: Utilising "two year health checks" and "12 week check as an opportunity for a conversation" about health and nutrition • **Format adaptation**: Suggestion for "shorter sessions" of programs like HENRY due to "high drop off rates"

	• **Brief targeted sessions**: Success noted with "30 minute information sessions" at nurseries "after drop off or before pickup"
Cultural and language considerations	• **Diverse needs**: Acknowledgment of "very diverse range of parents accessing support" with sessions attended by families "representing five different languages and minority groups" • **Specific concerns**: Observation about "non-English families relying long term on milk" suggesting targeted information needs
Current programming and partnerships	• **Existing offerings**: Range of services including "cookery classes, introducing solids, themed activities" and "Healthy Eating" programs • **External collaborations**: Valuable "links with Tesco's" providing "fruit and vegetables for the children to chop" during activities • **Setting connections**: Family hub practitioners having "link settings" with early years providers, though receptiveness varies
Observed health challenges	• **Nutritional concerns**: Noting "increase in poor eating" with examples of "children coming in with a handful of biscuits" or parents "relying on energy drinks" • **Physical development issues**: "Marked decrease in children's physical activity" post-COVID with children "not confident in steps and outdoor surfaces" • **Understanding nutrition**: Parents "don't know what they don't know" but are often "receptive to information" when provided
Support approaches	• **Individualised help**: Offering "1-1 support" for children identified as underweight or overweight • **Group settings**: Success with delivering information in group settings when coordinated with existing activities • **Professional partnerships**: Request for "links with professionals to deliver information sessions" from playgroup leaders who "can get the audience"
Communication and information barriers	• **Package marketing**: Challenge of "understanding misleading packaging" with many children's snacks "marketed as healthy" when they're not • **Assessment methods**: Insight that "food consumption should be over four days not one" for accurate evaluation
Resource coordination	• **Inter-service collaboration**: Desire to "link up with other services" to offer comprehensive support • **Community access points**: Recognition that some community settings can effectively reach families who might not access traditional health services

Suffolk Children's Healthy Weight Strategy: Conversations with Families

[22 families were interviewed…]

Did you ever experience any negativity from others because of weight? Were there things you couldn't do because of weight?

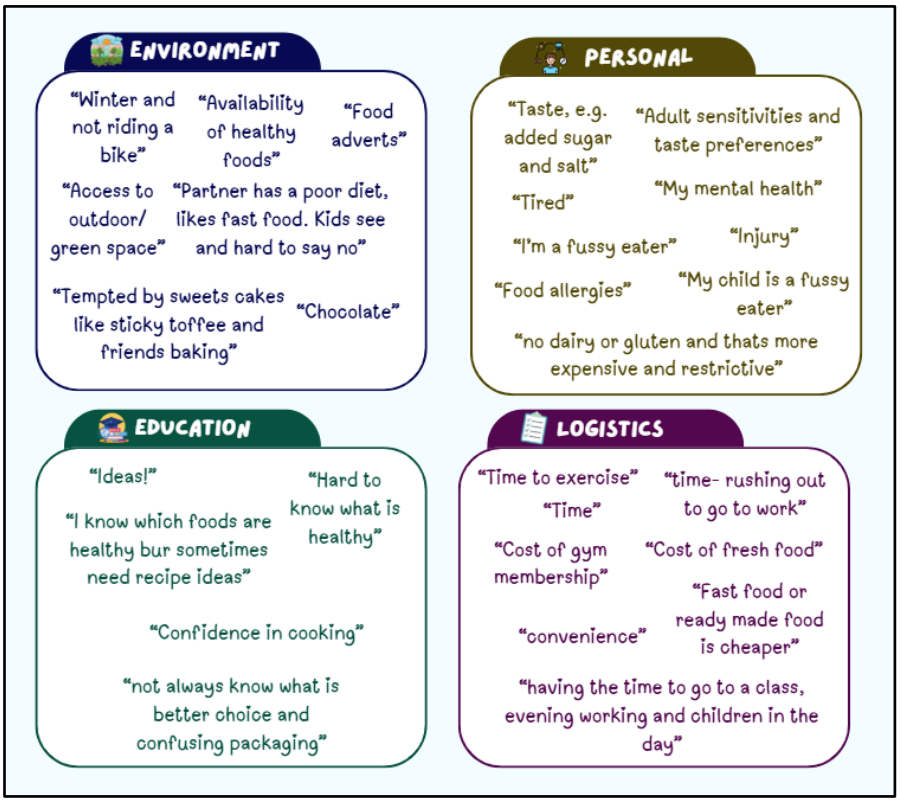
Figure 10 presents a thematic analysis of responses regarding weight-related negativity and limitations, organised into three main categories. Results show that in terms of weight-related negativity participants reported experiences of bullying at school, family criticism about body image, being called names, and feelings of worthlessness. Also highlighted in the negativity theme was family members noticing and criticising weight changes and children becoming self-conscious. The "Challenges" category highlights difficulties with commitment to family responsibilities, the connection between mental health and eating patterns, and how family food backgrounds influenced unhealthy habits. The "Accessibility" section documents physical limitations to accessibility such as inability to participate in school activities, difficulty fitting in seats at theme parks, and weight restrictions for trampolines. It also notes over accessibility such as food being offered as love, and the contradiction between school environments promoting unhealthy foods while simultaneously encouraging weight management. These findings suggest that weight-related experiences encompass both explicit social stigmatisation and implicit structural barriers that collectively restrict individuals' participation in everyday activities and negatively impacts their psychological wellbeing.

Figure 10: Thematic analysis of responses to the question "Did you ever experience any negativity from others because of weight? Were there things you couldn't do because of weight?"

What stops you or your family making healthy life choices? What are the barriers?

Figure 11 shows a thematic analysis of responses to the question “what stops you or your family making healthy life choices?”. Results show that participants notes their environment as having an impact of their healthy choices. This includes the weather, the availability of health food and green space, food advertisement, their social network environment and temptations such as friends baking, and kids seeing unhealthy options making it hard to say no. Personal preferences and dietary needs were also highlighted as a barrier to healthy life choices, as well as injuries, mental health and lack of energy. Educational obstacles highlight confusion about nutritional information, lack of healthy cooking skills, and the need for practical recipe ideas. Logistical challenges reveal time constraints balancing work and family responsibilities, financial concerns about gym memberships and fresh food costs, and the perceived convenience and affordability of fast food options. These interconnected barriers create a complex web of obstacles that families must navigate when trying to make healthier lifestyle choices.

Figure 11: Thematic analysis of responses to the question "what stops you or your family making healthy life choices?"



Sometimes people only get help when things get really bad. Why do you think that is? What might make it easier for people to get help earlier?

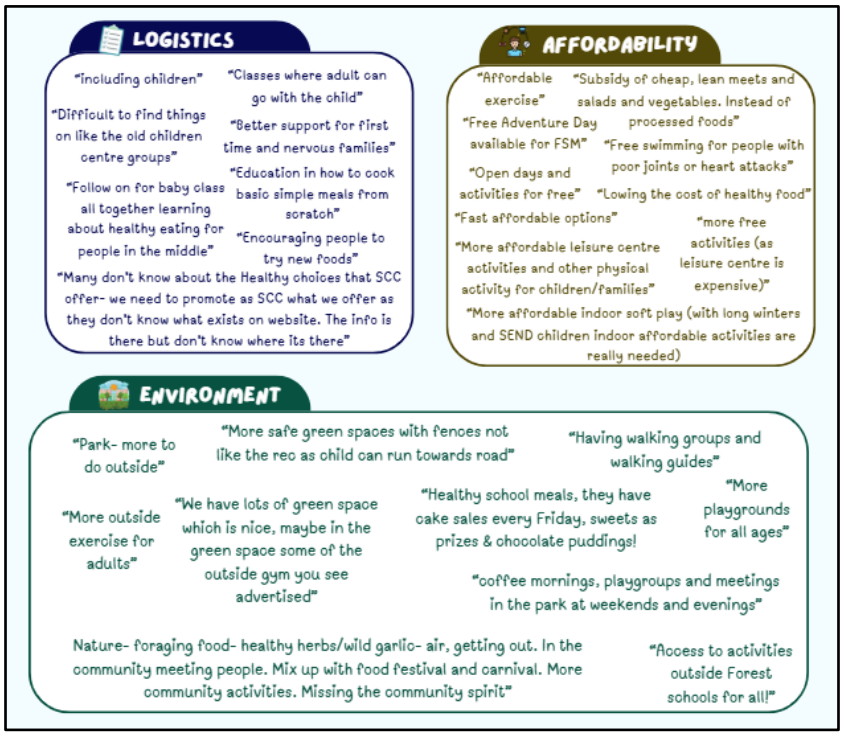
Figure 12 presents a thematic analysis of the responses to the question "Sometimes people only get help when things get really bad? Why do you think that is? What might make it easier for people to get help earlier?". Results reveal three key domains affecting help-seeking behaviours and potential solutions. Personal barriers include psychological factors like shame, fear of judgment, pride, lack of confidence, and reluctance to burden others, with many people avoiding help until situations become critical. External obstacles highlight systemic challenges such as healthcare access issues, appointment scarcity, media influences reinforcing stigma, cost concerns, information gaps, and the perception that services prioritise only crisis cases. The solutions category emphasises reducing stigma around help-seeking, providing more accessible psychological support, implementing early education in schools, changing public perceptions, creating drop-in services, and improving nutritional information through initiatives like affordable healthy meal plans that focus on comprehensive nutritional content rather than just calories. These findings illustrate how internal psychological barriers intersect with external systemic challenges, suggesting that effective interventions must address both dimensions simultaneously.

Figure 12: Thematic analysis of responses to the question "Sometimes people only get help when things get really bad? Why do you think that is? What might make it easier for people to get help earlier?"

What would you most like to see in your area to improve the health & wellbeing of children and families?

Figure 13 presents a thematic analysis of responses to the question "What would you most like to see in your area to improve the health & wellbeing of children and families?". This thematic analysis identifies three key areas for improving family health and wellbeing. Logistics highlights the need for family-inclusive programming, better support for first-time parents, accessible information about existing services, follow-up from baby classes, cooking education, and encouragement to try new foods. Affordability emphasises the importance of budget-friendly exercise options, subsidised healthy foods, free community activities, reduced costs for healthy options, and accessible indoor facilities during winter months. Environmental factors focus on creating more safe and accessible green spaces with proper safety features, increasing outdoor exercise opportunities for all ages, promoting community connection through nature-based activities and food foraging, improving school nutrition despite contradictory practices like cake sales, and ensuring equitable access to activities across all schools. Together, these themes reveal that comprehensive community health improvement requires addressing practical access barriers, financial constraints, and environmental design simultaneously to create supportive ecosystems for families.

Figure 13: Thematic analysis of responses to the question "What would you most like to see in your area to improve the health & wellbeing of children and families?"



Any other places you would go to support?

The participants were asked if they went to any other places for support with weight management. Participants stated that they utilise their environment- "wait for summer and being able to get out more"- and social networks such as speaking to friends "trying to help each other, report to each other" or "Family and friends recipe ideas". Participants also reported turning to online sources for support such as "google for advice" or "Facebook groups. To see what healthy swaps people make to reduce calories, fats, salts and sugar". Finally, some participants pay for private support just as memberships for "running groups" or "leisure centre gyms".

Feel Good Suffolk overall feedback form

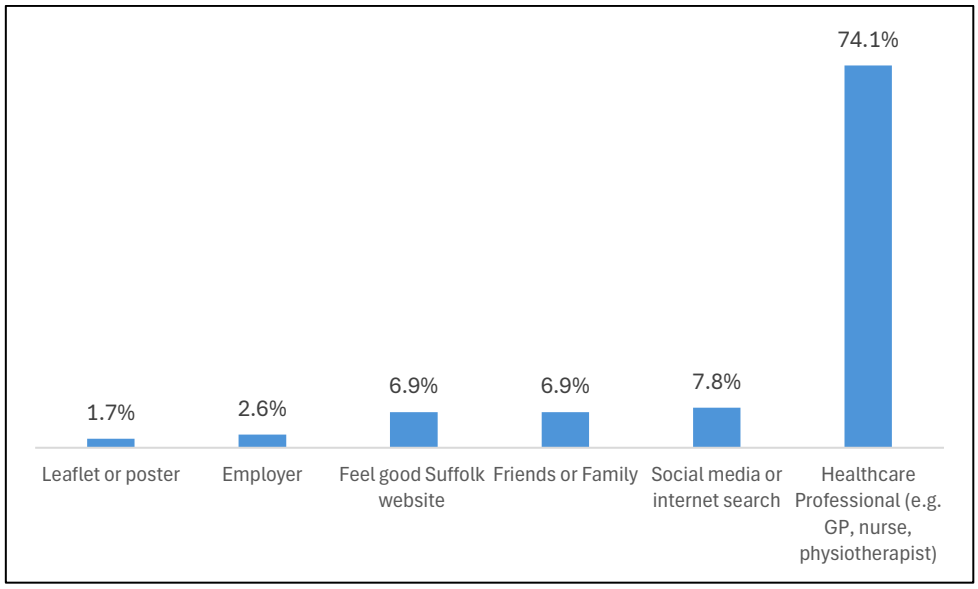
This section reviews findings from 102 general feedback forms sent to all clients completing the weight management interventions within FGS.

How did you hear about Feel Good Suffolk?

Figure 14 presents results to the question "How did you hear about Feel Good Suffolk" answers were multiple choice, and participants could tick more than one answer. Results show that just under 3 in 4 participants (74.1%) learnt about Feel Good Suffolk through a Healthcare Professional (e.g. GP, nurser, physiotherapist). Online sources and social networks were also highlighted: Social media or internet search (7.9%), friends or family (6.9%), and the Feel Good Suffolk website (6.9%). Employers (2.6%) and leaflet or posters (1.7%) were mentioned the least.

The data suggests that healthcare professional referrals are by far the most effective channel for reaching participants, while traditional marketing materials like leaflets and posters were the least effective.

Figure 14: Responses to the question "How did you hear about Feel Good Suffolk?" (n=102)



Can you tell us more about your experiences with Feel Good Suffolk?

Figure 15 presents a thematic analysis of responses about participants experiences with feel good Suffolk. Feedback given was clearly focused on two key themes:

Support

The support theme showcases that participants particularly valued:

1. **Supportive and Non-judgmental Staff**
    - Staff were described as "friendly," "understanding," "professional," and "accommodating"
    - Participants felt comfortable with staff who "don't judge" and create a "warm and non-judgmental" environment
    - Staff were praised for being "down to earth" and "committed to helping"
    - Several comments highlight how staff made participants feel welcome and respected
2. **Supportive Group Environment**
    - Participants valued the "group teams meeting" format
    - Many appreciated that "everyone was in the same boat" creating a sense of shared experience
    - The environment was described as "positive and supportive"
    - Group settings allowed participants to share "tips and tricks" with others
    - Comments reflect appreciation for the weekly meetings and discussion

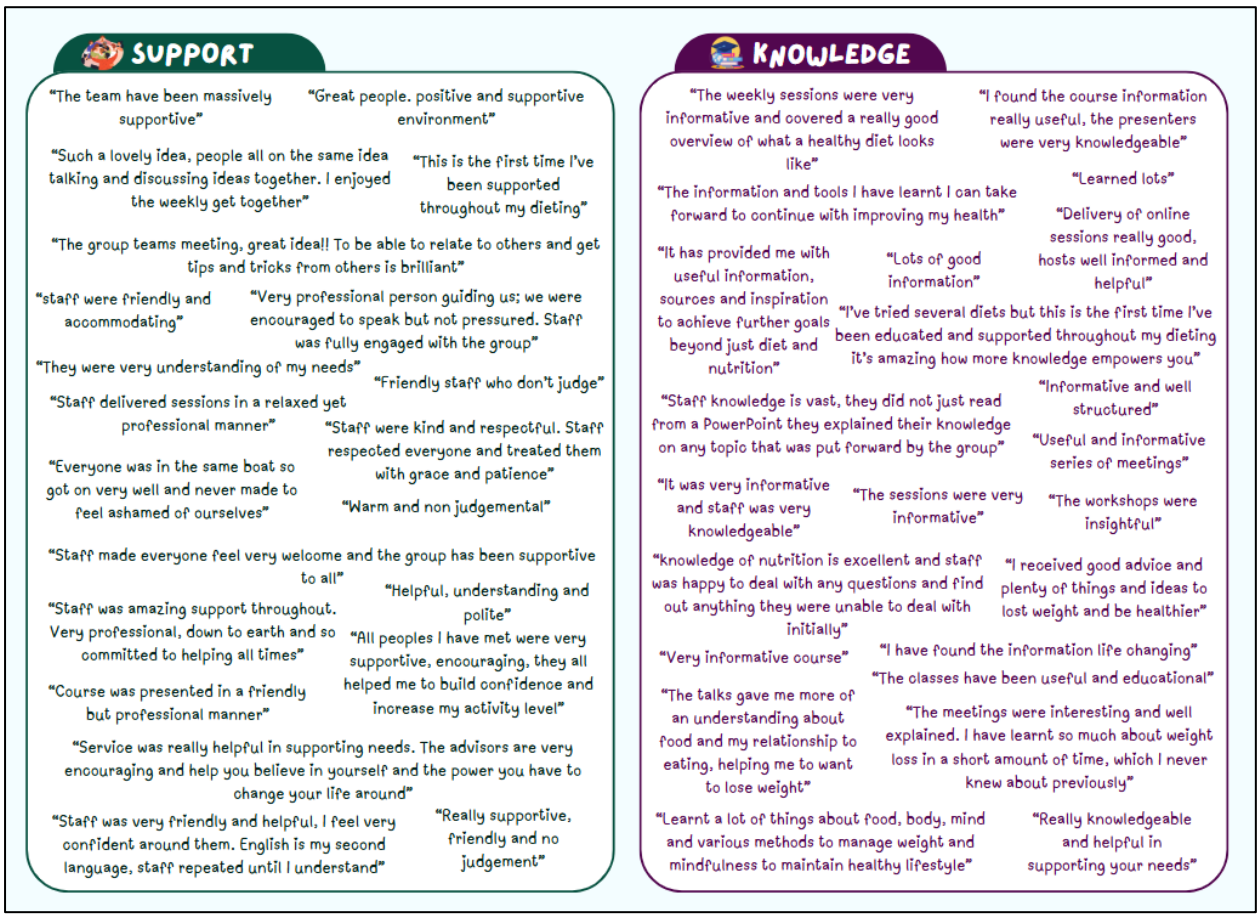
Knowledge

The knowledge theme reveals that participants highly valued:

1. **Informative Content**
    - Sessions were consistently described as "very informative"
    - Participants found the course provided "useful information, sources and inspiration"
    - Many comments mentioned how "informative and well structured" the sessions were
    - Information was characterized as "life changing" by some participants
2. **Educational Value**
    - Participants "learned lots" and appreciated staff's extensive knowledge
    - Many valued learning about "food, body, mind and various methods" for health
    - Comments show appreciation for education beyond "just diet and nutrition"
    - Several participants noted this was their first time being "educated and supported" through their health journey

The feedback demonstrates that participants most value the combination of emotional support (through non-judgmental staff and group settings) alongside practical knowledge (through informative, educational content). This dual approach appears to particularly resonate with participants seeking to make positive health changes.

Figure 15: Thematic analysis of responses to personal experience with Feel Good Suffolk

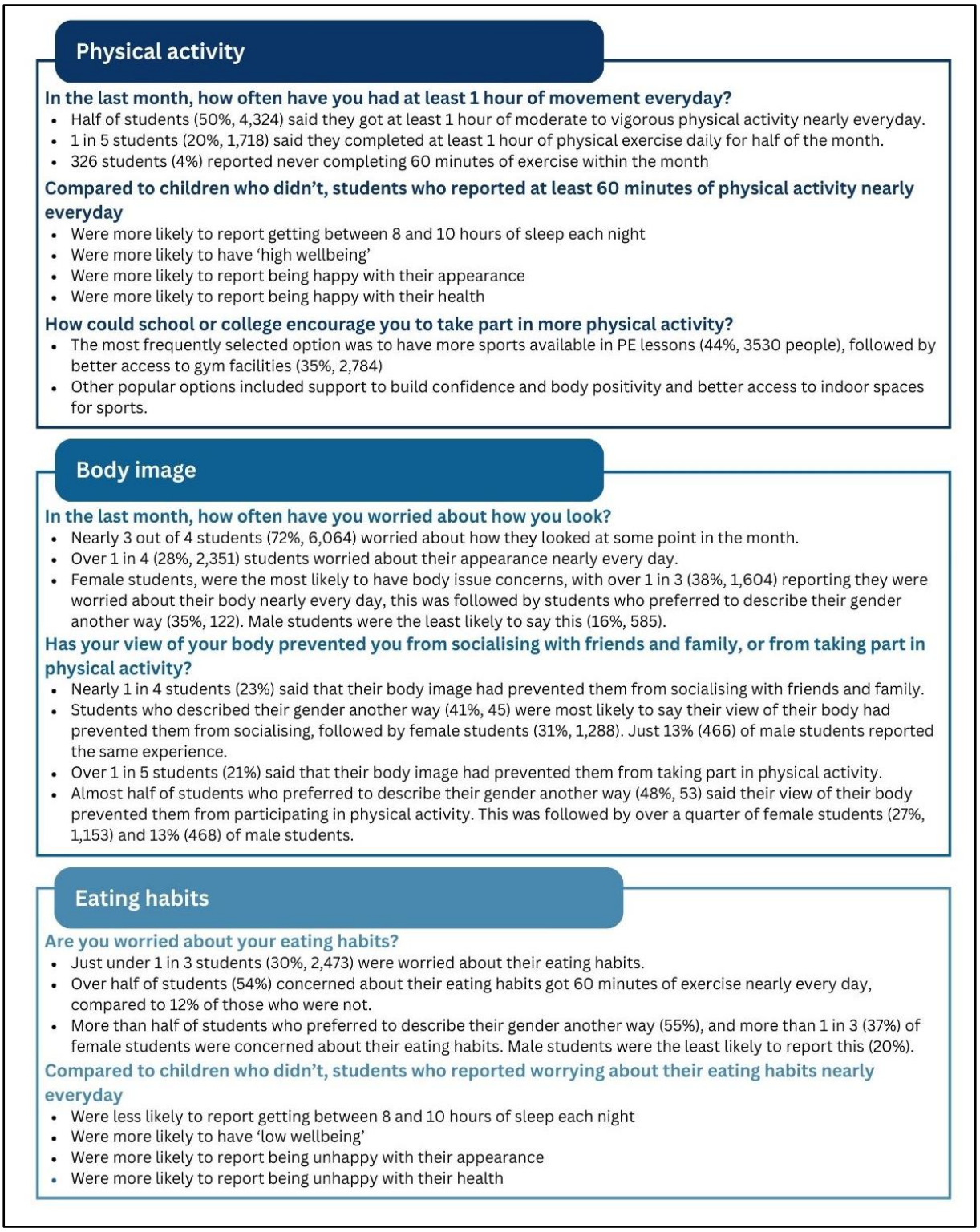


My Health Our Future: Young people's wellbeing in Suffolk (2024)

My Health, Our Future (MHoF) is an annual survey programme that explores the physical and mental wellbeing of children and young people in Suffolk. More than 9,000 young people took part in the 2024 survey between January and July. The survey captures young people's views at a single point in time. Findings can reveal patterns, relationships, and associations between factors but cannot prove that one factor has a direct or singular influence over another.

Figure 16 presents the key findings from My Health Our Future Phase Eight in relation to healthy weights. Results found that while half of students (50%) reported getting at least 60 minutes of daily physical activity, 72% worried about their appearance during the month, with female and gender-diverse students expressing the highest levels of body image concerns. Body image issues prevented nearly 1 in 4 students (23%) from socialising and 1 in 5 (21%) from participating in physical activity. Nearly a third of students (30%) reported concerns about their eating habits, with significant gender disparities. Students who maintained regular physical activity reported better outcomes in sleep, wellbeing, and body satisfaction, while those worried about eating habits showed poorer outcomes across these measures. Students identified more sports options in PE, better gym access, support to build confidence and body positivity, and better access to indoor spaces for sports as key factors that may encourage greater physical activity participation.

Figure 16: Key findings from My Health Our Future annual survey 2024 in relation to healthy weights



Source: Healthwatch Suffolk