



# Talk, Listen, Change (TLC): Understanding and Improving Uptake and Retention in Total Wellbeing's Tier 2 Child Weight Management Programme in Luton

## EXECUTIVE SUMMARY

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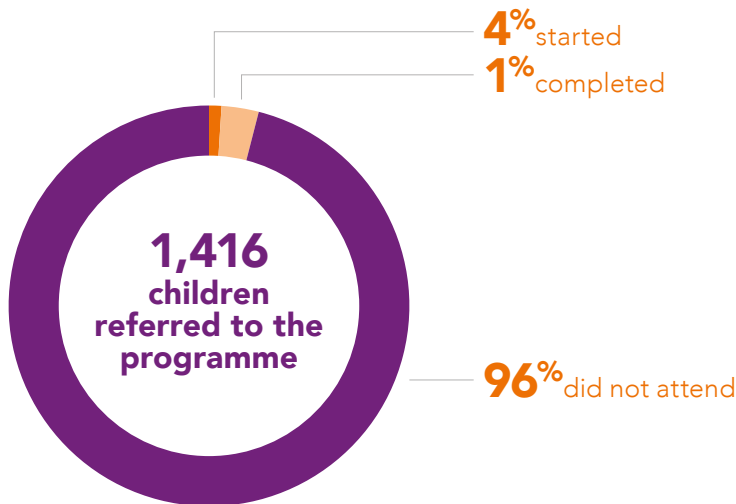
# Background

In line with the government's National Child Measurement Programme<sup>1</sup>, Total Wellbeing, a local not-for-profit organisation that supports people living in Luton to improve their physical and emotional health, has been running a Tier 2 Child Weight Management Programme<sup>2</sup>. This initiative offers support to children and families to help build healthier habits and improve wellbeing.

While referrals to the programme increased over a three-year period, uptake and retention rates have remained low. Of the 1,416 children referred, 96% did not attend.

Luton Borough Council commissioned the Institute for Health Research at the University of Bedfordshire to explore why these rates were so low and to help co-design a more engaging and inclusive programme for the future.

This report summarises the findings of our research and sets out recommendations based on our discussions with parents. The full report can be found on our [website](#).



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1 The National Child Measurement Programme (NCMP) is a nationally mandated public health programme. It provides the data for the child excess weight indicators in the Public Health Outcomes Framework and is part of the government's approach to tackling child obesity.

2 In a report commissioned and funded by Public Health England, Tier 2 services are described as weight management services that provide multi-component (e.g. diet, physical activity and behaviour change) support to overweight and obese children, families and adults. These include both commercial providers and non-commercial local providers.

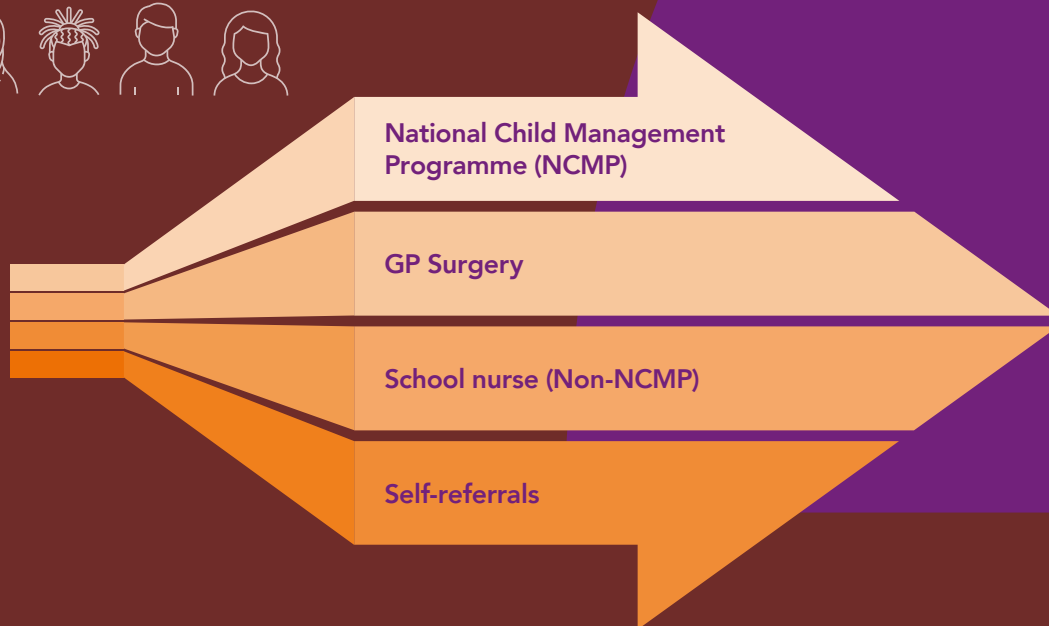
# About the programme

Total Wellbeing's weight management programme supports healthy lifestyle changes, focusing on healthy eating and encouraging people to be more active.

## Aimed at children aged 5-15



Families are referred through four established pathways



Parents/guardians and siblings attend with the child/children



12 weekly sessions



1 hour each with 15 minutes for a family task

Families are considered to have completed the programme if they attend 8 of the 12 sessions. Those who do, receive a discounted physical activity card giving them access to Active Luton gyms.



Children take part in fun physical activities while parents learn more about healthy eating

Topics include:



Food myths and sugar swaps



Diet diversity and portion sizes



Cooking at home and understanding ultra-processed foods



Physical activity and liquid calories

# Research design

## Our aim

Find out why uptake and retention rates were so low and explore challenges, barriers and future opportunities.

## Approach

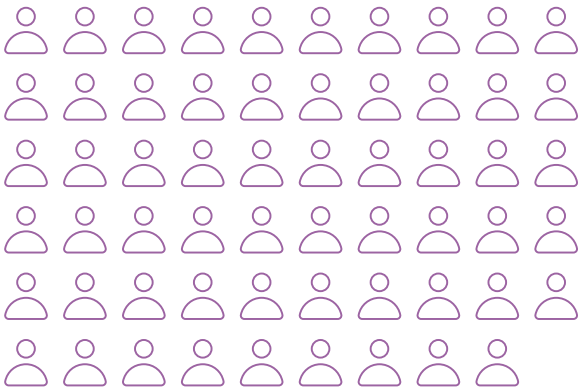
Qualitative one-to-one interviews and focus groups.

Both formats were carried out in a relaxed, semi-structured manner to encourage open and honest conversations. This gave parents and carers the opportunity to actively engage, be confident to voice their views and feel empowered to co-develop solutions to improve the low uptake and retention.

## Who we spoke to

We interviewed parents and carers in Luton who had received a referral to, and attended, the programme. We also held focus groups with other parents with children aged between 5-15, including one group who had not received a referral.

## 59 people took part in the study

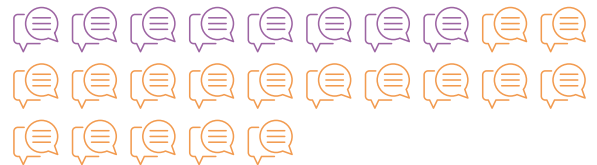


## 34 participated in focus groups



## 25 attended one-to-one interviews

(8 had attended at least some sessions and 17 had not been referred or attended any sessions)



All interviews were confidential, and participants received a £10 voucher as a thank you for their time.

Participation was voluntary, with people being sent an invitation (flyer) to take part via letters to schools, text messages, WhatsApp, and through established community groups. This initial invitation was followed up with weekly reminders.

## Who took part

Participants came from a range of backgrounds, reflecting the diversity of Luton.

## 71% were female



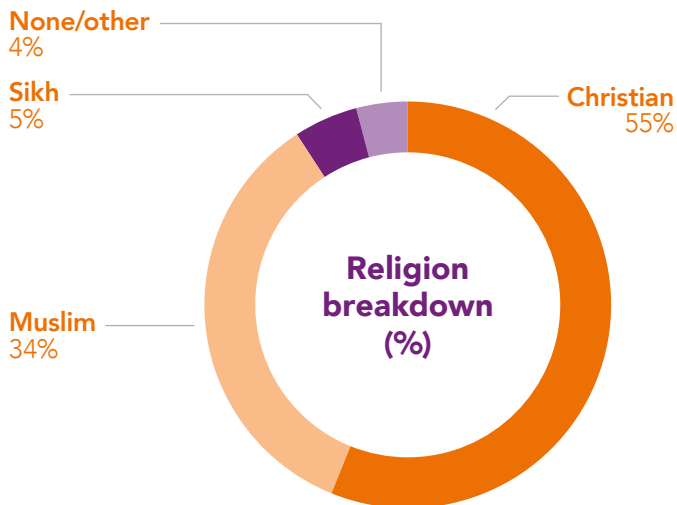
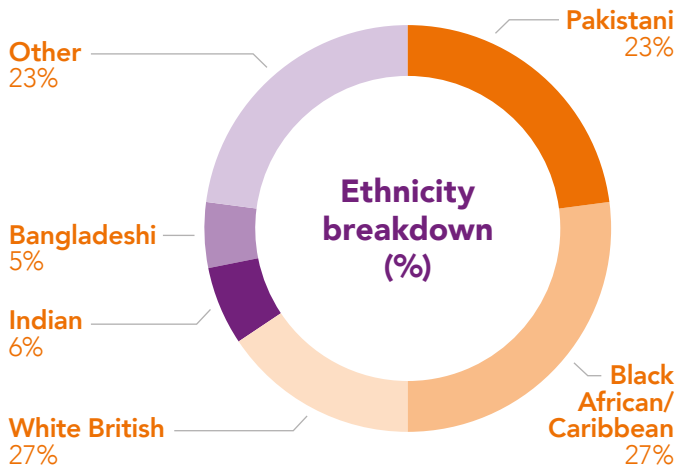
## 78% said English was their first language



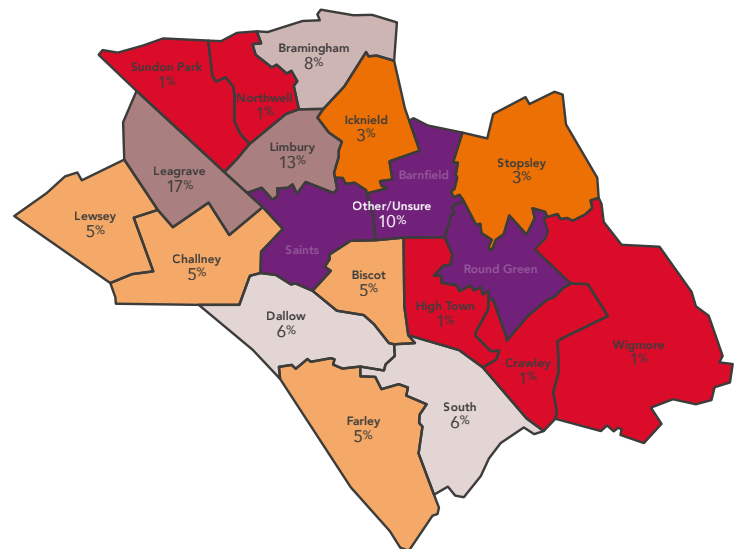
## Ages ranged from 25-70

Child age range

Parent age range



Geographical locations of participants



## What we asked participants

“ What are the reasons for poor uptake and retention? ”

“ How can we increase the uptake and retention of referrals in the future? ”

# Summary of key findings

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## Reasons for the poor uptake and low retention in Total Wellbeing's programme

### A) LIMITED AWARENESS AND UNDERSTANDING OF THE PROGRAMME

<b>Limited advertising</b>	Awareness of the programme was low across all groups, including those who had taken part. Many felt it hadn't been promoted widely enough, particularly on social media, and information wasn't easy to find.
<b>Lack of understanding of the programme content and structure</b>	Many participants, including those who had been referred and attended, had little understanding of what the programme involved or how it was structured even after they had started.
<b>Benefits and value of the programme were not always clear in initial communication</b>	Some participants felt the benefits and value of the programme were not clear in the initial communications, which meant they didn't pay attention to the referral letter. Some also cited language and communication barriers with the initial contact.
<b>Confusion over the name</b>	The name of the programme caused uncertainty and confusion, and didn't clearly reflect the focus on wellbeing. Several people suggested a clearer name could help reduce misunderstanding about the purpose and format.

### B) PERSONAL REASONS FOR NOT ATTENDING THE PROGRAMME

<b>Parental denial about child being overweight or needing help</b>	Many parents did not believe their child had a weight problem, which meant they did not see the value in joining the programme.
<b>Cultural perceptions and ideas about children's weight</b>	For some parents, there are cultural perceptions that a larger child is a healthy child, though these perceptions are declining.
<b>Fear of stigma and/or judgement</b>	Parents acknowledged that there is a stigma attached to a child having a weight problem.
<b>Managing competing responsibilities</b>	Many families found it hard to fit the programme around work and family life, often leading to them not attending or dropping out of the programme.



### C) PRACTICAL AND STRUCTURAL REASONS FOR NOT ATTENDING THE PROGRAMME

<b>Location of programme activities and transport barriers</b>	Parents said the locations of the sessions and not having their own transport presented significant barriers to attending.
<b>Timing of programme activities</b>	Some parents spoke about the timings making it difficult to attend.
<b>Programme not tailored to individual needs</b>	Some felt the sessions took a one-size-fits-all approach that didn't suit their child's age or needs, which affected their engagement.
<b>Lack of clarity around structure and goals of the programme</b>	While most parents were satisfied with the sessions overall, some felt the structure and goals of the programme were unclear, which made it harder to stay engaged. Several parents questioned the use of Body Mass Index (BMI) which was perceived to be an unreliable indicator of a child's weight.

# What participants said

The following section brings together a small selection of the feedback from all focus groups and interviews.

It reflects the views of parents who:

- were referred and took part,
- were referred but did not complete, and
- were not referred or did not attend at all.

You can read the full set of comments in our research report available on our [website](#).



## LIMITED AWARENESS AND UNDERSTANDING

### Limited advertising

*I can't say I've ever seen an advertisement anywhere or leaflet about this programme.*  
(Focus group 3, Black Caribbean)

*Everybody's using social media at the moment and there's a lot of advertising on there as well... if you're concerned about your child and an advert comes up about it, you'll definitely take notice.*  
(Participant 24, Asian Pakistani mother)

*I have heard of it. I probably was told a bit about it, but it didn't register too much because it wasn't something I thought, oh, yes, I must do that. I haven't seen posters around for example, like in GP surgeries.*  
(Participant 11, White British mother)

### Lack of understanding of programme content and structure

*I didn't know that it was a children's programme as well. And also, I didn't expect it to be from that young age of four/five.*  
(Participant 7, White Eastern European mother)

*I've read about it, but I'm not really sure about that.*  
(Participant 15, White British father)

*I think it might have been on letters that might have come home from school. But again, I haven't had much interaction with it.*  
(Participant 14, White British mother)

## Benefits and value of the programme were not always clear in initial communication

*Some people don't understand the importance and value of it (the programme), so once people get to know the value... they will get an understanding about it as well.*  
(Participant 23, Black African father)

*When I read through the letter, I think I didn't like the wordings because it was more of a threat.*  
(Focus group 2, Black African)

*Have it in all the Asian languages. They might not understand these letters and they won't always know the seriousness.*  
(Participant 10, Asian Indian mother)

## Confusion over the programme name

*You need a better name for it. To me, weight management programme sounds insulting. If you want to explain this to me, I wouldn't even have bothered. Because to me it sounds insulting.*  
(Focus group 3, Black Caribbean mother)

*Total Wellbeing or healthy lifestyles, whatever the title.*  
(Participant 12, White British mother)

*I would say something like the Luton healthy lifestyles programme.*  
(Participant 23, Black African father)

## PERSONAL REASONS FOR NOT ATTENDING THE PROGRAMME

### Parental denial about child being overweight or needing help

*I thought she's not fat, she's not overweight. I knew she was bigger than average, she was never huge... she's always been quite physically fit.*  
(Participant 1, White British mother)

*Generally, families want to sort it out themselves.*  
(Participant 17, Black African father)

*When I received the letters, they say she is overweight, and she needs to attend a weight management group, I was thinking, how can a four-year-old be overweight? And she didn't look overweight.*  
(Participant 7, White Eastern European mother)



## Cultural perceptions and ideas about children's weight

*My grandma said when I was skinny, 'Oh, why am I skinny, I'm sick'. In Romania, the skinny child must be sick...*

(Participant 5, Eastern European mother)

*...thinking it's not a problem when children are overweight. They're just a bit overweight and, probably running around all day. They will become slim when they are older, its puppy fat.*

(Participant 12, White British mother)

*In Asian community a fat child is a healthy child.*

(Focus group 4, Female Asian)

*From the elders it was this thing. If you're not plump, you're not healthy.*

(Focus group 1, Eastern European)

## Fear of stigma and/or judgement

*I was too embarrassed, why my child is so overweight. What do other people think about you?*

(Participant 5, Eastern European mother)

*A lot of people don't want to accept it... I think they feel that the child isn't obese, especially in the Bangladeshi community. You tell somebody, your child is borderline obese. They take offence to it.*

(Participant 6, Asian British mother)

*There's just such a stigma and it's getting worse about overweight children.*

(Participant 1, White British mother)

*I'm a bit upset. It's because I feel like that is our fault.*

(Participant 3, Asian Pakistani mother)

## Managing competing responsibilities

*I didn't attend all because of my busy schedule.*

(Participant 16, Black African father)

*It's difficult to juggle everything.*

(Participant 7, White Eastern European mother)

*I think the parents probably been working all day. Their children have been at school all day. The children don't want to go. The parents are tired.*

(Participant 12, White British mother)

*You've got to collect everybody together and get them all there. If you've got two or 3 or 4 children. Getting them all coated up and then out...*

(Participant 11, White British mother)

*Especially in our culture, there is mosque at that time. So, if there are no fathers, if there is like taxi drivers or evening workers, night workers, then mothers will have dinners, other children to look after.*

(Participant 21, Asian Other mother)



## PRACTICAL AND STRUCTURAL REASONS FOR NOT ATTENDING THE PROGRAMME

### Location of programme activities and transport barriers

*The location also is another stumbling block. Location can also affect the attendance or participation of people.*

*(Participant 15, White British father)*

*Why isn't there one in Lea Manor? Why not in Hockwell Ring and Lewsey Farm and all these other places so everybody from the town doesn't have to think about how I am going to get there. You know, a barrier is that it costs to get a taxi, a bus...*

*(Participant 4, Asian Pakistani father)*

*Travelling is a problem in Luton, you know. You don't have your own car you're actually quite stuck.*

*(Participant 6, Asian British mother)*

### Timing of programme activities

*It could be the time factor that is the biggest reason for parents because a lot of them are working and don't get time for the children.*

*(Participant 17, Black African father)*

*I think that one of the main reasons is the time 5:00 to 6:00 in the evening. Most parents are still at work, or if they're not at work, especially in our communities, people are taking their kids to the mosque.*

*(Participant 19, Asian Pakistani father)*

*5 to 6 is a bit funny time. I can see that and that was my first thought was really set the time. Like, yeah, that's a crunch time for even most families in the evening, isn't it?*

*(Participant 24, Asian Other mother)*

*Another challenge has been the challenge of flexibility of group session. I'd love to attend more sessions, like I said, that's on availability of the sessions.*

*(Participant 16, Black African father)*

## Programme not tailored to individual needs

*It has to be tailored to the age group. So not generic. There's one group for all ages, but you have to divide and split it into the right category. So, incorporate it in different ways through play for younger children. For older children I guess you can use different methods.*

(Participant 6, Asian British mother)

*A lot of people who came at the beginning, they thought that their children were too old to attend the sessions.*

(Participant 3, Asian Pakistani mother)

*Yeah, was fine, but children getting bored there. The one was okay because they provide some exercise, but all this good, boring stuff and because it was summer, we stop for summer.*

(Participant 5, Eastern European mother)

## Lack of clarity around structure and goals of the programme

*The message is unclear, that's how I understood it, that my child is overweight, and they need to lose weight. Well, when we started going there and the message was a little bit different, they said, you know, it's not about losing weight.*

(Participant 7, White Eastern European mother)

*BMI isn't a very accurate way of measuring if someone's obese.*

(Focus group 6, Male Asian)

*I feel like the BMI scale is quite high. Like I said, you qualify as obese so to speak you can still be quite small and be classified as obese.*

(Participant 13, White European mother)



Although this research focuses on the barriers to uptake and retention, it's important to highlight the positive feedback shared by parents.

*...when I received the letter, I trusted the professional. So, I thought that there is some problem there. So that's why I decided to attend a programme. Let's see what they will teach and what the outcome will be.*

(Participant 7, White Eastern European mother)

*I don't know what I was expecting, but the sessions were very friendly. You know, there was no judgement. There was not much talk about what is healthy food and what is the healthy portions for a child.*

(Participant 7, White Eastern European mother)

*We went there for all the weeks. The people that ran it were lovely young girls. Smart, knew their stuff and they always got involved with us. It wasn't a lecture, which is good.*

(Participant 12, White British mother)

*We learnt a lot from the sessions because we did cut down a lot (on food).*

(Participant 3, Asian Pakistani mother)



## Capturing ideas

All suggestions and ideas from parents during our focus groups and interviews have been carefully documented and will inform referral and retention strategies for the programme. A selection of these ideas are included in the action plan on page 14.

# Conclusion and next steps

Our research provides a framework for Luton Borough Council to design more inclusive and effective interventions that meet the needs of local families. To improve engagement and retention, it's essential to raise awareness in local communities, communicate in ways that reflect cultural views on weight and health, and address stigma and denial with empathy. Strengthening trust between families and professionals is equally important.

Crucially, making the programme more flexible and responsive to the demands on family life will support better outcomes for children across Luton's communities. By listening to families, learning from their experiences, and co-designing solutions together, we can enhance the programme to make it easier for more families in Luton to live healthier lives.

## Action plan

How we can increase the uptake and retention to the Total Wellbeing programme

### THEME 1: IMPROVE COMMUNICATION AND INCREASE AWARENESS

#### Parents said

- We do not know about the programme.
- We do not understand how the sessions run or what they cover.
- We are not clear about the benefits.
- There needs to be more about the programme on social media.

#### Parent-led solution



##### **Increase community awareness and understanding by:**

- Making the first contact count by using clear and consistent language to describe the programme in all materials.
- Sharing simple messages about the purpose and benefits through trusted local routes such as schools, parent evenings, community centres and faith organisations.
- Increasing visibility and reach by using billboards and social media, especially key times of change like New Year (January or September).
- Increasing spoken engagement in community languages, by using social media to connect with diverse audiences and promote inclusive communication.
- Sharing real success stories from families who've taken part and how they have benefitted.
- Using a consistent and meaningful name for the programme.
- Following up referrals with a friendly phone call or face-to-face to encourage take-up.

## THEME 2: REMOVE STIGMA AND BE MORE INCLUSIVE

 <b>Parents said</b>	 <b>Parent-led solution</b>
<ul style="list-style-type: none"><li>• We do not think our children are overweight so do not want to attend.</li><li>• It's 'puppy fat'.</li><li>• In my culture a larger child is a healthier child.</li><li>• We are judged (and judge ourselves) for our child's weight problem.</li><li>• Our child experiences low self-worth and is stigmatised by others for being overweight.</li></ul>	<p><b>Tailor prevention programmes that reflect how communities view and understand weight and obesity in childhood by:</b></p> <ul style="list-style-type: none"><li>• Showing awareness of cultural beliefs and language – avoid shaming and focus on positive wellbeing.</li><li>• Having honest conversations with families about healthy growth and healthy eating rather than obesity and weight.</li><li>• Building trust between professionals and parents, so these conversations feel safe and respectful.</li><li>• Using inclusive language that doesn't blame anyone and positioning the programme as a community-wide offer.</li><li>• Focusing on supporting children's confidence and self-worth, not just physical health.</li><li>• Celebrating progress not just outcomes to keep families engaged.</li></ul>

## THEME 3: REMOVE BARRIERS TO PARTICIPATION

 <b>Parents said</b>	 <b>Parent-led solution</b>
<ul style="list-style-type: none"><li>• We do not have time for our child/children to attend/remain in the sessions.</li><li>• We have competing challenges.</li><li>• Older siblings should be able to attend sessions to encourage overweight child/children to attend.</li><li>• Some sessions are not suitable for all age groups.</li></ul>	<p><b>Offer a more flexible programme by:</b></p> <ul style="list-style-type: none"><li>• Offering sessions at more convenient times – straight after school, weekends, or holidays.</li><li>• Running short, flexible workshops in the school holidays, at various times and places.</li><li>• Opening the programme to all families, not just those with a referral.</li><li>• Offering both financial and non-financial incentives, such as food vouchers or health-related items, to encourage participation.</li><li>• Allowing siblings to attend some sessions to boost attendance and motivation.</li><li>• Making sure the content of sessions is age-appropriate and relevant for all who take part.</li></ul>

## Next steps

These findings provide three key recommendations that will inform the future provision of family weight management services in Luton. They have been incorporated in the Council's Healthy Weight Delivery Plan (2025–2040) to enhance local provision, widen access to support to improve health outcomes, and to reduce health inequalities.

### Immediate actions include:

- Reviewing the Tier 2 service model
- Developing culturally tailored communications
- Strengthening partnerships with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector.

These priorities form part of the Council's Phase One action plan and will be supported by revised governance structures. Progress will be monitored by the Healthy Weight Partnership Board, with updates to the Health Equity Town Partnership Board.

The Council will continue to lead a whole-systems approach, working closely with local partners, schools, Integrated Care Systems and the VCFSE sector to deliver lasting impact.

## Acknowledgments

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