Maximus x Claremont

Beezee Families

Final Report

Insights and recommendations from the Beezee Families programme in Cambridgeshire and Peterborough.

November 2025

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Executive summary

Children's obesity in England remains a pressing public health emergency. In the 2024–25 school year, the NCMP measured 94.3% of eligible children (n 1.14 million), reporting 10.5% obesity in Reception and 22.2% in Year 6, with children in the most deprived areas over twice as likely to be obese than those in the most affluent (Reception: 14.0% vs 6.9%; Year 6: 29.3% vs 13.5%)[i]. The NCMP is central to the Government's anti-obesity strategy, annually measuring the height and weight of over one million reception (age 4–5) and Year 6 (age 10–11) children to monitor these patterns[i]. Crucially, children in the most deprived areas are more than twice as likely to be obese as those in the most affluent - highlighting how health inequalities persist and deepen[ii].

In Cambridgeshire & Peterborough, the picture is similarly urgent. Cambridgeshire's Reception obesity rose from 9.2 % (2023–24) to 9.8 %, with Year 6 at 21.9 %; in Peterborough, Reception increased to 11.4 % and Year 6 reached 23.5 %, both above the national average. These patterns of variation point to a strong local need for targeted, equity-driven interventions.

Claremont has been working closely with Maximus and their delivery teams in Cambridgeshire and Peterborough to understand how families come across, navigate, and experience the programme. For several months we have engaged directly with children and families who are part of the Beezee families programme to understand their capabilities, opportunities, motivations and to learn from their lived experience.

This report presents the key findings from that work, as well several recommendations for practice.

Key insights from this work

The programme revealed several key insights that shaped our understanding of what drives engagement and underpins behaviour change.

- The relationships that families formed throughout their involvement with the programme were a central factor in retention, with families consistently returning when they felt welcomed, trusted the staff, and recognised familiar faces.
- When it comes to leading and delivery of the sessions, it was very clear that building rapport and showing empathy was often more influential than formal qualifications or knowledge.
- Sessions that were activity-led proved to be the most effective, as children engaged best through fun, hands-on experiences rather than traditional sit-down lessons, particularly after a long school day.
- Findings also highlighted a strong desire among families for ongoing, light-touch support, as sustaining behaviour change without follow-up is challenging. Parents especially valued opportunities for peer support, such as WhatsApp groups and drop-in sessions.
- Stigma remains a significant barrier to uptake for those not engaged; embarrassment associated with the NCMP letter and negative perceptions of “weight management” deterred some families from joining the programme.

Importantly, genuine behaviour change is taking place, with families adopting healthier habits around portion control, sugar awareness, and cooking - often led by children themselves within the home.

Recommendations

We have collated several recommendations for you to consider in order to maximise behaviour change and promote engagement with Beezee Families programmes.

- ☑ Strengthening the onboarding process by building strong, trusting relationships with participants from the start can help reduce anxiety, build trust and a sense of security from the outset.
- ☑ Optimising NCMP communications with behaviourally informed messaging, as this can help reduce stigma and judgement associated with the programme.
- ☑ Families who stay beyond session two/three are more likely to go on to complete and enjoy the programme. Focus on early moments and prioritise retention in the first few weeks
- ☑ Sessions should be designed to be dynamic, embedding key learning into interactive activities and minimising static "lesson time" to better engage participants.
- ☑ Introducing light-touch follow-up, such as drop-in sessions and monthly check-ins, will help sustain progress and support ongoing behaviour change. Consider involving local communities and groups in the process.
- ☑ Tailored support through developing specific pathways for families with SEND should be considered. They may benefit more from one-to-one or online delivery than group sessions.
- ☑ Enhance staff capabilities in behavioural science by delivering focused training on behaviour change and motivational techniques, supported by practical workshops to apply these skills in real scenarios. Reinforce learning through continuous coaching and feedback loops, ensuring strategies evolve with participant needs. This approach will empower staff to drive sustained engagement and positive outcomes for families and delivery teams.

Beezee Families has strong potential to drive long-term behaviour change when grounded in behavioural science and supported by warm, consistent relationships and engaging, activity-led sessions. Addressing stigma, embedding light-touch continuity, and tailoring support will further maximise impact, helping families feel confident, included, and supported, while encouraging even the most sceptical parents to engage.

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Claremont
Communications for behaviour change

Who we are and how we work

We specialise in bringing together behavioural science with co-design.

Claremont communications is a strategic communications and behaviour change agency with a social purpose. We help governments, charities, and mission-driven organisations tackle society's hardest problems - whether that's improving public health, reducing inequalities, or supporting families to make meaningful, lasting change.

We bring together behavioural science and co-design, ensuring that every intervention is both evidence-based and rooted in lived experience. Our guiding principle is simple: *"Nothing about us without us."* That means working alongside communities - not just studying them - to understand the real barriers and drivers behind behaviour.



We're at our best when we get deep into places, listening carefully and leaving our preconceptions at the door. Whether it's supporting families through weight management programmes, reframing public narratives around disability, or helping national institutions engage more inclusively, our work is always grounded in empathy, insight, and rigour.

What sets us apart

- **Behavioural science + co-design**
  We don't just apply theory - we combine proven behavioural frameworks like COM-B and EAST with participatory design methods to create solutions that stick.

- **Place-based expertise**
  We work in and with communities, not just for them. Our approach is tailored, inclusive, and responsive to local realities.

- **Strategic communications**
  From framing and messaging to campaign delivery, we help organisations communicate in ways that resonate, motivate, and drive action.

- **Trusted by leading institutions**
  Our clients include the NHS, Our Future Health, National Police Chiefs Council, and major charities. We're known for our professionalism, insight, and ability to build strong stakeholder relationships

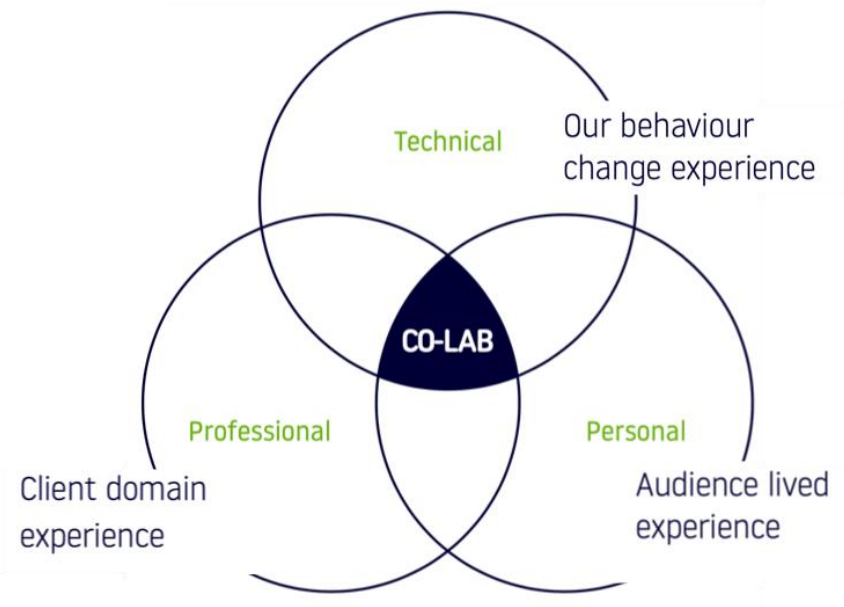
- **Driven by purpose**
  We only work with organisations committed to making a positive impact. That's our filter, our fuel, and our promise.

We're at our best when we get deep into communities to really understand the barriers and drivers behind behaviours.

There's no substitute for lived experience. It's about leaving our pre-conceptions at the door and working with people to find answers together.

Our approach to insight gathering

A structured collaboration to design inclusive, effective behaviour change interventions built on experience



Claremont's role in this partnership was to understand the experience of families and their perceptions towards the Beezee Families weight management programme, and to provide recommendations that strengthen engagement, retention, and long-term impact. To do this, we drew selectively on established behavioural science frameworks, including COM-B.

The COM-B model (Capability, Opportunity, Motivation → Behaviour) offered a useful lens for understanding why families did or did not engage with the programme. For example, parents' capability to apply healthy eating principles at home, their opportunity to access supportive environments, and their motivation to sustain change were all factors that shaped participation. This approach ensures that recommendations are not only rooted in lived experience, but also informed by behavioural theory - helping Maximus to enhance a programme that is already making a positive impact for families.

More broadly, Claremont applies behavioural science frameworks across all stages of its work - Discover, Design, Deliver, and Evaluate - to ensure that interventions are not only evidence-based but also practical and scalable. Rather than developing proprietary models, Claremont uses proven frameworks such as COM-B, the Behaviour Change Wheel, and the EAST framework (Easy, Attractive, Social, Timely), tailoring them to the specific challenges faced by clients.

These models help us move beyond surface-level observations to uncover the deeper behavioural drivers that influence how people engage with services. For example, the Likelihood-Impact Matrix is used to prioritise behaviours based on their potential impact and likelihood of adoption, ensuring that recommendations focus on what's both meaningful and feasible.

This kind of behavioural diagnosis allows us to design interventions that are not only theoretically sound but also grounded in the realities of families' lives.

By embedding behavioural science into our analysis and recommendations, we help partners like Maximus create programmes that are more engaging, more inclusive, and more likely to deliver lasting change.

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Objectives

The programme of work was designed to generate actionable insights and recommendations that would inform strategies to improve acquisition, retention, and long-term engagement with families in Cambridgeshire and Peterborough. Given the sensitivity of weight management programmes, and the ambition to create an inclusive, engaging service, the objectives went beyond surface-level feedback. It focused on understanding the lived experiences of families, identifying barriers and enablers, and exploring how behaviour change could be sustained over time.

1. **Understand motivations for engagement** from families who regularly attend and members of the delivery team through 1:1 interviews, observations and group conversations during session delivery.

2. **Understand barriers to engaging with the programme**.

3. **Explore long-term impact** by collecting feedback at graduation sessions and through follow-up calls to assess sustained behaviour change.

4. **Thematic analysis** of research findings to draw out key themes/ learnings.

5. **Create behavioural profiles of audiences**.

Methodology

To meet the objectives of this evaluation, we employed a mixed-methods approach, combining qualitative research, ethnographic observations, and thematic analysis. This triangulation of methods allowed us to capture a rich, multi-layered understanding of the programme's impact from the perspectives of families, children, and delivery teams.

Thematic analysis served as our primary analytical framework. This method involved identifying, analysing, and reporting recurring patterns or "themes" within qualitative data such as interview transcripts, observational notes, and open-ended survey responses. It enabled us to distil complex, nuanced feedback into clear, actionable insights by grouping similar ideas and experiences. This approach is particularly effective in surfacing what matters most to participants and how their experiences align or diverge across different contexts.

By comparing and contrasting feedback from parents, children, and delivery teams, we were able to identify recurring themes, areas of divergence, and contextual nuances in approaches and behaviours. This iterative, layered approach ensured that our findings were grounded in real-world experiences and informed by behavioural science principles, including the COM-B model (Capability, Opportunity, Motivation – Behaviour), which helped us interpret how and why behaviour change and engagement occurred.

Activities and timeline

The Beezee Families programme was reviewed through a comprehensive and multi-layered set of activities designed to generate meaningful insights and practical recommendations. Our approach was grounded in the understanding that actionable insight come from an in-depth capture of the content that was being delivered, but also of how it was experienced, interpreted, and sustained by families over time. We sought to understand the programme's impact from multiple angles by engaging with participants, delivery teams, and contextual data sources.

We began with a literature review to establish the wider public health context and situate the programme within current evidence on childhood obesity interventions. This helped us identify key themes, gaps, and benchmarks for comparison. Alongside this, we conducted a detailed assessment of programme resources to understand their relevance, clarity, and alignment with best practice guidance.

To gain deeper insight into delivery perspectives and operational realities, we carried out interviews with Beezee Families team members. These conversations surfaced valuable reflections on what was working well, where challenges were emerging, and how the programme was evolving in response to family needs. Feedback was analysed through early-stage questionnaires, providing a snapshot of engagement and satisfaction levels.

Direct observation of sessions across Cambridgeshire and Peterborough allowed us to assess delivery, participant interaction, and the overall atmosphere of learning and support. These observations were complemented by qualitative activities with parents and children, which gave us a richer understanding of their lived experiences, emotional responses, and perceived outcomes.

We also conducted a combined qualitative and quantitative analysis of NCMP insight forms, which helped us explore reasons for non-participation and identify broader trends in family attitudes toward health interventions. Finally, we carried out follow-up qualitative activities with parents at the six-month review stage, enabling us to assess the sustainability of behaviour change and the longer-term impact of the programme on family routines and wellbeing.

Breakdown of activities

Literature review and engagement with the team (November 2024)

- Reviewed internal resources and external literature, including Public Health England's Inequalities Review and multiple studies on childhood obesity interventions.
- Conducted four interviews with Beezee Families team members
- Analysed participant questionnaire responses collected a few weeks into the programme to identify what was working well and where improvements could be made.

Session observations (November 2025 – February 2025)

- Meadows Community Centre, Cambridgeshire: Observed portion size session and conducted qualitative activities with parents and children.
- Paston & Gunthorpe Community Centre, Peterborough: Observed supermarket session and conducted qualitative activities with parents and children.
- Meadows Community Centre, Cambridgeshire: Observed graduation session and conducted qualitative activities with parents and children.

- Paston & Gunthorpe Community Centre, Peterborough: Observed graduation session and conducted qualitative activities with parents and children.
- Meadows Community Centre, Cambridgeshire: Observed routines session and conducted qualitative activities with parents and children.

Engaging with delivery teams (May – July 2025)

- Conducted interviews with Beezee Families teams to gain further insight into the current programme and NCMP perspectives from parents who declined to participate.
- Analysed NCMP forms—both qualitative and quantitative—to better understand the reasons for non-participation.

Session observations (June – July 2025)

- Meadows Community Centre, Cambridgeshire: Observed physical activity session and conducted qualitative activities with parents and children.
- Meadows Community Centre, Cambridgeshire: Observed graduation session, including online session families and the 6-month returners group, and conducted qualitative activities with parents and children.

Safeguarding and inclusivity

Care was taken to ensure the process was respectful and inclusive. Informed consent was obtained from parents, and children's contributions were included in a sensitive, age-appropriate way. Special attention was given to families with additional needs, such as children with autism or sensory challenges, ensuring that their voices were represented. Where relevant, cultural and linguistic considerations were noted, acknowledging that dietary norms and communication styles influence how families engage with the programme.

Discussions about weight, health, and lifestyle can be sensitive and, for some families, emotionally charged. From the outset, the evaluation was designed to minimise stigma and ensure all engagement was conducted in a respectful, non-judgemental way. Parents and children were reassured that the focus was on wellbeing, confidence, and healthy habits rather than weight or appearance.

All interviews and group conversations were framed in supportive, everyday language to avoid clinical or deficit-based terminology. Warmth, empathy, and active listening, were prioritised, creating a safe space where families felt comfortable sharing their experiences. Where appropriate, conversations were child-led to ensure that children's

voices were captured in ways that felt natural and non-intrusive. Co-design with children was done via a creative, age appropriate activity which encouraged participants to design their “ideal” Beezee families session.

This approach ensured that families’ dignity was protected throughout, while still allowing us to gather meaningful insights into both the challenges and opportunities of the programme.

Key themes

Relationships drive retention

One of the most consistent and powerful findings from our programme of work was the central role that relationships played in driving participant retention and engagement throughout the Beezee Families programme. While content and structure were important, it was the human connection between families and delivery teams that truly shaped the experience and encouraged continued participation.

From the families' perspective, the quality of relationships with delivery staff was often cited as the reason they kept coming back. Parents frequently noted that their children were more receptive to programme facilitators than to their own guidance at home. This dynamic highlighted the unique influence of trusted adults outside the family unit, especially when those adults were perceived as warm, relatable, and genuinely invested in the children's wellbeing.

The environment created by the delivery team was described as welcoming, non-judgemental, and fun, which helped families feel safe enough to open up, try new things, and return week after week. Trust was built not only through consistent presence, but also through engaging activities, humour, and informal conversations that made the sessions feel less like lessons and more like shared experiences.

From the delivery team's perspective, consistency and familiarity were key to building rapport. Seeing the same faces each week helped families feel more comfortable and supported. Staff emphasised that empathy, active listening, and the ability to connect on a personal level were more important than formal qualifications. This relational approach allowed facilitators to tailor their support to individual families, responding to their unique needs and circumstances. The team also expressed strong support for the planned introduction of a "meet and triage" session before the programme begins. This early engagement step was seen as a valuable opportunity to build rapport, understand individual needs, and tailor the experience from the outset. It was expected to improve initial buy-in, reduce drop-off rates, and help families feel more prepared and supported.

Small gestures also made a big impact. Personalised feedback, remembering details about families, and offering small tokens of encouragement helped reinforce positive behaviours and made families feel seen and valued. These seemingly minor actions contributed to a sense of belonging and continuity, which in turn supported retention.

In summary, relationships were not just a "nice to have" they were a core mechanism of change. The programme's success in retaining families and fostering engagement was deeply rooted in the interpersonal skills of its facilitators and the relational culture they

cultivated. This insight suggests that future programme design should prioritise relational training and continuity of staffing as key components of effective delivery.

"We came back because they'd had such a good time on the programme… the kids really enjoyed it." – Parent, 6-month returner group

"She said that the initial phone call was really lovely and that immediately her daughter made friends and wanted to come back." – Delivery team

"We've realised we need a proper onboarding session. The first week was feeling flat, rushed. It just wasn't working." - Delivery team

Activities work to retain attention & engagement

Another recurring theme across our evaluation was the importance of engaging, well-paced activities in maintaining attention and promoting sustained participation, particularly among children. While the programme's content was valuable, it was the way it was delivered that often determined how well it was received. Both parents and delivery teams highlighted that the structure, energy, and interactivity of sessions played a crucial role in keeping families involved.

From the parents' perspective, children were most engaged during active, hands-on segments of the programme. After a long day at school, sit-down discussions or paperwork-heavy sessions were often challenging for children to focus on. In contrast, physical activities, games, and interactive learning moments were described as the "highlight" of the week. These sessions not only captured children's attention but also helped reinforce key messages in a fun and memorable way.

Parents also commented on the importance of group size in shaping the experience. Groups of four to six families were seen as "just right", large enough to foster social interaction and shared learning, but small enough to feel comfortable and personalised. This balance helped children feel more at ease and allowed facilitators to give individual attention where needed.

From the delivery team's perspective, the format and flow of sessions were critical. Activities that involved excessive paperwork or lengthy explanations tended to feel less engaging for children. In these cases, behavioural challenges are more likely, often stemming from boredom or lack of involvement. This reinforced the need for sessions to be child-centred, with plenty of movement, variety, and opportunities for participation.

"We were worried about big numbers, but actually the small group has been really engaged. They want to be here." – Delivery team

"Kids don't really take in the lessons that well due to being tired after school but really enjoy the activity part." – Parent

"He joins in with the activities without fail, with always a massive smile on his face." – Delivery team

Real behaviour change and self-development is happening

A key outcome of the Beezee Families programme was the emergence of genuine behaviour change and personal development among both children and parents. This wasn't limited to surface-level shifts, it reflected deeper transformations in mindset, habits, and self-awareness. Across interviews, observations, and feedback forms, families and delivery teams consistently described meaningful progress in how participants thought about food, health, and themselves.

From the parents' perspective, the most tangible and widely adopted changes were around portion control and sugar awareness. These concepts were not only well understood but also seen as practical and easy to implement in everyday life. Parents reported that children were actively applying these lessons at home and even sharing them with peers at school, teaching classmates about healthy habits and encouraging others to make better choices. This ripple effect suggests that the programme's influence extended beyond the immediate family unit.

Cooking together was seen as a particularly impactful activity. Families described trying new recipes, experimenting with healthier ingredients, and making mealtimes more collaborative. These "take-home" lessons helped reinforce learning in a natural, enjoyable way, and created opportunities for bonding and skill-building.

From the delivery team's perspective, the changes observed went far beyond physical health. While some children did experience weight loss and increased physical activity, facilitators noted that the most profound shifts were in confidence, emotional regulation, and self-awareness. Children became more open in group discussions, more willing to try new things, and more reflective about their choices. These developments were seen as signs of emotional growth, with children learning to express themselves, manage their feelings, and take ownership of their behaviours.

Importantly, these changes occurred to varying degrees across participants, reflecting the programme's ability to meet families where they were and support progress at an

individual pace. The delivery team highlighted that mindset shifts (such as moving from guilt to curiosity, or from resistance to experimentation) were often the first and most critical steps toward lasting change.

"The family as a whole is much more conscious of portion sizes… it's been quite life-changing." – Parent, 6-month returner

"Now he'll say: 'I've had my portion' or 'That's not so healthy, I'll just have a small amount.'" - Delivery team

"My daughter genuinely engages with the learnings. She was telling me about stuff they'd learnt." - Parent, group session

Barriers to engagement & drop-offs

While the Beezee Families programme was well-received by many participants, our programme of work also surfaced several barriers to engagement and retention that contributed to drop-off at various stages. Understanding these challenges is essential for improving future programme design and ensuring that support reaches those who need it most.

From the parents' perspective, one of the most significant barriers was the stigma or embarrassment associated with being invited to a weight management programme. For some, the language used in communications or the framing of this type of programme triggered feelings of shame or discomfort, which discourages initial participation. This emotional response was particularly strong among families who have previously felt singled out or misunderstood, highlighting the need for sensitive, inclusive messaging.

Parents also noted that timing and energy levels played a role in engagement. After a full day at school, children were often tired and less receptive to structured learning. This made it harder for families to absorb key messages or participate fully in sessions, especially those that were more sedentary or information-heavy. Additionally, once the programme ended, many parents found it difficult to maintain momentum without ongoing support. The absence of follow-up or booster sessions meant that some families struggled to sustain the positive changes they had begun to make.

From the delivery team's perspective, the lack of a structured post-programme pathway was a key contributor to drop-off. Without a clear follow-up plan, families who had made progress during the 12-week programme often lost motivation or reverted to old habits. Staff also observed that the standard format of the programme did not suit all families, particularly those facing behavioural, social, or emotional challenges. In some cases,

these families would have benefited more from one-to-one support or online alternatives.

"Other parents might turn it down due to embarrassment." – Parent, discussion on NCMP invitation

"Maybe they're nervous to come back if they haven't kept it up. They might feel like they've failed." – Delivery team

"We had at least three families that were not suitable to be there. They should have been on the one-to-one." - Delivery team

From the families' perspective, one of the most common reasons for declining participation was the belief that the issue was temporary or not serious. Some parents felt their child would "grow out of it" or that their weight was not a concern. Others rejected BMI as a valid or trusted measurement, viewing it as overly simplistic or not reflective of their child's overall health.

Cultural and religious factors also played a role. Traditional diets, fasting periods like Ramadan, and differing views on body image influenced how families perceived the programme's relevance. In some cases, families preferred private, one-to-one support over group-based interventions, citing discomfort with sharing personal information in a group setting or concerns about being judged.

From the delivery team's perspective, communication barriers were a major contributor to disengagement. Calls from centralised or unfamiliar numbers were often ignored or flagged as spam. Timing was also an issue, calls sometimes came during stressful periods such as exam season or school transitions, making it difficult for families to engage meaningfully. These logistical challenges compounded existing hesitations and made it harder to build initial rapport.

"Some parents are upset or confused when contacted, they don't connect the letter to the call." – NCMP team

*"From our engagement we can estimate around **60% of parents** show frustration or resistance on the call." – NCMP team*

Behavioural profiles

As part of this project, we developed a set of audience profiles to better understand the diverse perspectives and behaviours of families engaging with the Beezee Families programme. These profiles were created by synthesising insights from interviews, observations, questionnaire responses, and NCMP data. Rather than generalising across all participants, we identified distinct segments that reflect the real-world attitudes, motivations, and barriers experienced by different types of families.

These profiles serve as a practical tool for programme design and delivery. They help clarify how different groups interpret health messaging, what kinds of support they respond to, and where engagement may falter. By using these profiles, the programme can tailor its communications, session formats, and follow-up strategies to better meet the needs of each group, ultimately improving reach, retention, and impact.

Overview of profiles

1. The Committed Collaborator

This group is highly motivated by the wellbeing of their children and actively seeks out support to help them thrive. They value structure, routine, and emotional connection, and are often enthusiastic participants once trust is established. Their engagement is driven by a desire for their children to feel confident, included, and happy, and they respond positively to programmes that offer clear guidance, peer interaction, and a sense of shared responsibility.

However, they may face challenges in consistently applying what they learn, especially if they lack ongoing support or feel isolated outside the programme environment. Their motivation can waver when practical barriers arise, such as time constraints or competing family pressures. Emotional reinforcement and continuity are key to helping this group sustain behaviour change.

2. The Cautious Self-Manager

Cautious self-managers are more reserved in their engagement and tend to approach health interventions with scepticism or caution. They prefer to manage their family's wellbeing independently and may view external support as supplementary rather than essential. This group often seeks validation for their existing efforts, and may be sensitive to messaging that implies they are doing something wrong.

They are particularly reactive to formal communications, such as NCMP letters, which can trigger defensiveness or disengagement. Cultural norms, practical constraints, and a desire for privacy may also influence their participation. When they do engage, they prefer low-pressure environments that respect their autonomy and offer flexible, non-intrusive support. Their trust must be earned gradually, and their engagement is often conditional on feeling understood and respected.

3. The Firm Rejecter

Firm Rejecters are the most resistant to programme engagement, often due to deep-seated concerns about stigma, labelling, and external judgement. They are highly protective of their child's self-esteem and may interpret health interventions as a threat to their family's autonomy and self-efficacy. This group frequently expresses distrust toward BMI and NCMP measures, and may respond with anger, frustration, or complete withdrawal.

Despite their outward rejection, some may be privately motivated to make changes but feel alienated by the way support is offered. Their resistance is often rooted in past experiences or cultural beliefs, and they are unlikely to engage unless the programme is framed in a way that feels safe, respectful, and non-judgemental. Their journey toward engagement is typically slow and requires a high degree of sensitivity and patience.

The Committed Collaborator

The Committed Collaborator: behaviours

Enthusiastic, driven by benefits to their children and emotional rewards.

The Committed Collaborator: profile

Parents who often struggled quietly and are open to support that feels safe, constructive, and respectful. This is something they've been looking for. They are invested, proactive, and eager to implement change. They thrive in environments that offer both a sense of belonging and clear, actionable learning. Their motivation is mainly driven and sustained by seeing their children socially included, happy and part of a shared journey. They need supportive tools and practical strategies to succeed beyond the sessions. They might already have the knowledge but are struggling to share it meaningfully with their child.

The Committed Collaborator: drivers to engage

- Shared responsibility & validation of effort (not doing it alone)
- A supportive, non-judgemental environment
- Engagement through fun, social activity
- The opportunity (and hope) for lasting change

The Committed Collaborator: insights from the data



The Committed Collaborator: support needs

- Other caring adults who can deliver information to children in a way that sticks
- Clear structure and sense of progress (includes weekly rhythm, WhatsApp groups, continuity)
- Practical, ready-to-use tools (snack lists, recipe cards, meal ideas)
- Tailored, inclusive learning (especially relevant for SEND needs)
- Flexible, ongoing options post-programme (e.g. drop-in sessions, youth-club model)
- Recognition of busy schedules and emotional labour
- Peer connection during and after the programme

The Committed Collaborator: how to identify & engage

What to listen for (verbal cues & themes)

- Emotional fatigue or frustration:
  "We've tried so many things but nothing's really worked..."

- Concern and protectiveness:
  "I just want to do what's best for them, it's hard to know what that is sometimes."
- Eagerness for structured support:
  "We just need some help staying consistent."
- Positive reaction to community/group offer:
  "That sounds nice, I think we'd both feel better knowing we're not alone in this."

Prompting

Use open, conversational prompts like:

- "How have things been going for you and 'your child' lately when it comes to healthy routines?"
- "Have you been looking for anything like this already?"
- "Would having a regular group session feel helpful or reassuring?"
- "Some parents tell us they've been trying on their own for a while, does that sound like your situation?"

Indicators of a good fit

- Parent expresses relief, interest, or curiosity when the programme is described.
- Shows motivation rooted in their child's wellbeing (not personal pressure).
- Responds well to the idea of social support, friendly staff, or structured sessions.
- May already be doing their best but feels stuck or lacks consistent support from others.

The Cautious Self-Manager

The Cautious Self-Manager: behaviours

Prefers independence and better sense of control.

The Cautious Self-Manager: profile

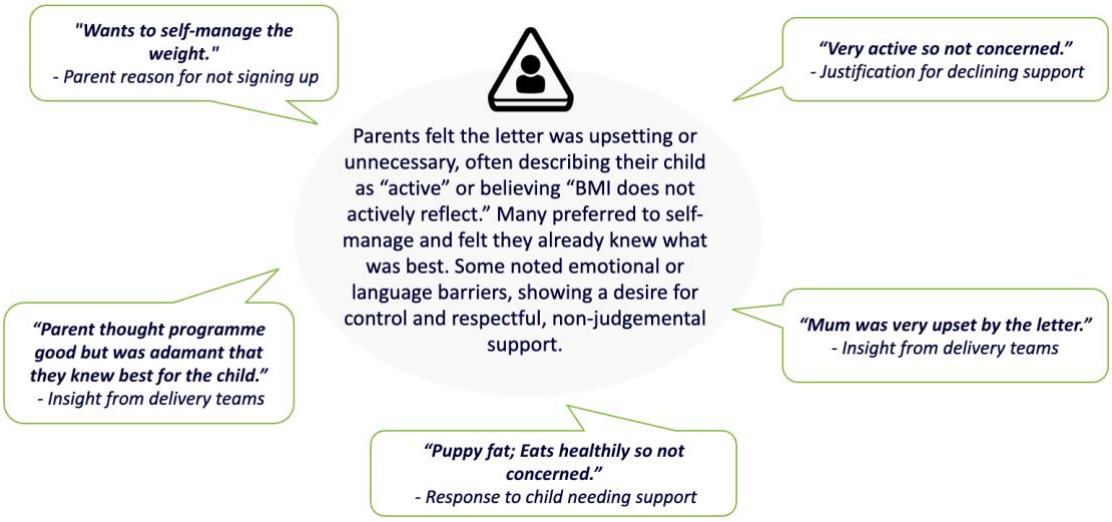
Tend to be more confident in their own understanding of their child's needs and prefer to manage things privately and separately. They may feel the programme isn't necessarily needed because their child is "just big-boned" or "already active," or they might view outside intervention as judgmental or unnecessary. Some are emotionally sensitive to the way the issue was raised (e.g. through the NCMP letter), while others face practical or cultural barriers that make engagement feel daunting. Trust must be

earned, and tone matters. They are not rejecting help entirely, but want it offered on their terms.

The Cautious Self-Manager: drivers to engage

- Recognition and validation of their efforts
- Language that reassures rather than confronts
- Opportunities to explore the programme without pressure or judgement
- Reframing support as an enhancement, not a correction

The Cautious Self-Manager: insights from the data



The Cautious Self-Manager: support needs

- Non-judgmental tone throughout - communications that feel respectful and validating - avoid implying blame or failure.
- Reinforcement of autonomy – programme positioned as a supportive tool they control, not something being imposed.
- Flexible, low-pressure entry points e.g. tasters, information sessions, or "opt-in" modules that don't require full commitment upfront. They may also prefer the online route rather than face to face
- Acknowledgement of existing effort - recognition that parents may already be trying and this adds value rather than correcting behaviour.

- Clear, calm explanations of the NCMP letter - Help with understanding why they were contacted without sparking fear or defensiveness.
- Cultural and linguistic accessibility - Address language needs and cultural norms sensitively (e.g. translated materials, bilingual staff).
- Compassionate framing of child wellbeing - Focus on helping children feel happy, healthy, and confident - not just on weight.

The Cautious Self-Manager: how to identify & engage

What to listen for (verbal cues & themes)

These individuals may not openly refuse support, but they often reveal subtle resistance or confidence in their own strategies. Look for phrases that suggest:

- Dismissal or downplaying of concern
  "She's just big for her age."
  "He's really active so I'm not worried."
- Defensive or emotional reactions to the letter
  "It felt really upsetting."
  "We eat healthily at home already."
- Scepticism about external programmes
  "We'd rather deal with it ourselves."
  "We don't want to label our child."

Prompting

Use neutral, open-ended prompts that give space for parents to express control, concern, or emotional discomfort:

- "How did you feel when you first received the letter?"
- "Have you tried anything already at home to support 'child'?"
- "What sort of things feel helpful when thinking about 'child's wellbeing?"
- "How do you usually like to get support when you need it, if at all?"

These allow them to express pride, resistance, or hesitation (all useful clues).

Indicators of a good fit

While this group may seem disengaged at first, you'll know they're a potential fit if:

- They express worry or confusion underneath the defensiveness (e.g. *"We're not sure what more we can do"*)
- They show interest in tools or ideas, but want them on their own terms
- They respond positively to reassurance or gentle clarification
- They warm up when they hear that others have felt the same but found it helpful

The Firm Rejecter

The Firm Rejector: behaviours

Flat-out refusal and proactive disengagement.

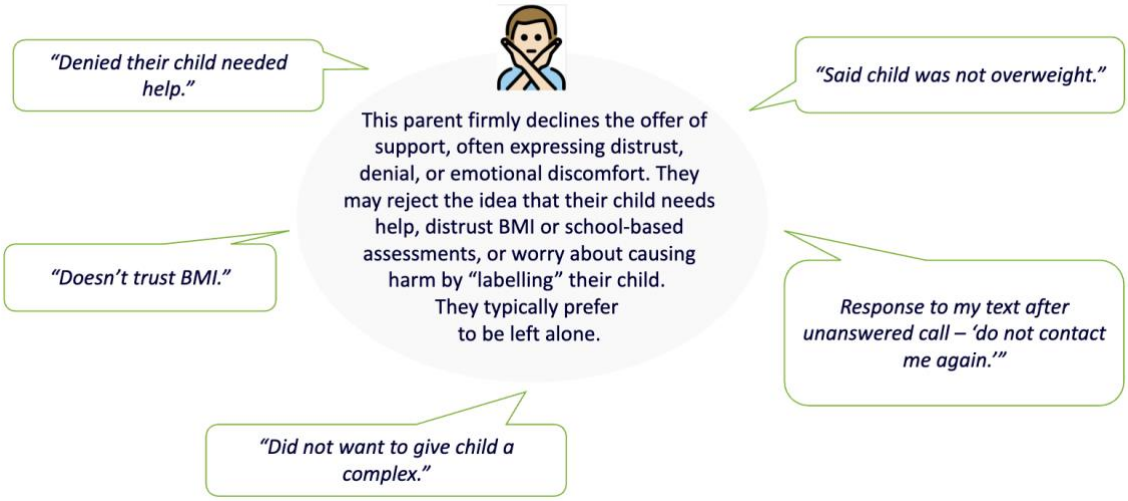
The Firm Rejector: profile

They strongly disagree with the premise of the programme or resents being contacted. They may be angry, offended, or disbelieving about the suggestion their child needs help. Main reasons to reject include perceiving BMI as inaccurate, viewing the concern/invite as personal criticism, or feeling insulted by the label. They may frame the child's size as normal or blame external factors (e.g. genetics, school lunches). These individuals are unlikely to engage with the standard offer and typically prefer no further contact.

The Firm Rejector: further barriers

- Belief that their child is fine as they are
- Distrust in external metrics or authorities (e.g. BMI, school)
- Emotional defensiveness or shame
- Desire to shield their child from perceived stigma

The Firm Rejecter: insights from the data



The Firm Rejecter: support needs

While direct engagement by those associated with a weight management programme may not be well received, these individuals may benefit from:

- Gentle reframing over time (e.g. future contact about wellbeing, not weight)
- Optional resources they can explore privately (not positioned as "intervention")
- Community stories from relatable peers which may soften opposition indirectly
- Knowing what options are available to them e.g. an online version of the course

The Firm Rejecter: how to identify & engage

What to listen for (verbal cues & themes)

Look out for defensive, dismissive, or emotionally charged language. Common themes include:

- Denial or dismissal of concern
  "My child's not overweight."
- Rejection of external authority or tools
  "I don't trust those BMI things."

- Desire to avoid labelling or judgement
  "We don't want to give them a complex."
  "This feels a bit much."
- Abrupt or closed responses
  "We're not interested."
  "I don't want to talk about this."

Prompting

Use motivational interview prompts that allow room for concerns surface naturally:

- "I completely understand your frustration.''
- ''These services are free, you don't have to sign-up if you don't think they are for you. We are reaching out because we want people to know they are available for free if they want to hear more.''
- "We have been working with a lot of families in your area so we understand this is not for everyone''

These can expose strong emotional or ideological resistance without confrontation.

Indicators of a good fit

While parents in this audience group are unlikely to join immediately, you may notice they are a future fit if:

- They might be more open to engaging after being given space to speak
- They express concern, even amid resistance (e.g. *"We're just managing it our own way"*)
- They may ask for information rather than outright refusing it
- They accept a follow-up text, resource, or check-in even if declining for now

Conclusions and implications for practice

This project has surfaced a rich set of insights with direct implications for practice. Across sessions, interviews, and feedback, it became clear that children engage most deeply with active, movement-based learning. Activities that involve cooking, games, or physical play consistently outperformed traditional sit-down formats in terms of attention, enjoyment, and retention. This preference for interactive learning highlights the importance of designing sessions that are both physically stimulating and socially engaging. Equally important were the relationships formed between families and delivery staff. Trust, warmth, and familiarity were repeatedly cited as key reasons families continued attending. Parents valued facilitators who could connect with their children, offer personalised attention, and create a welcoming environment. These relational dynamics were more influential than formal qualifications, underscoring the need for staff who are not only knowledgeable but also empathetic and approachable.

The desire for continuity beyond the 12-week programme was another strong theme. Families expressed a clear need for ongoing support to help maintain momentum and embed new habits into daily life. Without follow-up, many struggled to sustain changes, particularly when faced with competing demands or limited support networks. Informal peer-led groups, digital platforms, and home-based resources were seen as valuable tools for reinforcing learning and fostering a sense of community. However, engagement was not universal. Barriers, especially at the point of initial contact, were significant. Many families described feelings of embarrassment or stigma associated with being invited to a weight management programme. The language used in NCMP letters was often perceived as clinical or judgmental, which discouraged participation. Communications that emphasised wellbeing, confidence, and family support were received more positively and helped reduce defensiveness. First impressions mattered deeply; families who felt reassured and informed from the outset were more likely to engage and stay involved.

Encouragingly, the programme's impact extended beyond the sessions. Parents and children reported applying lessons at home, with changes in portion control, sugar awareness, and cooking habits becoming part of everyday routines. Children were observed sharing their learning with peers, demonstrating not only retention but also a sense of ownership and pride in their progress. These real-world applications affirm the programme's potential to influence behaviour in meaningful and lasting ways.

To ensure these outcomes are sustained and scaled, it is essential to monitor a broader set of indicators. Early engagement, such as attendance beyond the second week, can signal long-term retention. Drop-off rates by session type or group size offer insights into where adjustments may be needed. Completion rates and graduation feedback help assess delivery quality, while follow-ups at six and twelve months provide evidence of

sustained behaviour change. Tracking re-engagement through returner sessions, peer-led groups, and online platforms reveals the strength of community support. Monitoring retention and satisfaction across SEND families and diverse demographic groups ensures the programme remains inclusive and equitable.

These insights also point to a clear pathway for expansion. The Beezee Families programme has demonstrated strong potential to grow beyond Cambridgeshire and Peterborough. Codifying what works will help maintain consistency and quality across areas. Flexible delivery models, including one-to-one and online formats, can accommodate families with specific needs and broaden access. Using data to inform ongoing improvements supports continuous learning, while integration with local systems (such as schools, community hubs, and health strategies) helps embed the programme into everyday family life.

Finally, to further strengthen the programme's impact, it is essential to equip delivery teams with a foundational understanding of behavioural science principles. Training staff in behaviourally informed approaches and motivational interviewing techniques enables them to better interpret participant behaviours, tailor their approach, and respond effectively to resistance or disengagement. This knowledge empowers frontline staff to create environments that support habit formation, reduce defensiveness, and reinforce positive choices. Embedding behavioural science into staff training not only enhances the quality of delivery but also ensures that every interaction is grounded in evidence-based strategies for change, making the programme more adaptive, inclusive, and impactful across diverse family contexts.

[i] https://www.gov.uk/government/statistics/national-child-measurement-programme-ncmp-annual-report-academic-year-2024-to-2025-england

[ii] https://www.gov.uk/government/publications/national-child-measurement-programme-operational-guidance/national-child-measurement-programme-operational-guidance-2024