



**What really engages local communities in healthy lifestyle services?**

**Learnings from a public health service in Cambridgeshire and Peterborough**

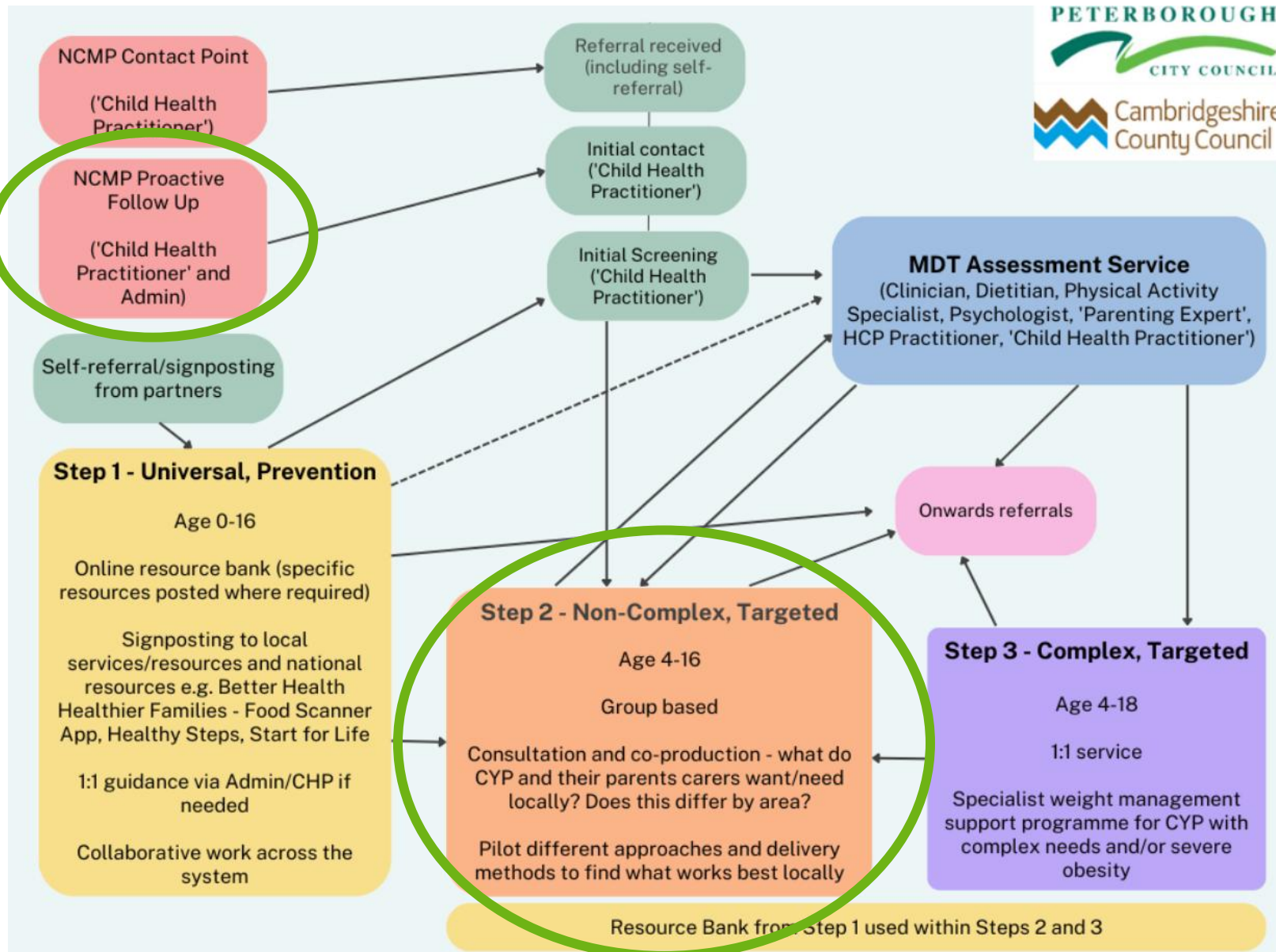


**We are behaviour change insight + communications specialists.**

We support governments, charities and companies to use behavioural science + co-design to solve society's hardest problems.



# Context: key elements of the Child Weight Management (CWM) Service



- (Started December 2023)
- Multiple levels of support
- Wider determinants, not just healthy eating and physical activity
- ‘Parenting support’
- National Child Measurement Programme (NCMP) proactive follow up and single point of contact
- **Piloting and Innovation**

# Programme Content

1. Introduction to Beezee Programmes
2. Energy balance
3. Breakfast
4. Habits & routines
5. Snacks & drinks
6. Midway reviews
7. Portion size
8. Supermarket
9. Takeaways and eating out
10. Cooking & parent session
11. Final reviews
12. Graduation



**Beezee FAMILIES**

Ready to start making healthy habits as a family?

Sign up for Beezee Families today and find **FREE** healthy lifestyle support that's right for your family. We can help you with healthy eating, getting more active, and having fun while doing so! You can:

- IN PERSON**: Join us for 12 weeks of in-person group sessions
- ONLINE**: Log in for 10 weeks of online group sessions, plus 2 check-in calls
- ACADEMY**: Learn at your own pace by enrolling onto the Academy

Sign up for your **FREE PLACE** today

QR code: [cop.maximusuk.co.uk](http://cop.maximusuk.co.uk)

@ [healthyyou@maximusuk.co.uk](mailto:healthyyou@maximusuk.co.uk)

0300 330 5497

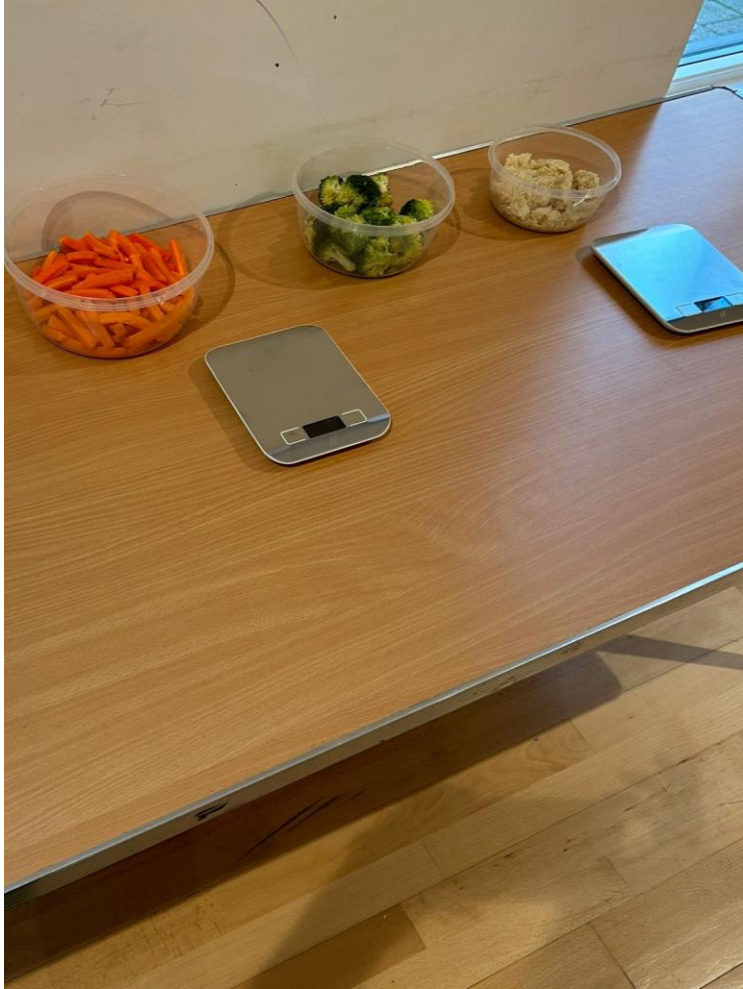
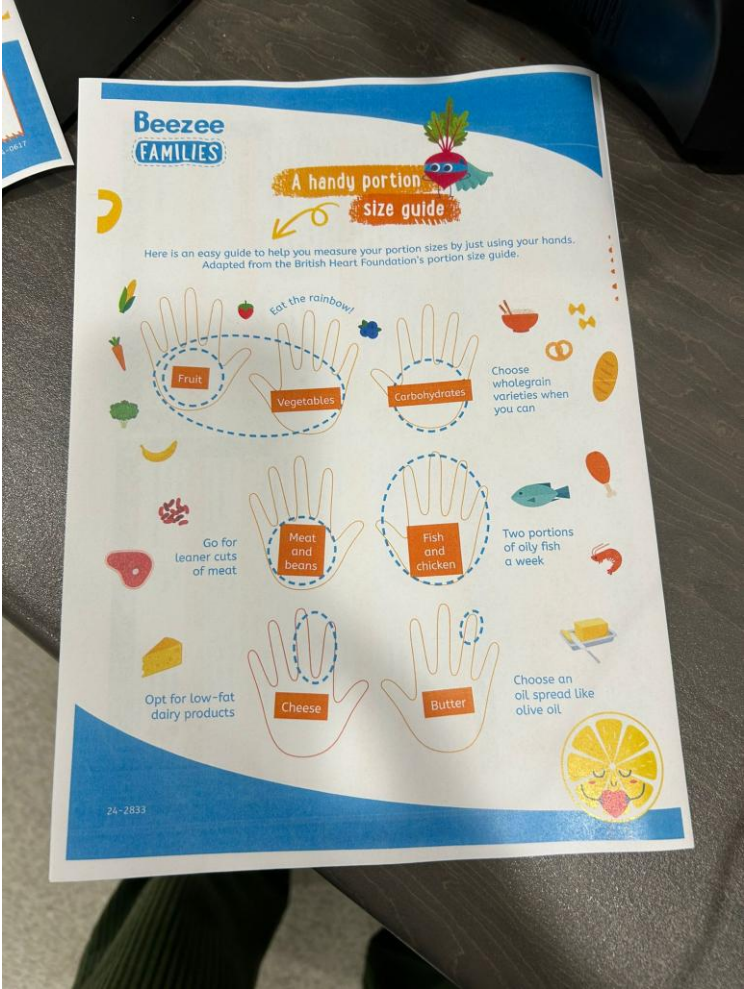
Healthy You  
Cambridgeshire County Council  
PETERBOROUGH CITY COUNCIL

Our in-person and online group programmes are for children above their ideal weight, see our website for more information.

9900-12

The poster features a photograph of a woman and a young girl smiling while cooking together in a kitchen. A lemon slice with a smiling face is also visible. The background is a vibrant blue with orange and white accents.

# Example session: Portion size



# Summary of our work



1. Review of resources and wider insights around CWM

2. Interviews with delivery teams and family support workers

3. In-person observations & informal engagement with families and practitioners during CWM sessions

4. Review and analysis of participant surveys

5. Review and analysis of insights data form from NCMP team

6. Attending a review session 6-months after the programme

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## Some of key the findings

1. Social connection is a key motivator for change

*"Loved it, the way the group welcomed you, the bright colours. Our boys are reserved but easily made friends, even though we missed the first session."*

2. Initial contact and environment are critical

*"Liam has a real talent for bringing children out of this world – it makes the start of the sessions good because they know what's coming in the second part. The kids love it."*

3. NCMP might have an anchoring effect (even in those who join)

*"Other parents might turn it down due to embarrassment."*



# Is CWM all about relationships and relatedness?



- Rapport and empathy mattered more than qualifications. Trust and relationships kept people coming back.
- Cooking together and trying new recipes as a family are some of the more common 'take home' learnings
- Children are teaching classmates about healthy habits, sharing what they learn
- Improvement goes beyond 'weight-loss'. Children reported becoming confident, open, and self-aware

“the initial phone call was really lovely. Immediately my daughter made friends and wanted to come back.”

**- Parent, group session**

“We came back because we’d had such a good time on the programme... the kids really enjoyed it.”

**- Parent, 6-month post**

“The family as a whole is much more conscious of portion sizes... it’s been quite life-changing.”

**- Parent, 6-month post**



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# Understanding your target groups

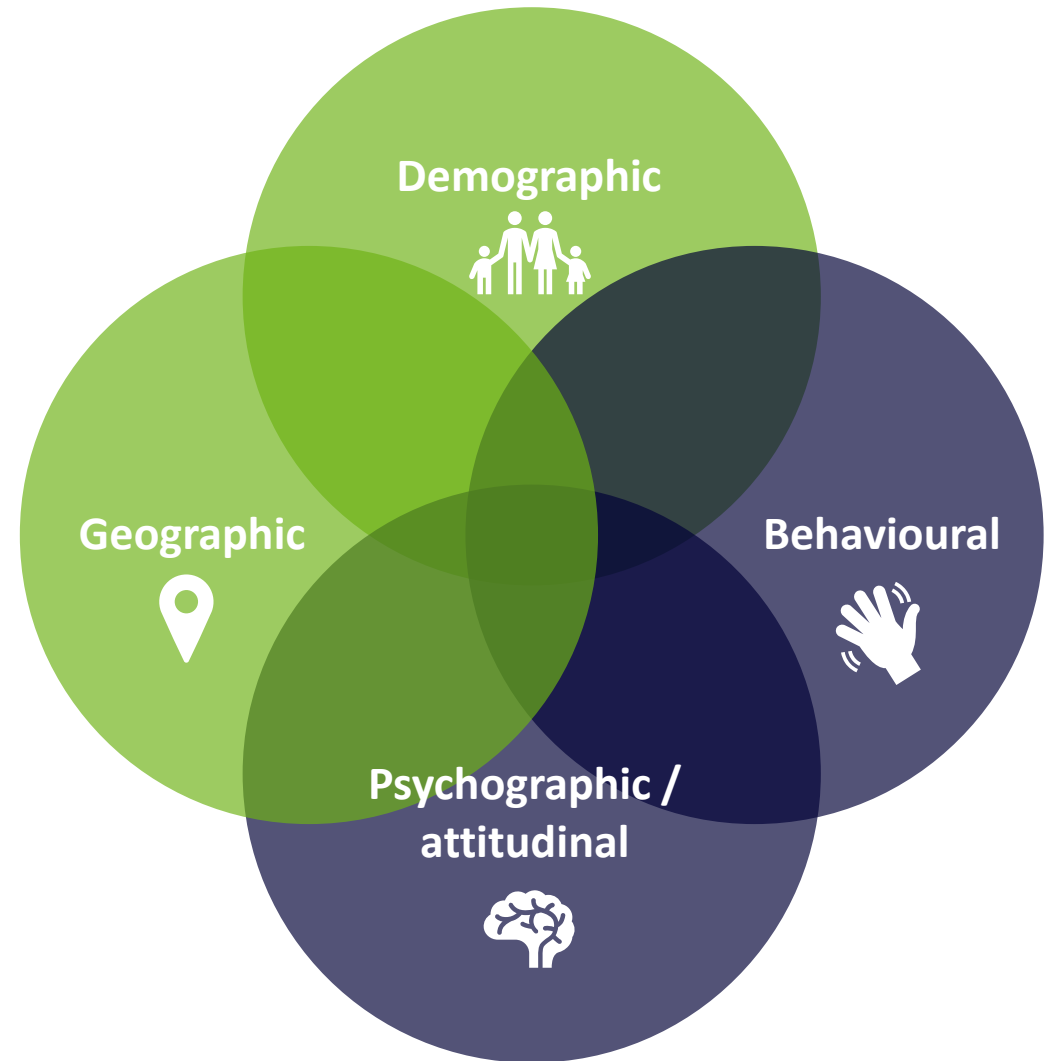
## Demographic & Geographic

*Descriptive data about people.*

Traditional form of segmentation based on describing groups by various hard, concrete and measurable attributes. It has been used for a long time because it's very easy to gather and analyse demographic & geographic data.

Examples:

- Gender
- Ethnicity
- Age
- Socioeconomic status (SES)



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# Understanding your target groups

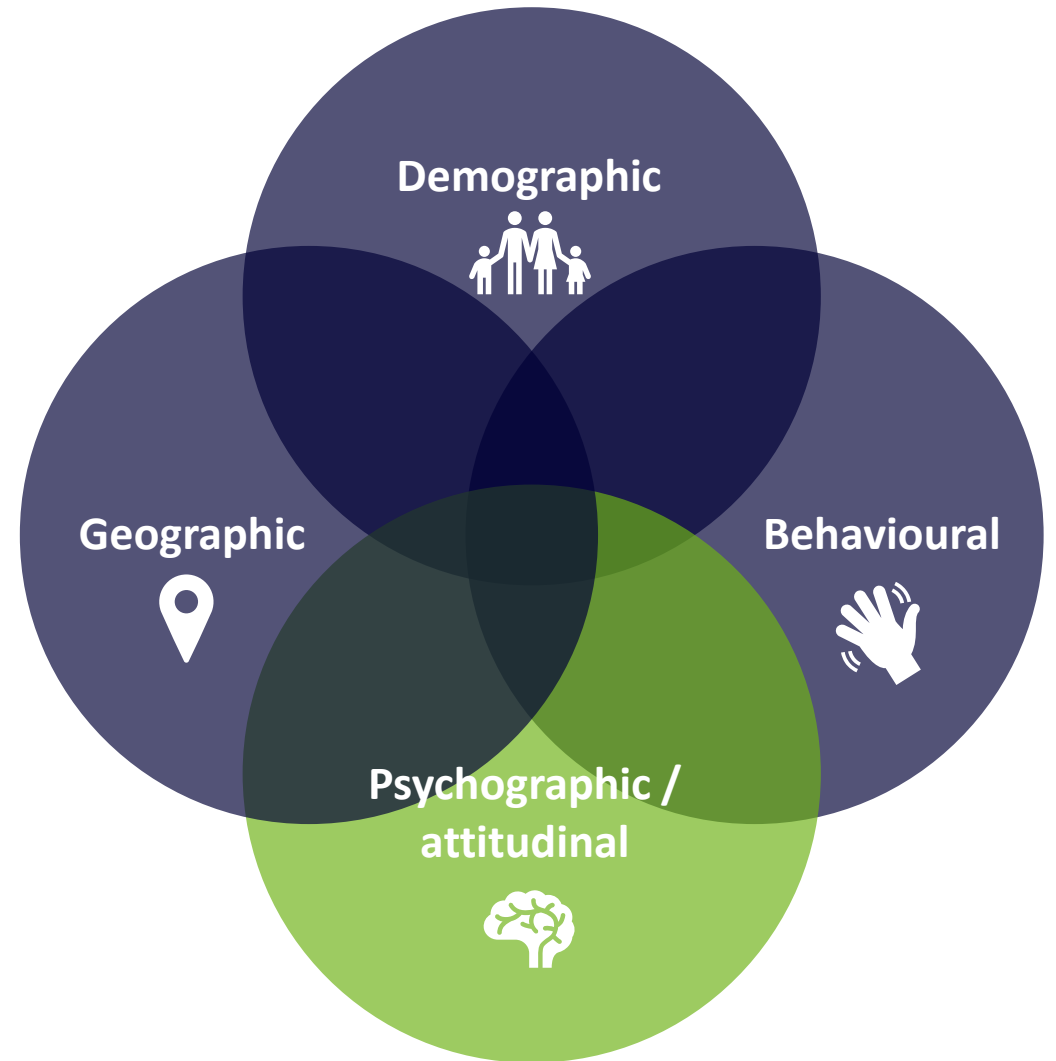
## Psychographic

*Beliefs, values, and reasons for being*

Segmentation based on **psychological factors**. Common areas considered are personality, values, opinions, attitudes, interests, and lifestyles.

Examples:

- Values factual information
- Strong community ties
- Believes “*puppy fat*” is a sign of good health



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# Understanding your target groups

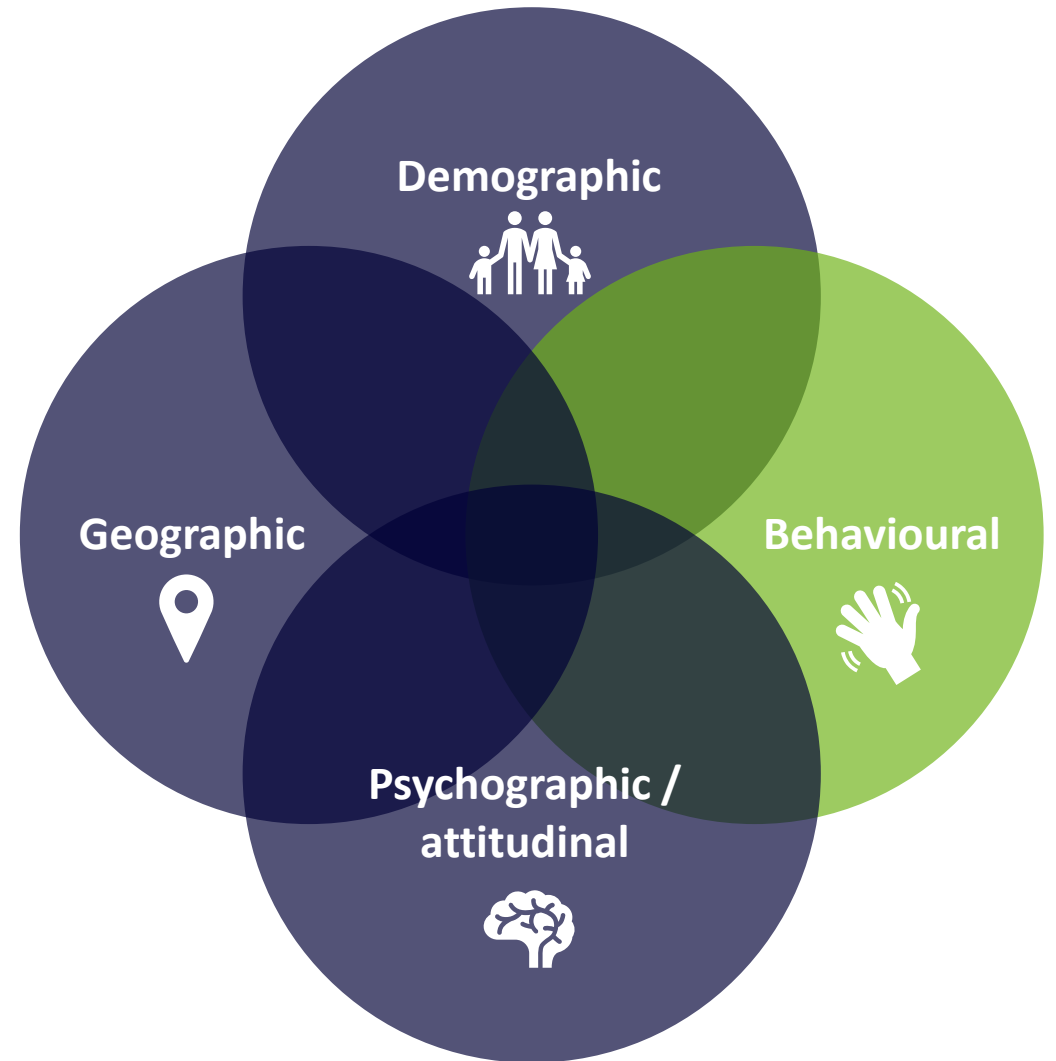
## Behavioural

*What people do, people's habits*

As the name suggest, this form of segmentation focuses on **behaviour**. This can be looked at from different perspectives such as type of behaviour, frequency, duration and how recently it was last performed.

Examples:

- Daily heavy social media usage
- Does not engage in group-based activities
- Refuses to answer phone calls from unknown numbers



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# What does that mean to how we communicate with families?

We produced **three audience segments to guide engagement and communications based on** key patterns of behaviours and attitudes



**The Committed  
Collaborator**



**The Cautious Self-  
Manager**



**The Firm  
Rejecters**



# The Committed Collaborator

Details	Support needs	Communication
<ul style="list-style-type: none"><li>• <b>Struggle quietly</b> and <b>are open to support that feels safe, constructive, and respectful</b> (this is something they've been looking for.)</li><li>• They <b>thrive in group environments</b> that offer both a sense of belonging and clear, actionable learning.</li></ul> <p><i>"We've tried so many things but nothing's really worked..."</i></p> <p><i>"I just want to do what's best for them, it's hard to know what that is sometimes."</i></p>	<ul style="list-style-type: none"><li>• <b>Peer based</b> connections during and after the programme</li><li>• Clear structure and <b>sense of progress</b> (includes weekly rhythm, WhatsApp groups, continuity)</li><li>• <b>Ready-to-use tools</b> (snack lists, recipe cards, meal ideas)</li><li>• Flexible, <b>ongoing options post-programme</b> (e.g. drop-in sessions)</li></ul>	<ul style="list-style-type: none"><li>• Healthy routines</li><li>• Regular group sessions</li><li>• Connecting with other parents in the same situation</li><li>• Staff who have experience working with children</li></ul>



# The Cautious Self-Manager

## Details

- Prefer to **manage things privately and separately**. Trust must be earned, and tone matters.
- **Unhappy with the way the issue was raised** (e.g. through the NCMP letter)
- **Do not reject help entirely**, but want to know more first (Subtle resistance/dismissal or downplaying)

*“She’s just big for her age.”*

*“He’s really active so I’m not worried.”*

*“We eat healthily at home already.”*

*“We’re not sure what more we can do.”*

## Support needs

- Supportive tools they control and use in their own time, not something being imposed.
- **Recognition of added value to what they already have in place, rather than ‘correcting’ behaviour.**

## Communication

- Neutral, open-ended statements
- Focus on reinforcing autonomy and positive behaviours that are already taking place
- NCMP communications focused on explaining why you have access to their data, who you are working with and why they were contacted
- Connect the letter to the call.



## The Firm Rejecter

### Details

- **Passionately disagree with the premise** of the programme (perceiving BMI as inaccurate, viewing the concern/invite as personal criticism)
- Feeling **insulted/offended** by the offer
- Frame the child's size as **normal or blame external factors** (e.g. genetics, school lunches).

*"I don't trust those BMI things."*

*"We don't want to give them a complex."*

*"This feels a bit much (...) I don't even want to talk about this."*

### Support needs

- Practical ways to **shield their child from perceived stigma**
- Alternative support - **direct engagement by those associated with a weight management programme may not be well received**
- **Optional resources they can explore privately** (not positioned as "intervention")

### Communication

- Focus on diffusing strong/initial emotional resistance
- Building understanding of external metrics and connection to professionals (e.g. Public Health, nutritionists).
- Focus on informing about a free offer, not attempting to sign-up

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## Key take home messages

For engagement, focus on where people are, not where you want them to get to.

For comms and retention, focus on behaviours and psychological drivers, not just demographics and statistics.

For public health solutions, challenge conventional thinking and embrace innovation.

# Claremont

Communications for behaviour change



# Thank you

