

OBESITY REIMAGINE

Community research and pathway co-design

November 2025

This document is co-funded and is an output of a collaborative working project between Health Innovation Manchester and Eli Lilly and Company (Lilly UK)

Health Innovation Manchester

Lilly

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SECTION:
EXECUTIVE SUMMARY

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Executive summary

This research was commissioned to better understand the lived experiences, needs and motivations of people navigating weight management in Greater Manchester, with the goal of informing the design of a more inclusive and effective pathway.

Our approach

To build our understanding of real-life experiences, we used three complementary research methods:

- One to one interviews with community members exploring the emotional, psychological and social factors that shape the weight journeys of people who live with obesity
- Community research workshops surfacing shared experiences and group level reflections of what support is working and what's missing
- A targeted survey with voluntary, community, and social enterprise organisations (VCSE) capturing insights from those already supporting communities

What we learnt

Across the methods, several key themes emerged:

- Connecting with other peers builds hope, confidence and motivation
- System barriers stop progress, even when motivation is strong
- Support works when it fits people's lives, identities and needs
- Ongoing support is needed to keep people on track
- Positive healthcare relationships boost engagement and trust
- Weight is shaped by emotional and psychological experiences
- Clear information helps people to take action

Next steps

The insights are now informing a user journey map and mindset framework to guide future design. They will shape the planning of three co-design workshops where community members will hear the research findings and decide where to focus their ideas. This ensures the future pathway design is grounded in real experience and driven by the people it's meant to serve.

SECTION:
PROJECT OVERVIEW

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Project overview

The **Obesity Reimagine** project, commissioned by Health Innovation Manchester working in collaboration with an industry partner, Eli Lilly and Company (Lilly UK), was commissioned to better understand the lived experiences and needs of people navigating weight management in Greater Manchester.

The project builds on an earlier **Obesity Understand** project, which highlighted the scale and impact of obesity as a population health challenge, including the economic cost and shortcomings of current service provision. Obesity is a complex disease linked to serious health conditions[1] and many people struggle to access the right support[2], with feedback telling us that NHS weight management services don't always meet people's needs[3].

The goal of **Obesity Reimagine** is to re-think the obesity care pathway in Greater Manchester with a focus on designing a more effective and equitable primary care-led model, with access to wrap around support and injectable medication for eligible patients.

Nexer Digital managed the community workstream between March and July 2025, running alongside a clinical workstream managed by Health Innovation Manchester. Together, the findings will feed into a fully designed and costed model of care, to be reviewed by the Greater Manchester integrated care board (ICB).

The community workstream involved:

- Desk research to surface existing evidence and insights into public attitudes and experiences
- In-depth primary research through three methods: one-to-one interviews, community workshops and a survey VCSE partners
- Co-design workshops to translate the research findings into practical, actionable ideas

Engagement and collaboration with people who have lived experience of obesity and weight management has been at the core of our work - particularly voices from at risk groups, deprived communities and ethnically diverse populations across Greater Manchester.

This report shares the key insights from the primary research - interviews, research workshops and survey. It is one part of a wider report package that captures the full breadth of the community workstream.

References:
1. Jastreboff AM et al Obesity 2019
2. UK_Obesity_ManchesterUnderstandingLandscapeFinalReport_Jan24_PP-MG-GB-0466.pdf
3. UK_Obesity_HealthInnovationManchester_PatientSurvey_Outcomes_Report_May24_PP-MG-GB-0524.pdf

* Eli Lilly and Company (Lilly UK) does not control `content on third party links

Research methods

We used three complimentary research methods to surface different kinds of feedback. Together the mixed methods approach allowed for triangulation of insights and brought together personal experiences, community reflections and organisational expertise.

Interviews

One to one interviews with community members exploring the emotional, psychological and social factors that shape people's journeys with weight

MAY 2025

Research Workshops

Community research workshops surfacing shared experiences and group level reflections of what support is working and what's missing

JUNE 2025

VCSE Survey

A targeted survey with VCSE organisations capturing insights from those already supporting communities

MAY/JUNE 2025

Participant profile criteria and recruitment: Community

In collaboration with the team at Health Innovation Manchester and guided by national and regional data to identify key user groups, our recruitment focused on engaging individuals most relevant to the aims of the project.

Priority was given to:

- People from ethnically diverse backgrounds
- Men aged 18 - 45
- Residents of Rochdale, Oldham and Tameside

We also aimed to ensure **broader representation** of:

- Those with a BMI within the range of eligibility for weight loss medication
- Those living with health conditions linked to weight
- A range of age groups
- Other areas within Greater Manchester
- Individuals whose first language is not English
- People with disabilities or impairments unrelated to weight
- People without regular internet access
- Those with low to mid digital confidence
- Individuals with and without experience of weight management services

Exclusion criteria based on the typical eligibility criteria for adults in weight management trials:

- Individuals under the age of 18 or over 75
- Individuals who were pregnant

Recruitment was carried out via established community and professional networks, including connections with local and regional government (specifically local authorities and public health teams in Greater Manchester), VCSE organisations and community health leaders.

This process began with the development of recruitment materials followed by in-person briefings. These materials included a sign-up form which was distributed through our networks enabling us to recruit participants for the research interviews and workshops.

Participant profile criteria and recruitment: VCSE

Recruitment for the VCSE survey was carried out via established community and professional networks, including those supporting our recruitment of community participants.

This included:

- **Local Government** Public Health Commissioners & Leaders
- **Regional Government** Strategic Programmes & Convening
- **Cross Sector Initiatives** & Networks
- **VCSE Support Organisations** & Pilots
- **VCSE Organisation** Services & Projects
- Community-Partnered **Healthcare Practitioners**

Participant demographics: Community

We conducted **28 research interviews.** Most were held online, while some took place by telephone or in person based on participant preferences and needs - for example, lack of digital access/skills or the need for Urdu translation support. A breakdown of key participant demographics is provided below.

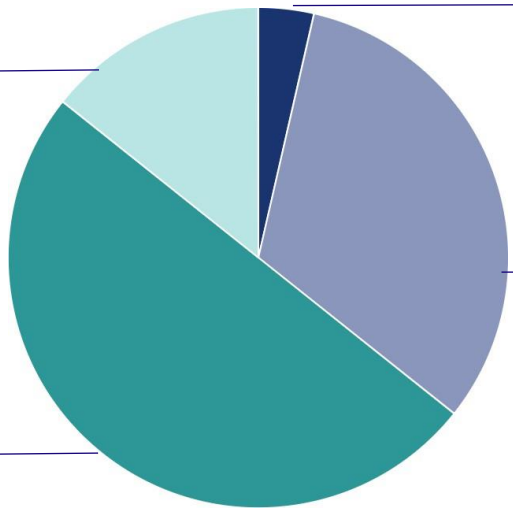
The **two online research workshops** involved participants taken from the same pool of people.

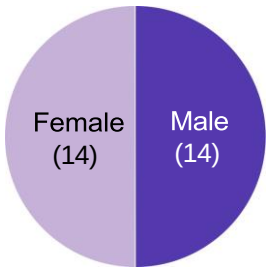
Mixed or multiple ethnic groups (4) Including White and Black Caribbean, White and Black African, White and Asian, or any other mixed or multiple ethnic background.

Arab (1)

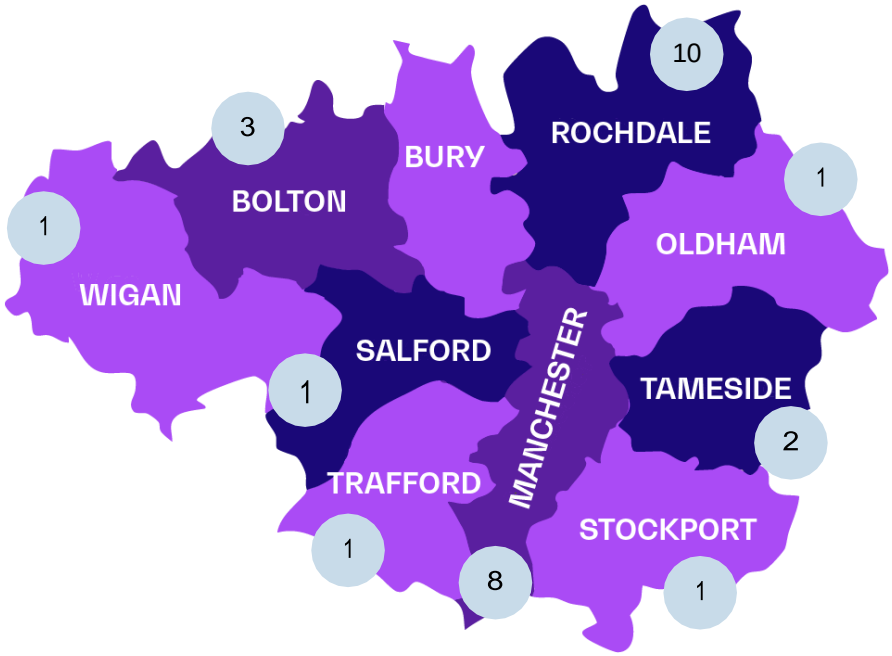
Asian or Asian British (9) Including Indian, Pakistani, Bangladeshi, Chinese, or any other Asian background

Black, Black British, Caribbean or African (14) Including any other Black, Black British, or Caribbean background





Gender:
50/50 split of male and female.



Location in Greater Manchester:
3 Bolton, 8 Manchester,
1 Oldham, 10 Rochdale,
1 Salford, 1 Stockport,
2 Tameside, 1 Trafford, 1 Wigan

SECTION:
CORE THEMES

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Core themes



1 Connecting with others builds hope, confidence and motivation

Being able to connect with others on a similar journey helps people believe change is possible, feel less alone and stay motivated



2 System barriers stop progress, even when motivation is strong

Even when people are ready for change, the system isn't always set up to support them - it can be difficult to access, disjointed and not designed with their needs in mind



3 Support works when it fits people's lives, identities and needs

Support should be personal and relevant to the individual, linked to their own goals, lifestyle, values and current circumstances - one size doesn't fit all



4 Ongoing support is needed to keep people on track

People need help to stick with changes and stay motivated over time, especially when change is slow or life gets in the way



5 Positive healthcare relationships boost engagement and trust

Positive, trusting and consistent relationships with healthcare professionals make a significant difference to people engaging with services



6 Weight is shaped by emotional and psychological experiences

Mental health, trauma, shame and stigma are deeply linked to weight and health, they affect every stage of people's journey



7 Clear information helps people to take action

People often lack understanding of how their weight connects to their health and what to do about it, with some advice feeling confusing or contradictory

SECTION:
DETAILED SUB-THEMES

Sub-themes overview

Each of the seven core themes in this report is broken down into more detailed sub-themes that emerged from our research.

For each sub-theme, you'll find:

- A brief description
- How it shows up at different stages of the user journey, with quotes from the research
- The underlying user need

To support our understanding of people's experiences, we've used a simplified version of the transtheoretical stages of change model[1]. This model helps us explore how behaviour change happens over time and what people need at different points in their journey.

Our version focuses on three core phases:

1. Pre-contemplation and foundations

- The starting point of a person's weight management journey
- They may not yet be actively thinking about change
- Their attitudes, experiences, beliefs, culture and environment shape how they approach their journey

2. Contemplation and early action

- People are starting to think about change
- They may be exploring options or engaging with early support and starting to make changes to their behaviours
- Confidence and commitment are still forming

3. Maintenance and relapse risk

- The focus is on sustaining change over time
- People often face dips in motivation, setbacks or life events that disrupt progress
- Continued support is key to avoiding disengagement or a return to old behaviours and habits

References:
1. Practical Psychology. (2019, October). Transtheoretical Model and Stages of Change (Examples). Retrieved from https://practicalpie.com/transtheoretical-model-stages-of-change-examples/.



1. Connecting with others builds hope, confidence and motivation

Being able to connect with others on a similar journey helps people believe change is possible, feel less alone and stay motivated. These themes emerged from the research interviews. The following pages will explore each theme in more detail.

1.1

Peer stories give hope and motivation

1.2

Connections with others help people feel safe and understood

1.3

An individual's wider social environment influences their behaviour

1.4

Communities offer valuable opportunities for learning and adapting

1.5

Connections with others helps build emotional resilience and commitment



Peer stories give hope and motivation

Hearing from others who've faced similar challenges and succeeded gives people hope that change is possible, especially if they relate to the person as 'someone like me'. These peer stories spark action, support ongoing effort and encourage people to re-engage after relapse.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Hearing real life success stories form people like them can make change feel possible, even if people are not ready to act yet.	"I want to hear from people who are living the experiences...you resonate more if you hear these things from someone living that life."
Contemplation and early action	Hearing success stories in the early days of action encourages engagement and helps people believe they can succeed too.	"Someone else has done it, you've seen their journey...you think you know what, I can do that too."
Maintenance and relapse risk	Peer stories help sustain motivation and re-engagement after setbacks, if they can hear how others have got back on track.	"[It is a] form of encouragement and keeps me going when I feel like I'm not making any progress at all."

User need: I need to hear success stories from people like me, so I believe change is possible.



Connections with others help people feel safe and understood

Being around others who ‘get it’ makes a real difference. When people feel safe, seen and less alone, they’re more likely to open up and feel motivated to start and stay on their journey.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Fear of being judged and nobody understanding what they’re going through can hold people back from considering help or action.	“Anytime I'm leaving the confines of my room, the confines of my house...I have my defences up...I’m almost always expecting attack.”
Contemplation and early action	When people feel connected to others they can relate to who are going through the same thing, it encourages engagement and action.	“They made me feel very relaxed to open up...hearing everyone sharing what they are going through...it makes me feel that I’m not alone.”
Maintenance and relapse risk	Ongoing connections help people stay motivated and manage setbacks - this emotional safety becomes part of their long-term support system.	“It will foster a sense of belonging...you would feel other people value you.”

User need: I need to be around other people who understand what I’m going through, so I feel less alone and more able to open up.



An individual's wider social environment influences their behaviour

People don't make lifestyle changes in isolation - their family, friends and broader social environment play a role. Judgement or lack of support can hold people back. Services need to consider the influence and involvement of this wider circle.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Pressure and judgement from an individual's social circle may be a blocker to them wanting to engage in the first place.	"Resources or even workshops should be available for families...so [they] can engage and create a supportive environment."
Contemplation and early action	Having a supportive social circle during early action is important for building confidence and momentum.	"The kind of people you mingle with, the kind of friends you have, even your colleagues can change your mindset."
Maintenance and relapse risk	Ongoing support from their social circle helps people to stay on track long-term.	"My family has been very supportive and make meals for me, we take walks together, they've been encouraging."

User need: I need the people around me every day to understand what I'm working towards and encourage me, so I feel supported to make changes.



Communities offer valuable opportunities for learning and adapting

People gain practical tips and real-world strategies from others on the same journey. These are insights that often feel more relevant and achievable than advice from professionals.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	In the early action phase people are trying things out and looking for practical, relatable tips to fit into their day-to-day lives.	“You had a group and everybody could give tips and advice…I love the community part of it.”
Maintenance and relapse risk	People continue to learn from each other, sharing ideas for things to try and adapt that help them sustain change and manage any setbacks.	“We share ideas and recommendations, this is the most important part for me, it’s not expert led, everyone is fully welcome.”

User need: I need to hear what’s worked for people like me, so I can get ideas of things to try or adapt.



Connections with others helps build emotional resilience and commitment

Feeling part of a group boosts emotional well-being and strengthens commitment. These social connections help people stay engaged and supported, including informal accountability.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	People benefit from being around others on the same journey - it boosts confidence, creates accountability and makes it easier to stay on track.	“Being within groups I think would really, really help...doing it on your lonesome, it’s kind of harder to push yourself.”
Maintenance and relapse risk	Feeling part of a community or group helps people keep going longer-term and bounce back after setbacks.	“[The groups have a] very positive role in society, you can learn here, make friends, it supports with depression.”

User need: I need to stay connected to people going through the same thing, so I feel more engaged and committed to keeping it up.



1. User needs

1.1 I need to hear success stories from people like me, so I believe change is possible

1.2 I need to be around other people who understand what I'm going through, so I feel less alone and more able to open up

1.3 I need the people around me every day to understand what I'm working towards and encourage me, so I feel supported to make changes

1.4 I need to hear what's worked for people like me, so I can get ideas of things to try or adapt

1.5 I need to stay connected to people going through the same thing, so I feel more engaged and committed to keeping it up



2. System barriers stop progress, even when motivation is strong

Even when people are ready for change, the system isn't always set up to support them - it can be difficult to access, disjointed and not designed with their needs in mind. These themes emerged from the research interviews. The following pages will explore each theme in more detail.

2.1

Long waits and short appointment times stops people prioritising weight

2.2

People don't know what support exists and healthcare professionals (HCPs) aren't always able to signpost effectively

2.3

Inequity of access makes it harder for people to engage

2.4

Lack of continuity and follow-up can break trust and stall progress

2.5

Delivery of services and care can be too inflexible

2.1



Long waits and short appointment times stop people prioritising weight

Even when people want support with their weight, long waiting times and short appointments that require the prioritisation of more urgent health issues, means it's easy to put off discussing weight - the system makes it too easy for people to deprioritise weight concerns.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Discussion of weight management may never make it to the top of an individual's priority list until a health scare forces it.	"GP surgeries don't have time to talk to patients."
Contemplation and early action	People wanting to discuss weight at GP appointments find they are put off by long waiting times and having to prioritise other health issues.	"When you have a doctor's appointment it's only about 5 or 6 minutes, they just want to know one problem."
Maintenance and relapse risk	Not relevant at this stage	

User need: I need a GP appointment that gives me enough time to talk about my weight, so I can share my concerns and ask for support.

2.2



People don’t know what support exists and HCPs don’t always signpost effectively

Often people find out about support by chance or word of mouth. Healthcare professionals aren’t always aware of relevant support, particularly across community and voluntary settings - there’s a lack of join up.

	How does this show up in the user journey?	
Pre-contemplation and foundations	People are often unaware of support options available for their weight and wellbeing so never seek any information.	“GPs are not aware [of community activities].”
Contemplation and early action	People may be considering change but don’t know where to turn for support to get on track.	“Every time I’ve told the doctor about my weight, there’s nothing they do for me...I just don’t feel as though I’m being heard.”
Maintenance and relapse risk	Not relevant at this stage	

User need: I need clear information about the types of support available, so I can think through the options and know how to get started.

2.3



Inequity of access makes it harder for people to engage

The ability to access services and support is not equal for everyone. Systemic barriers including cost, digital exclusion, transport and language can stop people from starting or staying engaged, even when they are motivated.

	How does this show up in the user journey?	
Pre-contemplation and foundations	People may never hear about support if barriers like digital access or language mean they are unaware of services.	One participant who did not speak English described positive early engagement with his GP about weight issues - the GP was Pakistani so there were no communication barriers.
Contemplation and early action	People who are motivated and want to take action may struggle to engage with support if system barriers make it more difficult.	One participant described previously attended NHS weight management services - the main barrier to continuing was cost of transport to get to in-person sessions.
Maintenance and relapse risk	Risk of relapse is more likely if system barriers make it harder to engage with services.	One participant described previously enjoying aqua aerobics, but the system changed to online only booking which she can't use - she's turned up in-person a few times and been turned away.

User need: I need support options that work for me and my situation, so I can still take part even if I don't have money, transport, online skills or speak English.

2.4



Lack of continuity and follow-up can break trust and stall progress

People experience inconsistency and fragmentation. They start something but then hear nothing, get passed between people or get left to follow up themselves with unclear or incomplete information and a lack of support.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	When people do take early action, they can be passed between different people, they don't always get clear next steps or joined up care or communication.	Asked GP about leisure centre referral. Told too high risk due to health conditions to participate in the programme - no follow-up or alternative exercise suggested.
Maintenance and relapse risk	A lack of follow up and continuity of care can risk relapse for those who have engaged - continuity of care also brings accountability which helps people stick to plans.	"When I decided to finish the [NHS weight management] programme [early], no one reached out to me."

User need: I need consistent care from one GP or team, so things don't get missed and my support feels joined up.

2.5



Delivery of services and care can be too inflexible

The system doesn't always work to fit into people's real lives. It expects people to fit in rather than adapting to their needs, which can leave people feeling unsupported and unmotivated.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	Those taking early action are easily put off if options for engagement don't fit into their life and needs.	"She (HCP) wasn't speaking with me to coordinate with my availability, sometimes I used to be at work and I couldn't attend her call."
Maintenance and relapse risk	For people who have engaged in services, if life circumstances change it can be hard to stick with things if the service isn't flexible to give them options for engagement.	Would like support options in community centres - "people feel more at home...it is more available and accessible...and they feel safe there too."

User need: I need services with flexible options for taking part, so they're easier to access around everything else in my life.



2. User needs

2.1 I need a GP appointment that gives me enough time to talk about my weight, so I can share my concerns and ask for support

2.2 I need clear information about the types of support available, so I can think through the options and know how to get started

2.3 I need support options that work for me and my situation, so I can still take part even if I don't have money, transport, online skills or speak English

2.4 I need consistent care from one GP or team, so things don't get missed and my support feels joined up

2.5 I need services with flexible options for taking part, so they're easier to access around everything else in my life



3. Support works when it fits people's lives, identities and needs

Support should be personal and relevant to the individual, linked to their own goals, lifestyle, values and current circumstances - one size doesn't fit all. These themes emerged from the research interviews. The following pages will explore each theme in more detail.

3.1

Support needs to fit into people's real lives including their routine and preferences

3.2

Support should reflect and respect people's identity, culture and values

3.3

Support must be holistic and consider the whole person

3.4

People need to contribute to and have a sense of control and ownership over their plan

3.5

Goals and progress should be meaningful to the individual and what matters to them

3.1



Support needs to fit into people's real lives including their routine and preferences

People are more likely to stick with changes if they align with the reality of their day-to-day life, including things like working patterns, time availability and health limitations. Flexibility and choice are essential - plans that are too strict or restrictive won't be stuck to.

	How does this show up in the user journey?	
Pre-contemplation and foundations	If people assume changes are going to be disruptive to daily life and disconnected from their reality, they're less likely to engage in the first place.	"It will be something that will deprive me of my eating and basic lifestyle."
Contemplation and early action	When people are taking early action, they will be put off if plans are too rigid or unrealistic and incompatible with their lives and routines.	"[The gym is] the opposite direction from home, it didn't work for me." She walks with a colleague at lunch "we chat, some days we've walk thousands of steps, we don't realise it."
Maintenance and relapse risk	For long-term sustainable change and to minimise the risk of relapse, support needs to remain flexible so people can keep adapting to what works in their lives.	One of the participants described online exercise classes being more convenient to attend in a morning from home compared to having to attend in-person.

User need: I need recommendations that fit into my daily life, so they feel realistic, aren't too disruptive and I'm more likely to stick with them.

3.2



Support should reflect and respect people's identity, culture and values

Cultural background, identity, language and values all shape how people view weight, food, health and the kind of support that feels acceptable and realistic - care plans need to consider these wider influences.

	How does this show up in the user journey?	
Pre-contemplation and foundations	If people feel that changes to manage their weight are going to clash with their cultural or personal identity, they're less likely to consider it.	"I felt like I am betraying my roots...I should be proud of my foods…of my weight...you were trying to satisfy both [health and] culture but they are the direct opposites."
Contemplation and early action	People are more likely to stay engaged if they feel their support plans align with their cultural identity and values - things will feel more acceptable and easier to try.	"When you go to the gym it's quite hard because you're sweating and you just want to take your hijab off or dress a certain type of way and you can't."
Maintenance and relapse risk	If new behaviours are integrated into someone's identity and culture, they are much more realistic to repeat long-term, leading to sustainable change and reduced risk of relapse.	"I miss the flavours…I often found myself yearning for those familiar meals…the recommended substitute felt and tasted really bland."

User need: I need support that respects my culture and values, so changes feel acceptable, realistic, and don't go against who I am and what's important to me.

3.3



Support must be holistic and consider the whole person

Many people face complex challenges that impact their weight - mental health issues, long-term health conditions, side-effects of medication and more. The whole person needs to be considered as part of an initial assessment and support planning.

	How does this show up in the user journey?	
Pre-contemplation and foundations	People need to feel that what's behind their weight gain is going to be considered and understood - trauma, stress, medication, mobility restrictions etc.	“Think about it all round, everything, every kind of issue.”
Contemplation and early action	When people start to engage, shallow support focused on lifestyle without considering the broader picture of contributors and needs is more likely to fail.	"I wish them to give me a proper coach...who could see my circumstances, my routine...my history and my medical problems... I want to have a personal plan.”
Maintenance and relapse risk	Long-term change is less likely and relapse a greater risk if support hasn’t taken the whole person into account.	“They should consider the person...their genetics, lifestyle, routine, finances…so they can have a better plan for the particular person.”

User need: I need a plan built around everything affecting my weight and wellbeing, so it’s based on what’s really going on in my life, not just lifestyle.

3.4



People need to contribute to and have a sense of control and ownership over their plan

People engage more when they feel some ownership over their plan. Being told what to do can be disempowering - they'll be more committed and motivated if they are co-creating with their healthcare practitioner.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	People are starting to try options - ownership matters here so they feel more empowered to act.	”I’m at the mercy of the professionals and I would have felt a lot better if they made me feel like I was working with them to make the decisions.”
Maintenance and relapse risk	People who helped shape their own plan are more likely to have a sense of autonomy, better able to adjust if needed and get back on track after a setback.	“They have tried to work with me in a way that makes me feel I’m in control, part of the decisions…that evens out the feeling of being a victim to textbook diagnosis and prescription.”

User need: I need to help create my plan and not just be told what to do, so it works for me and I feel in control of the changes I’m making.

3.5



Goals and progress should be meaningful to the individual and what matters to them

Meaningful progress is unique to an individual - improved energy levels, confidence, mental health, coming off medication, fitting into jeans - it's not about the number on the scales. People are more motivated if working towards something that's important to them.

	How does this show up in the user journey?	
Pre-contemplation and foundations	People often need a personal reason to consider change - that trigger becomes the foundation for a goal that matters to them.	“I wanted to make my daughter proud, so I told them I'll join the race...other parents were very comfortable, I actually passed out midway.”
Contemplation and early action	People are more likely to act if their goals feels personal and meaningful to them compared to a doctor telling them to lose weight - imposed goals are less motivating.	One participant described the goal that was meaningful to them - “So I don’t have to take so many medications and visit the doctor all the time.”
Maintenance and relapse risk	People need to keep their personal goals in mind to get through maintenance and be reminded of them if facing relapse.	“I want to look better in the clothes I'm wearing... and to climb the stairs without having to pant...People can say… you need to be 50kg [but] it isn't going to work because that’s not my goal.”

User need: I need to work towards a goal that is personal and matters to me, not one set my someone else, so I can stay focused on why I’m making changes.



3. User needs

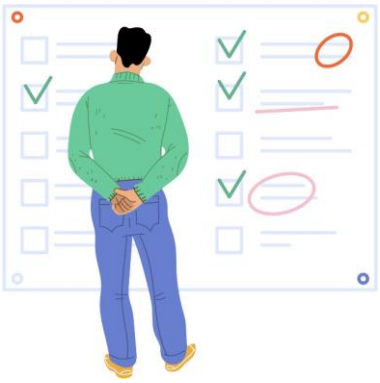
3.1 I need recommendations that fit into my daily life, so they feel realistic, aren't too disruptive and I'm more likely to stick with them

3.2 I need support that respects my culture and values, so changes feel acceptable, realistic, and don't go against who I am and what's important to me

3.3 I need a plan built around everything affecting my weight and wellbeing, so it's based on what's really going on in my life, not just lifestyle

3.4 I need to help create my plan and not just be told what to do, so it works for me and I feel in control of the changes I'm making

3.5 I need to work towards a goal that's personal and matters to me, not one set by someone else, so I can stay focused on why I'm making changes



4. Ongoing support is needed to keep people on track

People need help to stick with changes and stay motivated over time, especially when change is slow or life gets in the way. These themes emerged from the research interviews. The following pages will explore each theme in more detail.

4.1

Building habits needs consistency, support and time

4.2

Tracking progress helps people stay focused

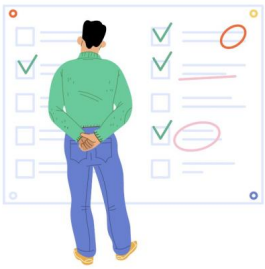
4.3

Encouragement and feedback keep people going when things get hard

4.4

A sense of accountability to others helps people stay on track

4.1



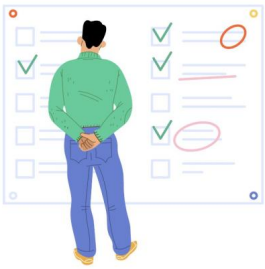
Building habits needs consistency, support and time

Making changes to long-term embedded behaviours is hard. People are more likely to stick with changes when they are supported to develop consistent routines and behaviours and recognise that they need time.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	When people are trying new behaviours and building routines, they need support and reassurance that habits will take time.	"I realised it's a lot of work and I know it will take a long time - I started to feel it's not achievable and it got to me psychologically."
Maintenance and relapse risk	When in a maintenance phase people need structure to remain motivated and recover from setbacks more easily.	"It's a very big deal to start doing certain things...it requires consistency and determination and it's something you need to put much effort into."

User need: I need support to build a routine and reassurance that it takes time, so I don't feel like I've failed if I slip up or progress is slow.

4.2



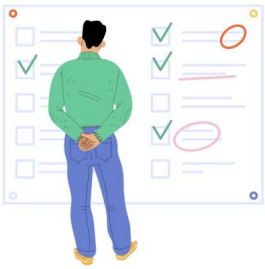
Tracking progress helps people stay focused

It's very easy to lose motivation if you don't feel your efforts are making a difference - having visible and meaningful progress keeps people going.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	Once people start making changes, tracking progress - against the goal that matters to them - can help reinforce effort and keep them motivated.	“I wanted a plan that was giving me milestones so that I can...feel the victory [and] encouragement... but it was just a timetable...there wasn’t any goal set, and it was really difficult for me.”
Maintenance and relapse risk	Tracking progress continues to be helpful to keep people motivated through maintenance and can be a useful trigger for recognising a relapse.	”The monitoring, accountability and evaluation is one of the most important parts of the weight management system because it helps me to keep track of what I'm doing."

User need: I need to track my progress so I can see it’s a making a difference and I’m motivated to keep going.

4.3



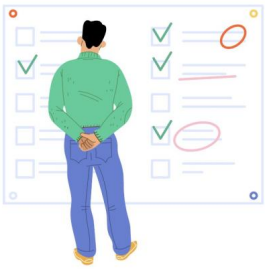
Encouragement and feedback keep people going when things get hard

Ongoing encouragement plays a big part in motivation when things get difficult and there are setbacks, particularly if it comes from people they trust which can include HCPs as well as those in their social environment.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	Encouragement and feedback when it's the early days of change helps give reassurance and a confidence boost to keep going.	“It makes me want to continue...having someone that tells you they believe in you.”
Maintenance and relapse risk	If motivation is dipping and relapse risk present, encouragement will help people to stay / get back on track.	”My wife...she gets involved with some of the activities, she makes it fun and helps motivate me.”

User need: I need support and encouragement from people I trust who believe in me, so I don’t give up when things get hard.

4.4

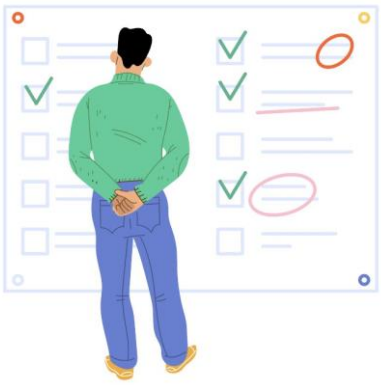


A sense of accountability to others helps people stay on track

When people feel they need to check in with someone, show up for a group where they'll be expected or report progress, it gives motivation to keep going.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	When people start making changes, light forms of accountability - like someone checking in or expecting them for a group walk - can boost follow through.	“Sometimes when I feel very lazy to do a particular thing I just remember that I’m accountable to someone.”
Maintenance and relapse risk	Motivation can be up and down in maintenance, light accountability to others can nudge action even if motivation drops.	“My GP monitoring my progress was so important…it keeps you accountable...it’s great to have a good support system for this.”

User need: I need to know someone’s checking in on me or expecting me to show up, so I feel motivated to keep going and not let them down.



4. User needs

4.1 I need support to build a routine and reassurance that it takes time, so I don't feel like I've failed if I slip up or progress is slow

4.2 I need to track my progress so I can see it's making a difference and I'm motivated to keep going

4.3 I need support and encouragement from people I trust who believe in me, so I don't give up when things get hard

4.4 I need to know someone's checking in on me or expecting me to show up, so I feel motivated to keep going and not let them down



5. Positive healthcare relationships boost engagement and trust

Positive, trusting and consistent relationships with healthcare professionals make a significant difference to people engaging with services. These themes emerged from the research interviews. The following pages will explore each theme in more detail.

5.1

Trust, empathy and being listened to by your HCP really matter

5.2

Language used by healthcare professionals can build trust but can also cause harm

5.3

Consistency and continuity of HCP relationships are important

5.4

Initial conversations about weight need to be well timed and respectful

5.1



Trust, empathy and being listened to by your HCP really matter

People's experiences with their GP and other healthcare professionals is essential to building trust and encouraging action.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Some have had negative HCP experiences in the past and felt judged or unheard - empathy and being listened to are essential to getting them on the pathway.	"I just need patience and understanding, and the right information."
Contemplation and early action	When people take steps towards action, if they're met with judgement from the HCP, it can shut them down before they've hardly begun.	"They should try and be empathetic with their patients…to imagine what it is like for people to have such health issues."
Maintenance and relapse risk	An ongoing sense of respect and being heard helps people stay on track particularly if they have a set back.	"I was afraid of the judgement... If I'd know that I was going to have a good experience...maybe [I'd have sought] help way earlier. Being overweight feels like you're living in a different world entirely, and no one really cares."

User need: I need a doctor who listens to me with patience and understanding, so I don't feel blamed or judged and can open up.

5.2



Language used by healthcare professionals can build trust but can also cause harm

If words are not used with care, they can do real damage and stop people taking action. Some take offence at the word 'obese' yet for others it's a factual term, and for some (particularly immigrants in the Asian community) obese is not even a word they are familiar with.

	How does this show up in the user journey?	
Pre-contemplation and foundations	The incorrect use of language by HCPs from past experiences can make people very wary of engaging or reaching out.	“[GP saying you’ve put weight on], the words get stuck in your head...you hate yourself, I stopped eating, looked in the mirror and thought - you look awful.”
Contemplation and early action	When people are ready to reach out for support, respectful and appropriate language from the HCP during the early interactions is essential.	“They should ask the person...what they would prefer...these are the words that are available, which one would you prefer me to use?”
Maintenance and relapse risk	Language continues to have an impact particularly during relapse, where a HCP might need to normalise setbacks and encourage re-engagement.	“I don’t like it if someone uses the word obese on me...it makes me feel like no one is seeing the effort I’m making...it can be discouraging.”

User need: I need my GP to use words that feel respectful and supportive when talking about my weight, so I don’t feel uncomfortable or offended.

5.3



Consistency and continuity of HCP relationships are important

If care is one off or disjointed, it leaves people feeling forgotten - consistent support builds trust and helps with accountability.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	Consistent HCP relationships are important for trust and engagement during the early stages of action.	“It was respectful, she was professional, I had met her loads of times…you trust her with the information she has about you.”
Maintenance and relapse risk	Continuity of HCP relationships helps with long-term maintenance where trust and accountability are embedded.	“My GP monitoring my progress was so important…this increases trust between [us]...when your GP is a very supportive person you can speak to, that makes a big difference.”

User need: I need an ongoing relationship with a GP who knows me and my history, so I feel a sense of trust, familiarity and understanding.

5.4



Initial conversations about weight need to be well timed and respectful

People want initial conversations about their weight to be treated with care and sensitivity - some are thankful when a GP raises it first but if it feels rushed or poorly timed it can do damage

	How does this show up in the user journey?	
Pre-contemplation and foundations	If someone isn't expecting or ready for an initial conversation about weight, they may feel ambushed or upset.	“I want to be the one to start the conversation, so that maybe I feel I have some level of control over where the conversation is going.”
Contemplation and early action	For those reaching out for support, early conversations about weight need to be respectful and sensitive.	“The conversation went the right way when I felt ready…I brought it up because it was time, I felt ready to share and not be judged.”
Maintenance and relapse risk	Not relevant at this stage	

User need: I need early conversations to be handled with care, with the GP tuned into the timing and how I respond, so I don’t feel caught off guard, rushed or like it’s intrusive.



5. User needs

5.1 I need a doctor who listens to me with patience and understanding, so I don't feel blamed or judged and can open up

5.2 I need my GP to use words that feel respectful and supportive when talking about my weight, so I don't feel uncomfortable or offended

5.3 I need an ongoing relationship with a GP who knows me and my history, so I feel a sense of trust, familiarity and understanding

5.4 I need early conversations to be handled with care, with the GP tuned into the timing and how I respond, so I don't feel caught off guard, rushed or like it's intrusive



6. Weight is shaped by emotional and psychological experiences

Mental health, trauma, shame and stigma are deeply linked to weight and health, they affect every stage of people's journey. These themes emerged from the research interviews. The following pages will explore each theme in more detail.

6.1

Poor mental health is both a cause and a consequence of weight challenges

6.2

People carry deep rooted shame and fear of judgement which impacts behaviours

6.3

Mental health support helps people engage and stay on track

6.4

People need to move at a pace that feels manageable to them

6.1



Poor mental health is both a cause and a consequence of weight challenges

Mental health and emotional well being influence every step of the journey - depression, stress and trauma are common, as is self criticism and they impact people's ability to take action, stay consistent and come back from relapse.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Poor mental health is common amongst those needing to manage their weight, it creates a sense of hopelessness that is a barrier to engagement.	“Sometimes you just want to sleep and don’t want to wake up...you just feel like you’re not fit for society.”
Contemplation and early action	People's ability to start taking action is impacted by poor mental health, it makes it more difficult for them to find the motivation.	“When we are stressed sometimes we eat a lot, sleep a lot and don’t exercise, sometimes we feel like crying.”
Maintenance and relapse risk	Sustaining changes needs emotional resilience that people may not have if they have poor mental health or dips due to life events outside of their control, making relapse common.	”If somebody helps me cope with my stress then I would be able to look at better options for myself… if I’m less stressed... I can make a timetable to maybe go out for a walk for one hour.”

User need: I need my GP to understand how my mental health and weight affect each other, so I’m offered the right types of support to help me long-term.

6.2



People carry deep rooted shame and fear of judgement which impacts behaviours

Stigma experienced from family, friends, the public and HCPs, in some cases from childhood, leaves lasting emotional damage and impacts how they show up in services.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Deep rooted shame can stop people from reaching out for help.	“It makes me feel inside my shell, I just feel like being at home and not going anywhere.”
Contemplation and early action	When people have taken steps to engage with services, the fear of being judged can make them reluctant to open up.	One participant described trying to start exercising in a public gym but felt stigmatised and out of place so did not continue.
Maintenance and relapse risk	Feelings of shame and internalised stigma are deep rooted and can still surface during maintenance, triggering setbacks.	“It’s good you use an anonymous name [in an online group]...this is important…it’s a way of taking part that makes me feel comfortable.”

User need: I need to feel emotionally safe from judgement, so I can start to take positive steps towards change without fear or shame holding be back.

6.3



Mental health support helps people engage and stay on track

Whether formal through professionals and/or informal through peer groups, ongoing mental health support is essential, particularly for long-term change.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	When people start engaging with services, mental health support is an essential component of their holistic care plan.	“They could try to recognise the importance of mental health and emotional wellbeing in weight management as something that is really crucial.”
Maintenance and relapse risk	Long-term change is hard, mental health support is key to ongoing action and recovery from setbacks.	“I found it helpful...the group sessions is how I sort myself out, your problems are still there when you get home but you can cope if you get support.”

User need: I need ongoing emotional support along the way, so I’m more able to keep going when it’s hard or I’m struggling with my mental health.

6.4



People need to move at a pace that feels manageable to them

Making changes can be emotionally overwhelming - feeling pushed too soon can disengage people. They need to progress at a pace that feels right for them to stay engaged and build confidence.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	As people start to engage and reach out for support, getting the pace right is critical as they may disengage if it's too much too soon.	“I would have preferred something that was not instant withdrawal from the type of meal I ate previously…so that I could maybe gradually transition.”
Maintenance and relapse risk	When it comes to longer term behaviour change, it needs to be self-paced for people to stay engaged.	”It’s not a process you can rush, it’s baby steps, you can’t force or rush the person.”

User need: I need to progress at a pace that feels manageable and realistic for me, so I stay engaged and build confidence without feeling pushed too soon.



6. User needs

6.1 I need my GP to recognise and understand how my mental health and weight affect each other, so I get offered the right kinds of support to help me long-term

6.2 I need to feel emotionally safe from judgement, so I can start to take positive steps towards change without fear or shame holding me back

6.3 I need ongoing emotional support along the way, so I feel more able to keep going when it's hard or I'm struggling with my mental health

6.4 I need to progress at a pace that feels manageable and realistic for me, so I stay engaged and build confidence without feeling pushed too soon



7. Clear information helps people to take action

People often lack understanding of how their weight connects to their health and what to do about it, with some advice feeling confusing or contradictory. These themes emerged from the research interviews. The following pages will explore each theme in more detail.

7.1

People need to understand the connections between weight, health and lifestyle

7.2

Reliable guidance is essential, so people don't feel lost or overwhelmed

7.3

Knowing the 'why' behind changes helps people sustain them

7.4

People want to share what they've learnt and support others

7.5

There's confusion and perceived unfairness around weight loss medication

7.1



People need to understand the connections between weight, health and lifestyle

People often only realise the health impacts of weight after a health scare or diagnosis - earlier communication about risks may help them to take action sooner.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Many people just don't connect weight with health until there's a serious health event or diagnosis.	“If the doctor advises in good time you can get control of your weight and health before getting disease, parents should educate their children.”
Contemplation and early action	Realising the link between weight and health is often the trigger for action - this ideally needs to happen earlier before poor health reaches a critical point.	“I waited until I got really sick…I was told that my liver is covered by fat…that was a trigger, that’s what actually pushed me.”
Maintenance and relapse risk	Reminding people of the links between weight and health can maintain motivation and get people back on track after a setback.	“I didn’t know about how food could damage…I didn't want to end up having another heart attack.”

User need: I need to understand how weight is linked to health conditions, so I can take action earlier and avoid problems getting worse.

7.2



Reliable guidance is essential, so people don’t feel lost or overwhelmed

People are often left to do research themselves which can lead to confusion and contradictory information - without trusted advice they sometimes try ineffective approaches.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	When people are looking for guidance, if it's unclear, contradictory or the HCP hasn't provided enough detail, it's easy to give up or try their own things that are ineffective.	“This is the problem, this is how you can reduce it...here are some services online...rather than telling me to do my own research.”
Maintenance and relapse risk	Embedded knowledge and reliable information from earlier in the journey will help people stick with maintenance.	“Things I didn’t realise were heavy in calories…I never used to read the labels…[now] I understand things like that.”

User need: I need clear and trustworthy information, so I don’t feel lost, confused or have to work things out for myself.

7.3



Knowing the ‘why’ behind changes helps people sustain them

Being told what to do isn't enough - understanding why helps with commitment and long-term change. It’s the difference in being told to ‘eat less salt’ compared to an explanation of salt contributing to high blood pressure which increases the risk of heart attacks and so on.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	When people are given advice about what to do but not why it matters and what difference it will make, it can make it feel arbitrary - knowing the why helps.	“Help people understand why they are in a weight loss programme... the benefits...they need to be doing it for themself, not for the doctor.”
Maintenance and relapse risk	When trying to sustain changes over time having a strong understand of the why behind their actions helps.	"I think stress plays [a] role in weight loss and weight gain and this is something I did not know previously” - reducing stress and optimising sleep now part of their weight management.

User need: I need to understand the reasons behind the advice I’ve been given and how the changes will improve my health so I take it seriously and follow through.

7.4



People want to share what they've learnt and support others

The knowledge people gain and the results they achieve inspires them to want to share what they've learnt to help others. The service should harness this lived experience - as well as helping others it reinforces their own ongoing progress too.

	How does this show up in the user journey?	
Pre-contemplation and foundations	Not relevant at this stage	
Contemplation and early action	Not relevant at this stage	
Maintenance and relapse risk	When people are further into their journey many want to share their knowledge and success to support others, which can help to maintain their own momentum and motivation.	"What I've learnt will be with me forever and I'm going to teach my kids, because I was not informed about this, I want to share to help other people."

User need: I want to share my experience and what I've learnt, so I can help educate and support other people and stay motivated myself.

7.5



There's confusion and perceived unfairness around weight loss medication

People are often hearing about weight loss injections through friends rather than HCPs. There is confusion around eligibility, safety and fairness of access, including questions around whether they are halal.

	How does this show up in the user journey?	
Pre-contemplation and foundations	People might have pre-conceptions about injections /medication which stops them from taking any action.	"That's my perception, that [for] weight management…the use of medicines or injection is not considered safe or healthy most of the time."
Contemplation and early action	People seeking information about injections get mixed messages or incomplete details around how they work and eligibility, leading to frustration.	"[My friend] got injections...and she lost a lot of weight...I didn't even know those were available on the NHS...it should just be the same for everybody."
Maintenance and relapse risk	Those who do access injections/medication might not have full understanding or the support they need if their access to them has been fragmented and unclear.	"If the surgeon [for a hernia] hadn't recommended me to speak to my GP [and later prescribed injections] I would be over 100kg by now...They [her GP] just haven't explained [why they won't prescribe directly]."

User need: I need clear and accurate information about medication options, so I know if I'm eligible and if I am, I can consider them properly.



7. User needs

7.1 I need to understand how weight is linked to health conditions, so I can take action earlier and avoid problems getting worse

7.2 I need clear and trustworthy information, so I don't feel lost, confused or have to work things out for myself

7.3 I need to understand the reasons behind the advice I've been given and how the changes will improve my health so I take it seriously and follow through

7.4 I want to share my experience and what I've learnt, so I can help educate and support other people and stay motivated myself

7.5 I need clear and accurate information about medication options, so I know if I'm eligible and if I am, I can consider them properly

SECTION: ADDITIONAL WORKSHOP INSIGHTS

Health Innovation Manchester

Lilly

NEXER

Research workshops overview

As part of our mixed methods approach to understanding community experiences with weight management, we held two **online research workshops** in June 2025. These followed our one-to-one interviews and ran alongside the VCSE survey.

The purpose of the workshops was to:

- Bring together people from a range of diverse backgrounds to reflect on their weight management journey with others who had been through the same challenges
- Build a picture of their journey, associated challenges and needs
- Explore the types of support that felt safe, realistic and motivating
- Identify where needs were shared or differed across genders
- Support planning for the upcoming co-design workshops

Workshop participants were split by gender, based on earlier evidence from our desk research and interviews that indicated this would help create a safer and more open space for sharing.

Participants were recruited from the same pool as those who took part in interviews.

Total participants:

18

Demographics:

10 men and 8 women from across Greater Manchester

Ethnic backgrounds:

Predominantly Asian or Asian British, Black, Black British, Caribbean or African

Experience:

Most had engaged with weight management services - NHS, community support and/or private services, and been involved with diet and exercise changes, with a small number having been recommended weight loss medication

Insights from the workshops aligned with many of the core themes emerging from the interviews.

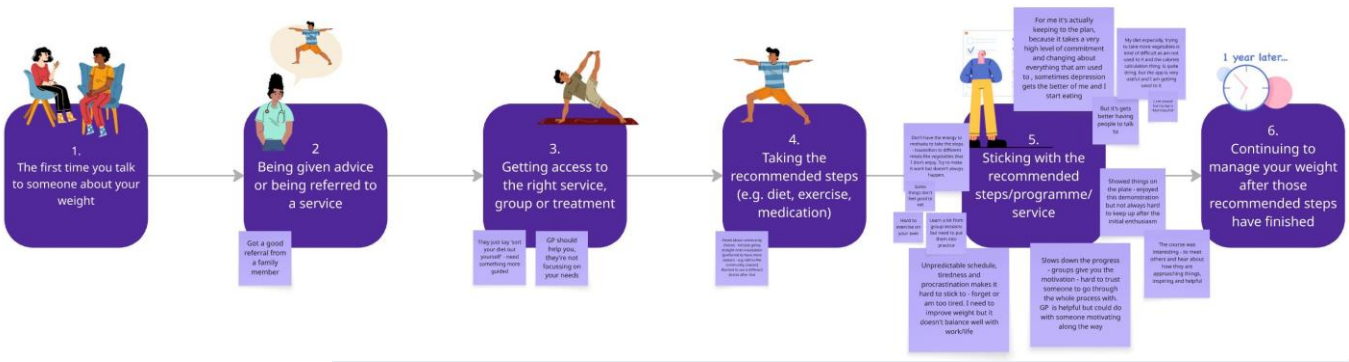
The most difficult part of the weight management journey is staying on track

Participants were guided through the stages of a weight management journey and asked to reflect on which stages felt most difficult.

Sticking with behaviour changes after starting was consistently named as the toughest part. This aligns with the core theme around ongoing support being essential to keep people on track.

Another stage reported as challenging was the earlier point of being given advice or being referred to a service.

> “Expected to stick with the programme for three months... wanted a breakdown of expectations... and achievable shorter goals.”



Emotional safety plays a key role in support

People's preferences around support formats were influenced by where they felt safe, respected and understood.

Men leant towards preferring talking about their weight management with trusted groups of healthcare professionals, along with local support groups.

For women, they often preferred digital or remote options to avoid face to face interactions, driven by feelings of shame and fear of judgement.

These findings align with the core themes around the importance of social connections and the impact of emotional and psychological experiences.

> "[It helps to] have others around me that are on the same journey."

> "[I was] asked to register with the gym, but I was self-conscious about my body."

Holistic understanding reduces shame and increases hope

Discussions around the importance of acknowledging the whole person and the wider factors influencing weight, rather than a focus on lifestyle factors only, led to participants feeling more hopeful about long-term sustainable change being possible.

There were discussions, with particular interest from the women's group, around this more holistic view ideally leading to more tailored tools and resources, reinforcing our core theme around the importance of personalisation and relevance where support needs to fit into people's real lives.

> They just say 'sort your diet out yourself' - I need something more guided.

> The GP should help you, they're not focusing on your needs.

> ...the advice tends to be general, it's not always related to my situation...it needs more depth and a wider understanding of my medical situation.

Session participation

The individuals who took part in the workshop reflected on the experience and commented on how they found the session welcoming, safe and appreciated the ability to share their experiences and ideas.

This aligns with various of our core themes; connecting with others helping people to feel less alone and more motivated, learning opportunities from communities, the importance of support respecting culture and identity, people having a sense of ownership and control, and the importance of building trusted relationships with individuals to allow them to feel safe and heard.

> I have gained valuable insights from different people and their perspectives which is really inspiring.

> This is a very wonderful session and I love it's a safe space.

> Efforts of the service providers to improve the services, especially including ethnic minority voices... makes us feel really valued and encouraged.

Workshop alignment with core themes

The workshop insights align with and reinforce the core themes from the research interviews:



1 Connecting with others builds hope, confidence and motivation

Participants spoke of the benefits of having others around them on the same journey.



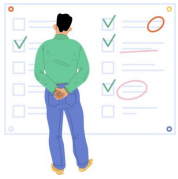
2 System barriers stop progress, even when motivation is strong

Examples were given of vague HCP advice without follow-up and a lack of flexibility in the support offered.



3 Support works when it fits people's lives, identities and needs

Strong alignment with this core theme, with users wanting a better tailored plan rather than generic advice or to be pushed down a specific route.



4 Ongoing support keeps people on track

Another core theme reinforced in the workshops; the need for building habits, the value of tracking progress, having check-ins and accountability to someone.



5 Positive healthcare relationships boost engagement and trust

Frustration was expressed at HCPs not focusing enough on individual's needs.



6 Weight is shaped by emotional and psychological experiences

Workshop participants described shame and fear of judgement, impacting their engagement in services.



7 Clear information helps people to take action

There was an ask for simple, clear and specific information and guidance.

SECTION: ADDITIONAL SURVEY INSIGHTS

Health Innovation Manchester Lilly NEXER

Survey overview

Early conversations and observation during our interview recruitment phase indicated to us the key role community-based organisations have in helping people navigate their health and wellbeing, even when not part of formal weight management pathways.

In response, we delivered a targeted **survey to VCSE** (voluntary, community and social enterprise) organisations.

This allowed us to explore:

- The services these partners offer
- How they perceive their role
- Barriers they and their communities face
- Views on weight management medication
- Opportunities and barriers around digital support
- Gaps between healthcare and community services

The survey was shared with contacts via established community and professional networks across Greater Manchester during late May and early June 2025 and received **19 responses.**

Insights from the survey add meaningful context and align with findings from the interviews and workshops.

VCSE organisations believe that they are already providing meaningful support

Many community organisations believe their services contribute to people's health and wellbeing.

They described supporting people with physical activity and movement, nutrition, mental wellbeing, social connection and broader healthy lifestyle changes. Their work typically focuses on broader health and life outcomes rather than weight management in isolation.

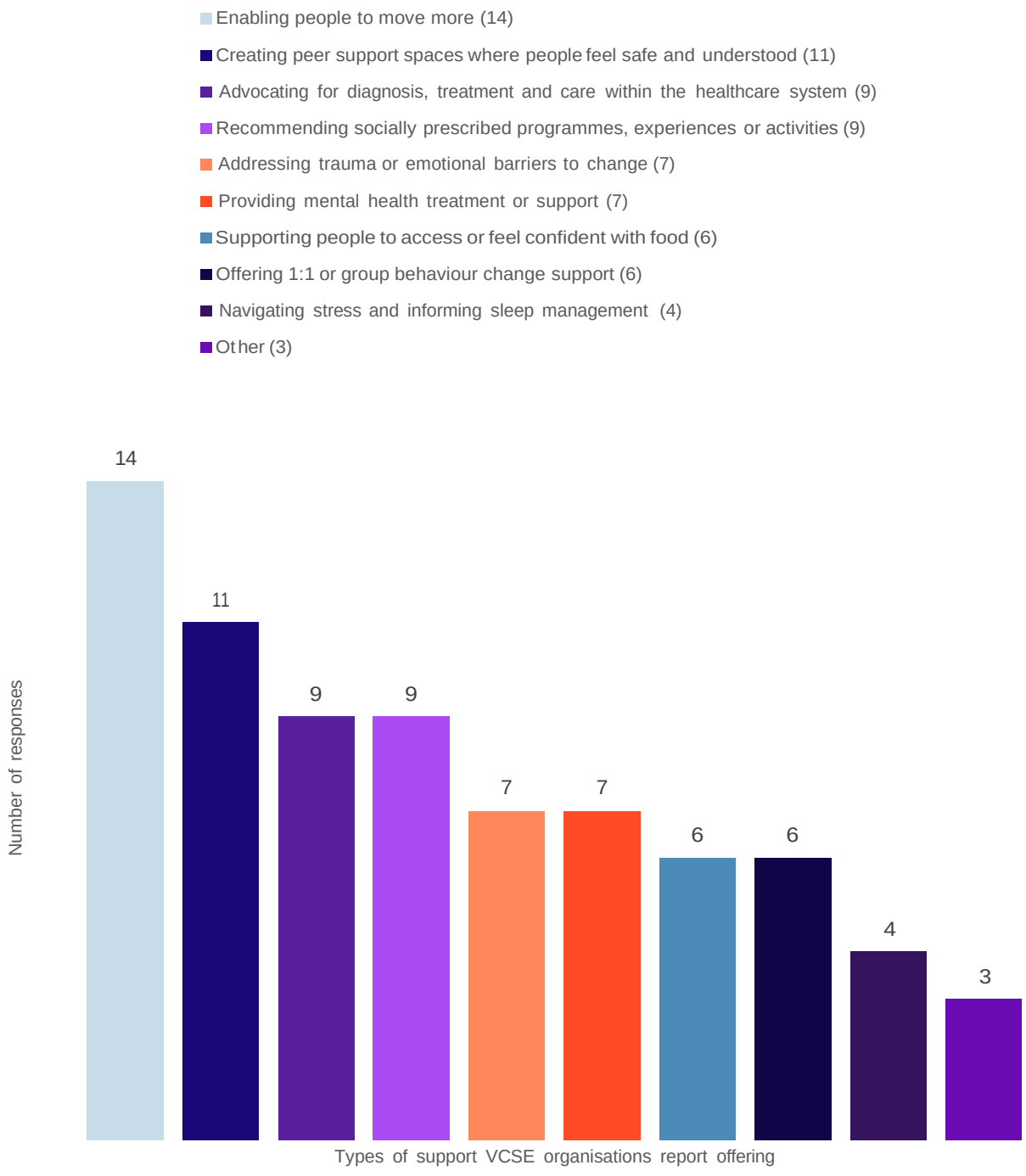
This aligns with what we heard from interview participants, who often cited community-based services as a key source of lifestyle and wellbeing support.



> [We play] a meaningful role in helping people live well and manage their weight, both directly and indirectly…we see ourselves not just as a community group, but as a partner in the broader effort to help individuals lead healthier, more fulfilling lives.

Types of support VCSE organisations report offering

This data reflects how VCSE organisations self-reported the support they currently offer, based on a multiple-choice question.



VCSE organisations describe adapting support around people's real-life needs

Organisations described tailoring their support to reflect the complex, real-life challenges people face and the specific needs of those in their communities - this local responsiveness is a key strength.

They spoke of designing with the people they support, not just for them, and offering flexible services rather than one-size-fits-all solutions.

> We ensure that all our work is culturally appropriate and accessible, and where possible provide financial support to enable engagement.

> We try to offer support in a range of different spaces - face to face support, 121, groups online or telephone, to make sure people who might have certain difficulties, we keep options open to avoid any barriers to attending.

> [A] mix of universal and more bespoke and targeted services to meet different needs, designing services with diverse communities.

Community partners want healthcare services to see the bigger picture and adopt the same personalised approach

VCSE providers see first-hand how complex people's needs are and feel that formal services do not always reflect this. There's a call for healthcare services to think more holistically and design services that are less rigid and meet the needs of individuals.

> "Each person has unique needs, preferences and life experiences that should shape their care."

> "Health services need to think more about the individual and tailor to their needs."

> "Those working in health services are in a unique position to take a wider approach to meeting people's needs, that could have greater impacts than addressing isolated health problems."

Weight loss medication should be part of a holistic plan

People shared a range of views about injections for weight management. Many felt hopeful that these medications could provide a boost and help individuals regain a sense of control over their journey. At the same time, there was awareness of potential side effects and some questions about equitable access.

The most consistent view was that injections alone are not a quick fix. People felt that the greatest chance of long-term success comes when the injection medication is combined with ongoing support and healthy lifestyle changes, as part of a wider, holistic plan.

> They could be an important changemaker for many people but need to be sitting in a programme of support and education so that it's a sustainable and resilient outcome and option.

> I've spoken with people who work in the system and they feel that it will make a huge potential difference to those people who want and need injections...they see these things as effective and, if they are universally available, that will help.

> This initiative is truly remarkable and will greatly assist those struggling with weight management. It will not only boost their confidence but also encourage them to adopt healthier diets and increase their motivation to exercise.

Digital services have the potential to benefit some, but there are concerns

The use of digital support was seen as helpful, particularly related to accessibility, flexibility, privacy (for those on a weight management journey who are wary of judgement), and for delivery of services at scale.

However, concerns were raised about digital exclusion, cultural fit, trust, privacy and the potential need for in-person alternatives or hybrid models.

Many suggested community organisations could be utilised as hubs for digital access and support.

> Digital exclusion will likely be a huge barrier to many, and digital facilitators may be required to help some people engage. Personally, human and community engagement is unbeatable but limited - a mixture of both could be really successful.

> Provide it in multiple community languages. Provide community groups tablets or devices that residents can come and use in community settings.

There’s strong interest for more VCSE collaboration with the healthcare system

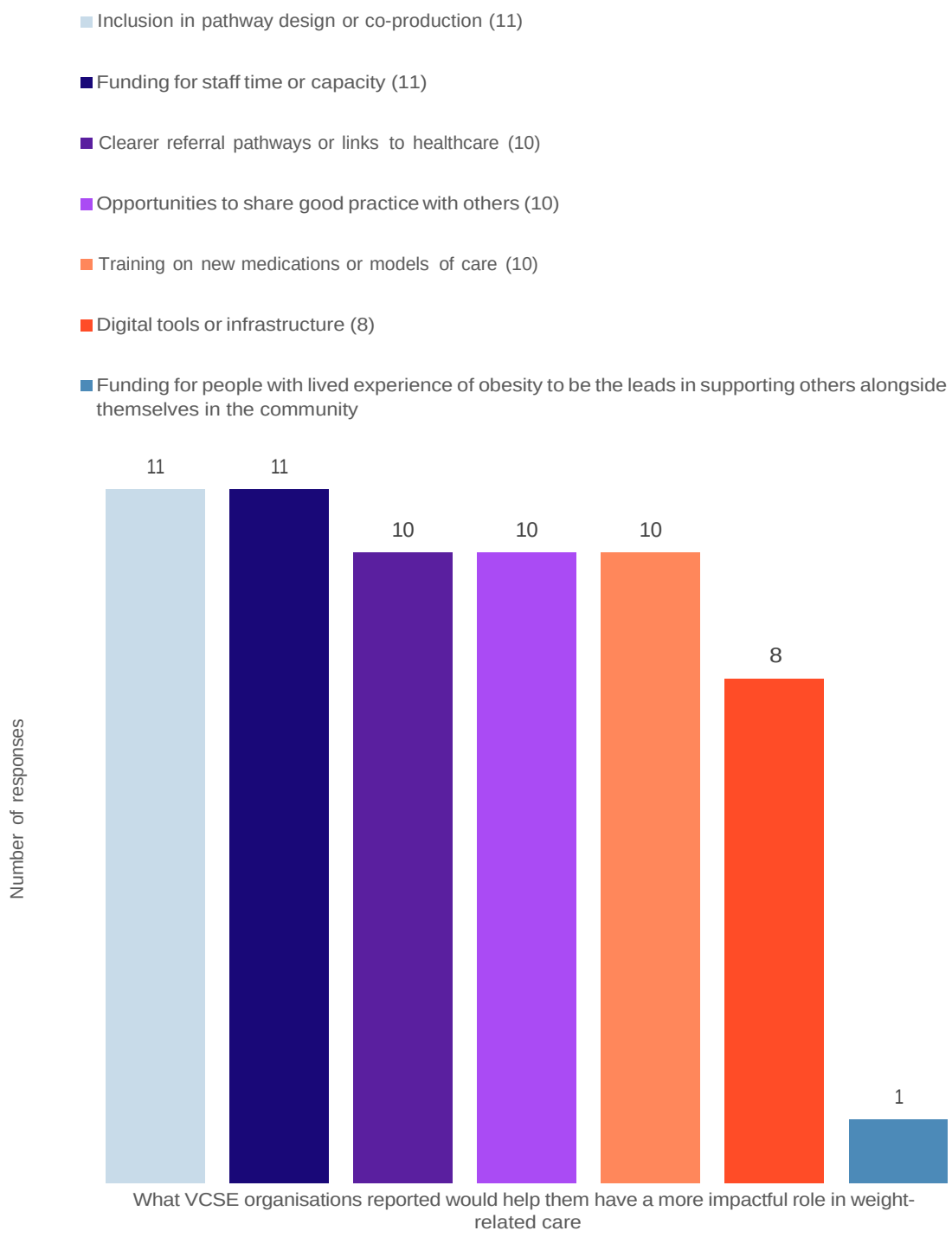
Most of the organisations do engage with healthcare services currently, but often informally or inconsistently. Existing engagement is often through joint events or projects, in some cases through primary care staff directly but typically through informal or personal connections.

Many would welcome a clearer role, particularly around prevention, education and long-term support.

> “It’s well documented how health inequalities happen and what works but somehow the change isn’t mainstreamed. The system relies on the VCFSE (voluntary, community, faith and social enterprise) for engagement but doesn’t seem to want to be part of the change.”

> “We’d like to be around the table to discuss some further solutions and how to break down barriers to access and participation.”

What would help VCSE organisations have a more impactful role in weight-related care?



Survey alignment with core themes

The survey data supports and strengthens the core themes from the research interviews and workshops:



1 **Connecting with others builds hope, confidence and motivation**

Many organisations described the value of peer support, with community spaces cited as trusted settings where people feel seen and understood.



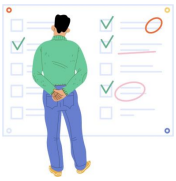
2 **System barriers stop progress, even when motivation is strong**

VCSEs highlighted a disconnect between primary care and community services.



3 **Support works when it fits people's lives, identities and needs**

Organisations strongly emphasised the importance of culturally relevant, flexible and human-centred care.



4 **Ongoing support keeps people on track**

Sustaining change came through as a common challenge with many noting the importance of check-ins and continuity.



5 **Positive healthcare relationships boost engagement and trust**

Responses to the question of the barriers people face when trying to manage their weight highlighted poor experiences with healthcare providers.



6 **Weight is shaped by emotional and psychological experiences**

VCSEs emphasised the role of trauma, stigma and mental health, their role in weight management and influence on people's engagement in services.



7 **Clear information helps people to take action**

Community organisations can often be the source of clear guidance that users trust.

SECTION:
NEXT STEPS

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Next steps

The insights and sub-themes developed through our three primary research methods - interviews, research workshops and survey - now form the foundation for the next stage of the work.

The findings are informing the development of a **user journey map** and **mindset framework** to help us better understand how people's needs, motivations and experiences shift across different stages of their weight management journey.

These insights will also guide a series of **co-design workshops** with community members, where research learnings will be shared back and participants will choose the areas they feel are most important to focus on, and work together to shape ideas for a future pathway.

This next stage of the work will ensure recommendations for the design of the future service is firmly grounded in the lived experience, needs and priorities of the communities they aim to support, and act as a powerful starting point for change.



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