

6 KEY OUTPUTS AND DISSEMINATION

Key outputs and dissemination of findings from the evaluation include conference presentations, two published peer reviewed journal articles, 5 published abstracts, photobooks and canvases of participants photos from the Photovoice study.

Full text publications

- Amenyah S.D., Waters D., Tang W., Fenge L. & Murphy J.L. (2022). Systematic realist synthesis of health-related and lifestyle interventions designed to decrease overweight, obesity and unemployment in adults. *BMC Public Health* 22(2100):1-24.
- Amenyah S.D., Murphy J.L. & Fenge, A. (2021). Evaluation of a health-related intervention to reduce overweight, obesity and increase employment in France and the United Kingdom: a mixed-methods realist evaluation protocol. *BMC Public Health*. 21 (582), 1–11.

Published abstracts

1. Amenyah S.D., Fenge L-A., Stallard J., Lerwill P., McGannan B., Oliveira N., Tang W., Murphy, J.L (2023). Body composition and motivations for accessing an innovative, digital community health engagement tool in socially deprived areas. *Proceedings of the Nutrition Society (2023)*, 82 (OCE3), E207.
2. Oliveira N., Amenyah S.D., Tang W., Fenge L-A., Murphy, J.L (2023). Self-efficacy of participants in a holistic intervention to reduce unemployment and obesity in France and England. *Proceedings of the Nutrition Society*, 82 (OCE3), E220.
3. Amenyah S.D., Larsen C., Tang W., Fenge L-A., Murphy, J.L (2023). Diet quality of participants in a holistic health-related intervention to reduce obesity and overweight in adults. *Curr Dev Nutr (in press)*.
4. Amenyah S.D., Fenge L-A., Stallard J., Lerwill P., McGannan B., Oliveira N., Tang W., Murphy, J.L (2023). An innovative and person-centred approach to assessing body composition, health and wellbeing in socially deprived communities. *Curr Dev Nutr (In press)*.
5. Amenyah S.D., Light, K. Yinusa G., Tang W., Fenge L-A. & Murphy J.L (2023). An innovative and participatory approach to evaluating the effectiveness of a health-related intervention to reduce obesity and unemployment in adults. *Curr Dev Nutr (In press)*.

6. Amenyah S.D., Waters D., Tang W., Fenge L-A. & Murphy J.L (2022). A realist systematic review to understand the effectiveness of health-related interventions designed to decrease overweight, obesity and unemployment in adults. *Current Developments in Nutrition* 6(1): 1045.

Conference presentations

March 2023 Nutrition Society Scottish Section Conference, Glasgow, United Kingdom

- Body composition and motivations for accessing an innovative, digital community health engagement tool in socially deprived areas.
- Self-efficacy of participants in a holistic intervention to reduce unemployment and obesity in France and England

December 2022 International Union of Nutrition Scientist (IUNS) Congress, Tokyo, Japan

- Intervention strategies and effectiveness of health-related interventions to reduce obesity and unemployment in adults.

June 2022 American Society for Nutrition Flagship Conference, Nutrition 2022, Online

- A realist systematic review to understand the effectiveness of health-related interventions designed to decrease overweight, obesity and unemployment in adults

Links to Photobooks



Softcover version: <https://photobook.onelink.me/QDvH/ephotoalbum?file=V5xWR>

Hardcover version: <https://photobook.onelink.me/QDvH/ephotoalbum?file=pqKvL>

7 DISCUSSION, LIMITATIONS AND CONCLUSION

7.1 Discussion and limitations

The overall aim of the ASPIRE evaluation was to assess the impact of ASPIRE activities on measures around health and wellbeing, diet quality and employability. The evaluation also obtained in-depth data on the experiences of participants in order to elucidate why the interventions worked, the effectiveness of the activities as well as provide further direction for future models. The strongest findings were around the use of the health kiosk and the participants' experience of the project.

Data from the health kiosk indicated that majority of individuals living around the ASPIRE hubs were in the pre-obesity category and highlights the need for interventions similar to ASPIRE at a community level. Motivations for the use of the health kiosk differed according to age, sex, employment status as well as body composition, with individuals who were health conscious having a lower BMI and BFC, although still in the overweight category. In relation to health and wellbeing metrics, the key measures with significant influences on BMI and BFC were sleep, exercise, diet and alcohol. Recent evidence has highlighted inequalities with health accessibility, with individuals from socially deprived communities having limited access to GPs or preventive services and the health kiosk therefore presents an engaging community-based approach to support those living in socially deprived areas.

Participants experiences of the project documented through photography, provided key insights into the success of the activities and highlighted which intervention strategies were effective and why. Prior to enrolling in ASPIRE participants experienced significant challenges with unemployment, healthy weight status with underlying causes linked to mental wellbeing, anxiety, depression and hopelessness. Consistent with previous research, both unemployment and obesity are associated with stigmatisation, negative stereotyping, negative psychosocial feels such as stress, anxiety, depression and low self-esteem (45,46). Participation in ASPIRE resulted in positive outcomes including improved mental wellbeing, self-efficacy, value of healthy produce, cooking and eating and an overall sense of hopefulness. This highlights the importance of a holistic approach to addressing the common underlying causes of obesity and unemployment consideration is given to physical, emotional, social, occupational, intellectual, spiritual, and ecological aspects of health.

The main aims of ASPIRE were to implement activities around health and wellbeing and employability to reduce obesity and unemployment, however analysis focused on these

measures showed a limited effect of the activities on these outcomes. While there were increases in the proportion of participants who moved up a step of the ASPIRE participation ladder, a small number were able to obtain employment highlighting the need for further skills training and support to get into employment. A significant proportion of participants included in the evaluation however indicated getting into paid employment as a future aspiration and therefore potential to get into employment if engaged in activities in the longer term. In terms of self-efficacy, health and wellbeing and health-related quality of life and diet quality, marginal changes were observed in response to participating in activities. Consistent with previous research and in the realist review carried out, effectiveness of interventions are influenced by the timing, duration of intervention activities, intensity of activities and level of engagement. The activities implemented in ASPIRE were less intensive, less frequent and therefore limited the magnitude of any changes in response to the intervention.

A key strength of the ASPIRE project was co-creation with participants and the multifactorial approaches used to holistically address obesity and unemployment. However, there were several factors which impacted the project and thus the conduct of the evaluation and the findings from the project. The project began just at the start of the COVID-19 pandemic, and this negatively affected data collection, collaboration and effective conduct of project activities. Additionally, there were significant challenges with setting up the projects at different hubs, recruiting participants into both activities and the evaluation and follow-up of participants through the project.

7.2 Conclusions

The overall aim of the ASPIRE project was to provide individuals who were unemployed or living with obesity or overweight the skills they need to make healthier lifestyle choices and to improve their employability. The project was able to provide evidence showing the feasibility of implementing a holistic model to reduce unemployment and obesity. The findings highlight the importance of co-creation, coordination and innovative strategies that are effective in engaging individuals from socially deprived communities around their health, wellbeing and employability. However, there were several limitations to implementation and delivery due to the COVID-19 pandemic which affected relationship building, implementation activities, participant recruitment thereby limiting the success of the model.

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9 APPENDICES



Proceedings of the Nutrition Society (2023), 82 (OCE3), E207

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Scottish Section Conference 2023, 28–29 March 2023, Diet and health inequalities

Body composition and motivations for accessing an innovative, digital community health engagement tool in socially deprived areas

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Obesity remains a critical public health challenge which adversely impacts health expectancy, quality of life, mortality and morbidity. The effects are even more pronounced in individuals living in socially deprived circumstances⁽¹⁾. Engaging individuals within the community using novel and person-centred approaches remains a critical pathway to prevention and improving the health of individuals living with overweight and obesity. Limited research has explored the motivations of individuals living with obesity to engage with community health and engagement services as an alternative to general practice services. The aim of this study is to assess the associations between body composition and the use of a novel community health engagement tool in socially deprived communities.

Data for this study was collected as part of the larger Adding to Social capital and individual Potential In disadvantaged Regions (ASPIRE) study⁽²⁾ using the Interactive Health Kiosk⁽³⁾. The Health Kiosk is an interactive health and wellbeing engagement tool based on validated measures which allows users to do a health MOT, by measuring body composition and other health and wellbeing metrics. Data on demography, body composition and motivation for using the Health Kiosk, were extracted for this analysis.

A total of 2473 participants, 59.7% female, mean age of 48 ± 18.6 years were included in this analysis. Average BMI was 28.0 ± 6.0kg/m², with the majority of participants in the pre-obesity category (34.8%). Motivations for using the Health Kiosk included the following: Worried about health (18.8%), Not able to see doctor (5.2%), Encouraged by family/friend (6.8%), Encouraged by staff at hub (23.9%), Health conscious (13.0%), More convenient than visiting doctor (3.5%) and Other (28.9%). Participants' motivations for using health kiosk differed according to age, sex and employment status ($p < 0.001$).

Post-hoc analysis indicated that individuals who were worried about their health (53.3 ± 17.6 years) or with limited access to a doctor (53.9 ± 17.4 years) were older compared to individuals encouraged by family/friends (46.1 ± 17.9) or hub staff (37.8 ± 16.4) or health conscious. Participants motivations for using health kiosk indicated significant differences in BMI ($p < 0.001$) and BFC ($p < 0.001$). BMI for health-conscious individuals (26.4 ± 5.2kgm⁻²) while still in the overweight category, was significantly lower compared to individuals who were worried about their health (28.9 ± 6.1kgm⁻²), encouraged by family/friends (28.8 ± 6.6kgm⁻²) or encouraged by hub staff (28.2 ± 7.3kgm⁻²). Similarly, health-conscious individuals (30.9 ± 8.6%) had significantly lower BFC compared to those worried about their health (35.2 ± 10.2%), had limited access to a doctor (34.9 ± 10.2%), encouraged by family/friends (34.4 ± 11.2%) or indicated that health kiosk was more convenient than visiting the doctor (35.0 ± 8.1%).

This study provides critical and novel evidence on motivations for accessing a health engagement tool within socially deprived communities. It highlights the need and use of community-centred health engagement approaches to reduce and prevent obesity and presents potential options for commissioning health improvement and preventive services.

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Self-efficacy of participants in a holistic intervention to reduce unemployment and obesity in France and England

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Individuals living with obesity face barriers to reintegrate into the labour market. They often experience psychological distress, low self-motivation, and reduced self-efficacy⁽¹⁾. The maintenance of such negative social-psychological and behavioural factors may exacerbate maladaptive eating behaviours, unhealthy lifestyles, and create a cyclical mechanism of socioeconomic deprivation and high body mass index⁽²⁾. Self-efficacy, in particular, has been identified in research as a key and common underlying cause of obesity and unemployment as it influences lifestyle behaviour but also re-employment. Although there are interventions exploring the effects of self-efficacy improvement and weight management, limited intervention studies incorporate activities to address self-efficacy as a key determinant of unemployment and obesity. This highlights the need for interventions using a holistic approach to address common modifiable determinants of obesity and unemployment including self-efficacy. The aim of this study was to assess perceived self-efficacy in a sample of individuals living with obesity and/or unemployed.

Data were collected at baseline as part of The Adding to Social capital and individual Potential In disadvantaged Regions (ASPIRE) project which is a novel and innovative, programme developed to improve weight, wellbeing, self-efficacy, and employment in individuals who were living with obesity or unemployed in England and France⁽³⁾. In addition to demographic variables, data on self-efficacy was collected using a validated self-administered digital version of the General Self-Efficacy Scale (GSE). Differences between groups were analysed using independent t-tests and relationships between variables were explored using correlations (SPSS Version 26).

A total of 223 participants were included in this analysis. The mean age was 37.5 years (SD 17.8), 67.3% (n = 150) were female and 66.4% (n = 148) were participants from France. The mean self-efficacy was 28.6 (SD 6.5), on a scale ranging from 10 to 40 for all participants, with a higher score indicating a higher self-efficacy. Subgroup analysis indicated a statistically significant difference (p = 0.001) in self-efficacy scores between countries. Participants living in France (29.5 ± 6.3) had a higher self-efficacy score compared to participants in the UK (26.8 ± 6.5). There were no statistically significant differences observed for self-efficacy scores between male and female participants (p = 0.835). Additionally, no significant correlations were observed between age and self-efficacy (r = 0.097; p = 0.150).

The findings suggest country-specific differences in self-efficacy and highlight the need for interventions that are tailored to country-specific contexts. Additionally, obesity and unemployment are conditions influenced by a complex interplay of different factors including self-efficacy. Further research is needed to better characterise self-efficacy to inform the development of novel and holistic interventions to address obesity and unemployment.

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A Realist Systematic Review to Understand the Effectiveness of Health-Related Interventions Designed to Decrease Overweight, Obesity and Unemployment in Adults

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Abstract

Objectives

Obesity, overweight and unemployment are intertwined, with common underlying causes however limited studies have examined this association. Holistic approaches are therefore required to understand this inter-relationship. The aim of this realist synthesis was to identify the common strategies used by health-related interventions to reduce weight and unemployment and to understand the contexts and mechanisms that determine effectiveness.

Methods

Electronic literature searches were conducted in Cochrane library, Medline, SocIndex, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus, and Data from included articles were extracted and coded for Context-Outcome-Mechanisms (COMs). A realist approach to thematic analysis was used to synthesis and refine the final program theory building on the initial program theory. Results are presented using a narrative synthesis.

[View PDF](#)

Results

A total of 83 studies meeting the inclusion criteria and assessment for rigor and relevance were included. 17 COMs were identified that demonstrated interactions between intervention strategy, context of intervention, responses generated by the intervention (mechanism) and outcomes. Findings indicate implementation of multicomponent interventions tailored to the needs of the target group are more likely to result in positive outcomes. Additionally, consideration of both individual and external contextual factors would enhance the design, delivery and effectiveness of health-related interventions designed to reduce obesity and improve re-employment.



Conclusions

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9194118/>

1/2

RESEARCH

Open Access



Systematic realist synthesis of health-related and lifestyle interventions designed to decrease overweight, obesity and unemployment in adults

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Abstract

Background: Obesity and unemployment are complex social and health issues with underlying causes that are interconnected. While a clear link has been established, there is lack of evidence on the underlying causal pathways and how health-related interventions could reduce obesity and unemployment using a holistic approach.

Objectives: The aim of this realist synthesis was to identify the common strategies used by health-related interventions to reduce obesity, overweight and unemployment and to determine for whom and under what circumstances these interventions were successful or unsuccessful and why.

Methods: A realist synthesis approach was used. Systematic literature searches were conducted in Cochrane library, Medline, SocIndex, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus, and PsychInfo. The evidence from included studies were synthesised into Context-Mechanism-Outcome configurations (CMOCs) to better understand when and how programmes work, for which participants and to refine the final programme theory.

Results: A total of 83 articles met the inclusion criteria. 8 CMOCs elucidating the contexts of the health-related interventions, underlying mechanisms and outcomes were identified. Interventions that were tailored to the target population using multiple strategies, addressing different aspects of individual and external environments led to positive outcomes for reemployment and reduction of obesity.

Conclusion: This realist synthesis presents a broad array of contexts, mechanisms underlying the success of health-related interventions to reduce obesity and unemployment. It provides novel insights and key factors that influence the success of such interventions and highlights a need for participatory and holistic approaches to maximise the effectiveness of programmes designed to reduce obesity and unemployment.

Trial registration: PROSPERO 2020 CRD42020219897.

Keywords: Realist synthesis, Obesity, Unemployment, Overweight, Health-related interventions

Background

Obesity and unemployment are critically intertwined social and health issues which adversely impact life expectancy, quality of life, mental health and lead to increased mortality and morbidity [1–4]. Whether obesity leads to unemployment or is a consequence of unemployment is not fully determined, however there is strong

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STUDY PROTOCOL

Open Access

Evaluation of a health-related intervention to reduce overweight, obesity and increase employment in France and the United Kingdom: a mixed-methods realist evaluation protocol



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Abstract

Background: Obesity, overweight and unemployment are interlinked, with debilitating effects on mortality, health, wellbeing and quality of life. Existing interventions to reduce overweight, obesity and unemployment have addressed these challenges independent of each other with limited success. The Adding to Social capital and individual Potential In disadvantaged REgions (ASPIRE) project will develop an innovative model using a combination of skills training and health and wellbeing interventions to improve health, wellbeing, quality of life and reduce overweight, obesity and unemployment in England and France. The aim of this paper is to outline the protocol for evaluating the ASPIRE project to examine the effectiveness of the intervention and clarify the mechanisms and contextual factors which interact to achieve outcomes.

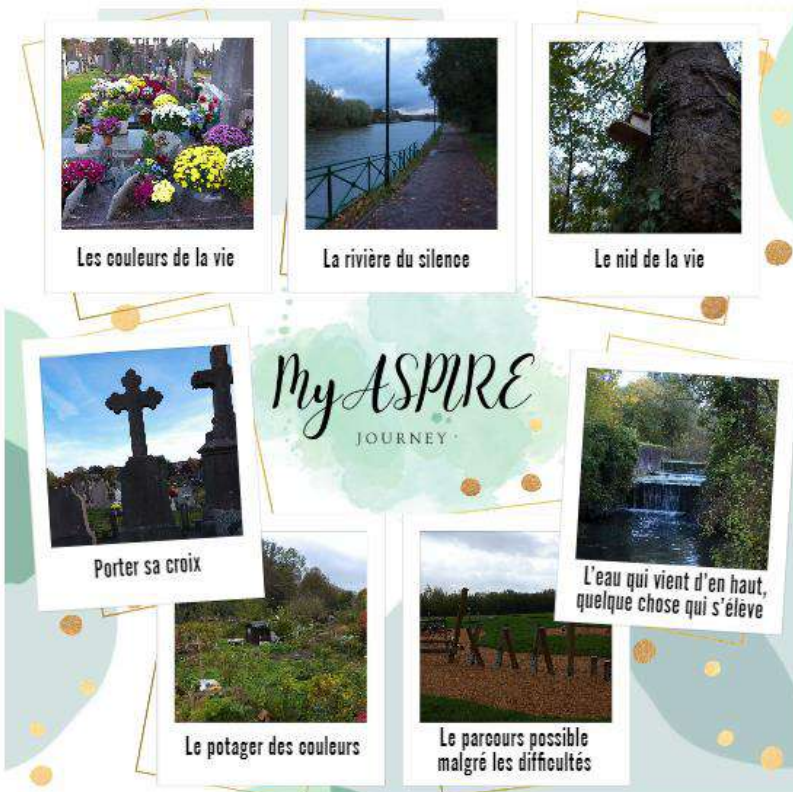
Methods: A mixed-method realist evaluation using a single-group before-and-after design will be used. The evaluation will consist of development of an initial programme theory, theory validation and refinement using quantitative and qualitative data to understand the causal mechanisms, contexts of implementation and their interactions that result in outcomes observed in ASPIRE. Primary outcomes that will be assessed are change in body weight and body mass index, reemployment and a rise on the ASPIRE participation ladder. The ASPIRE participation ladders consists of a series of 5 steps to engage participants in the project. The first step on the ladder is joining an ASPIRE hub with paid employment as the final step on the ladder. Secondary outcomes will be physical activity, diet quality, self-efficacy and health-related quality of life. Both quantitative and qualitative approaches are appropriate in this study because the use of validated questionnaires and objective measures will demonstrate how much the intervention addressed outcomes related to weight loss and reemployment and the qualitative data (photovoice) will provide insights into the contexts and experiences that are unique to participants in the project.

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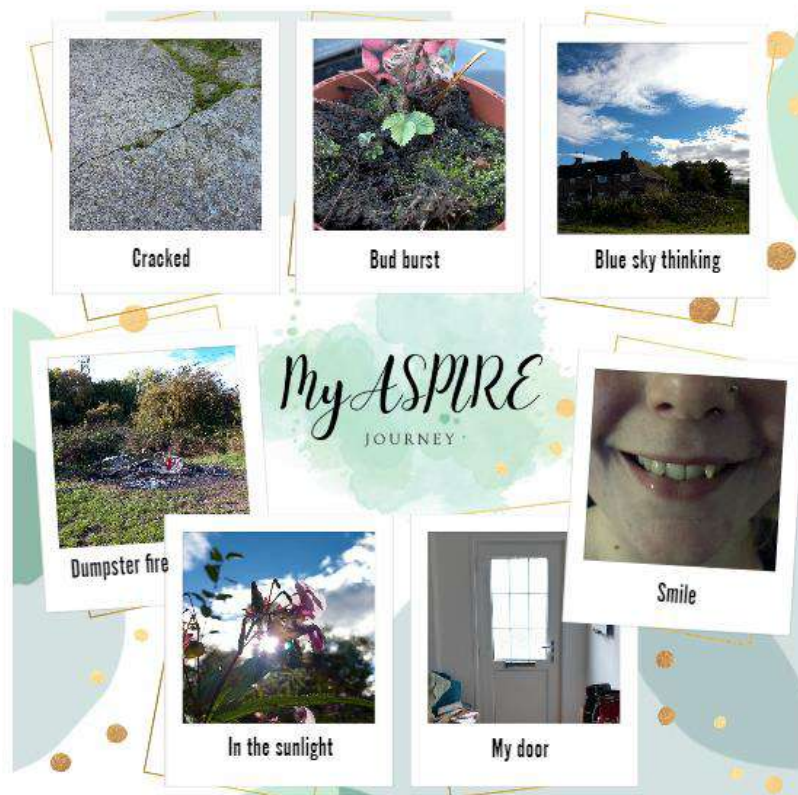
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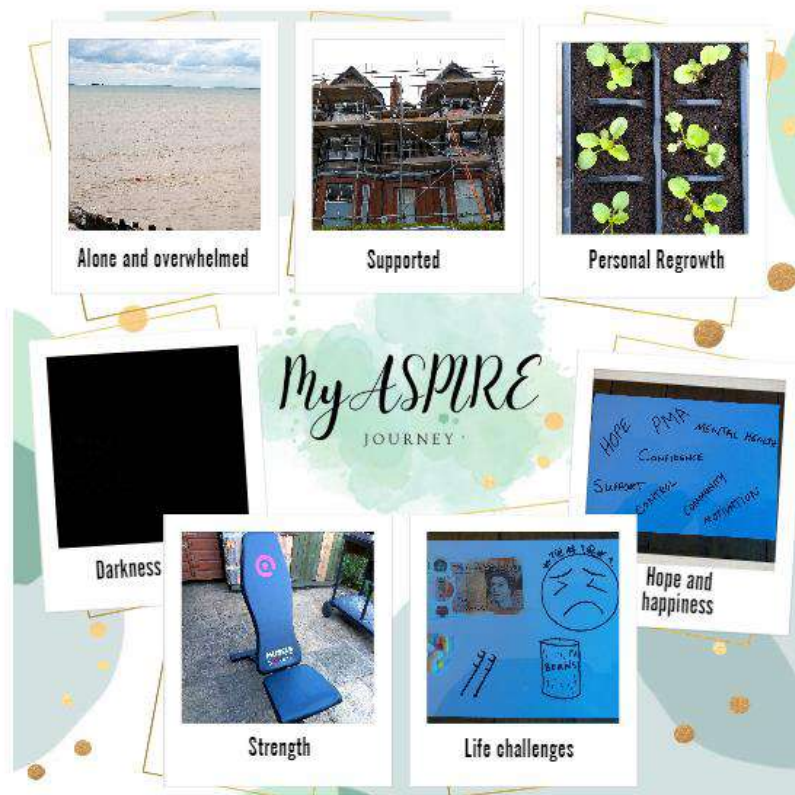


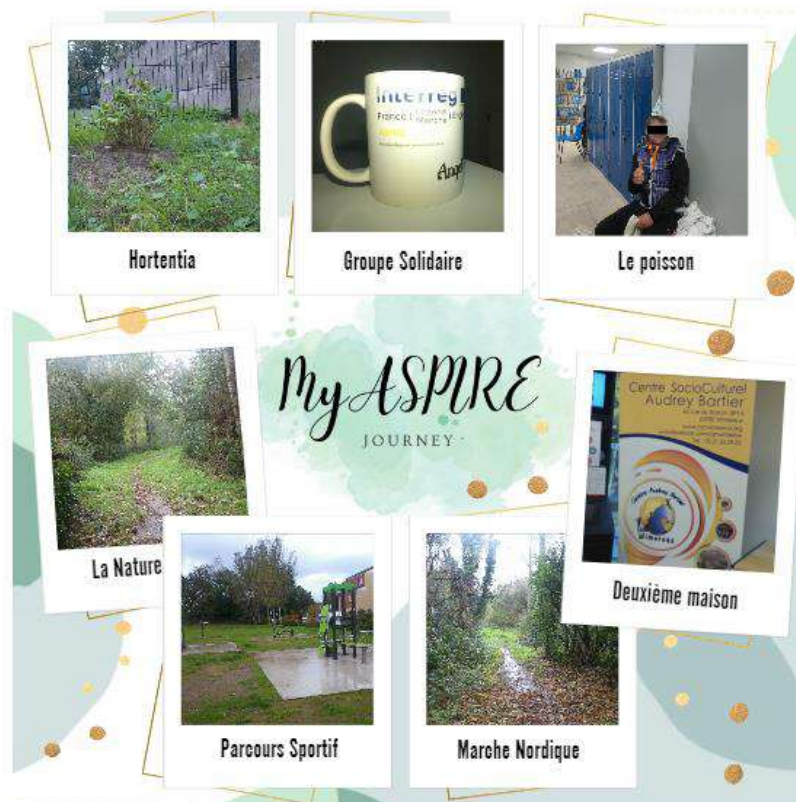














Vie sans issue



Le travail



Une vie pleine d'espoir



Une voie pleine d'embuches

My ASPIRE

JOURNEY



Ateliers, échanges, rencontres



Des bons légumes



Parcours sportif



Seule dans mes pensées



Le soleil du bonheur



La course vers la réussite



La bulle dans le renferment

My ASPIRE

JOURNEY

Mais à quoi ça sert si on n'est que seul...
de quoi se vanter enfin...
ou même de quoi s'enorgueillir de résister...
Le besoin de dépasser les limites de soi-même...
Le besoin de sa propre réussite...

Après... mais le soleil d'été qui brille...
si brillant que ça fait des larmes...
et que tu peux arriver toi le lendemain...
à rendre ça à la bienheureuse...
Et c'est ainsi...

Le proverbe d'ASPIRE

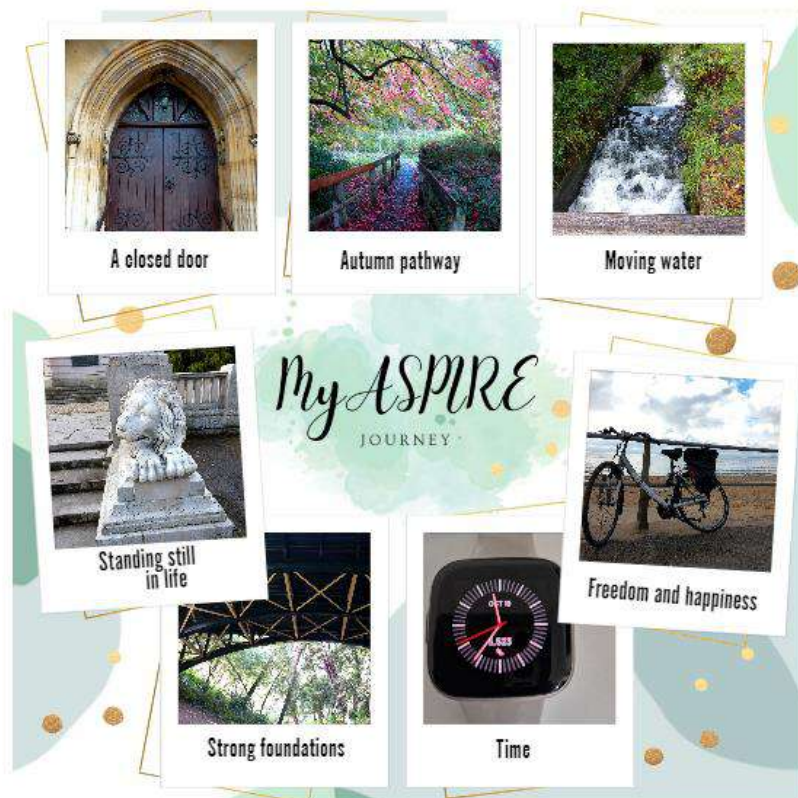


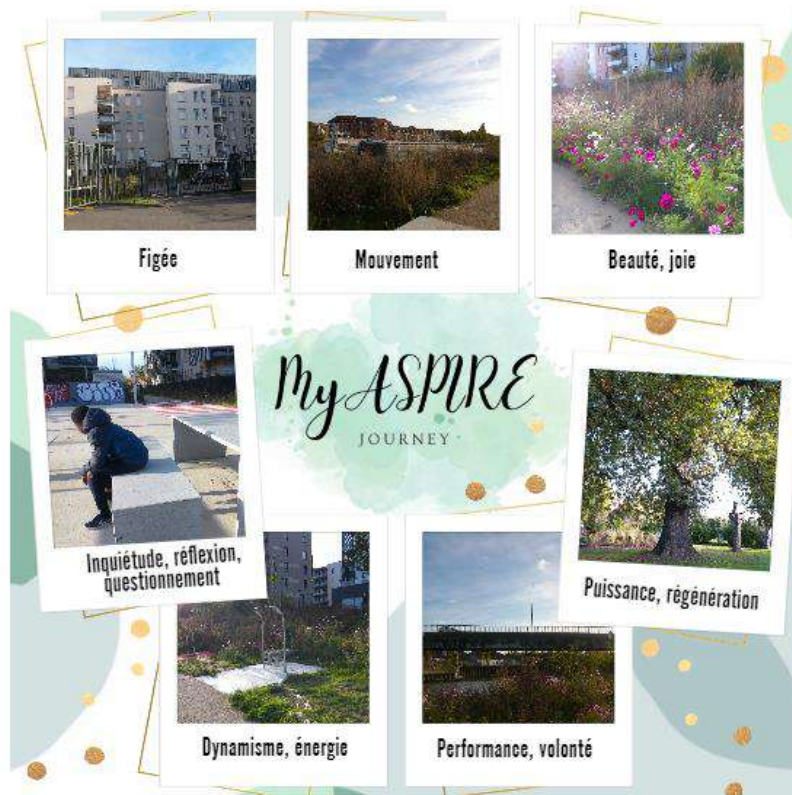
Le petit déjeuner de la forme



Le test de l'enfer









Participant Consent Form - ASPIRE Evaluation

Full title: Adding to Social capital and individual Potential In disadvantaged REgions (ASPIRE)

IRAS ID: 288333

Section A: To be completed by ASPIRE Coordinator prior to enrolment into ASPIRE evaluation.

Participant identification number:

Name, position and contact details of ASPIRE coordinator:

.....
.....

To be completed by participant prior to data collection activity.

Section B: Agreement to participate in the research

You should only agree to participate in this research if you agree with all of the statements in this table and accept that taking part will involve the listed activities.

	Initial box to agree
1. I have read and understood the Participant Information Sheet (<i>PIS ASPIRE Evaluation Version 1; 24.05.2021</i>) for the above research and have been given access to the BU Research Participant Privacy Notice which explains how my personal information is collected and used (https://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacy).	
2. I have had an opportunity to ask questions and I am happy with the answers.	
3. I understand that taking part in this research is voluntary. I can stop taking part at any time without giving a reason, without my medical care or legal rights being affected. I can refuse to answer any particular question or questions.	
4. I understand that taking part in this aspect of the research will include the following activities: <ul style="list-style-type: none">• Completing a set of questionnaires based on my goals at the beginning when I join ASPIRE, at 12 weeks and 6 months.	

<ul style="list-style-type: none"> • Taking measurements of my height, weight, percent body fat and step counts at the beginning when I join the ASPIRE, at 12 weeks and 6 months. 	
5. I understand that, if I withdraw from the study, I will also be able to withdraw my information from further use in the study except where my information has been anonymised (as I cannot be identified).	
6. I understand that my information may be included in an anonymised form within a dataset to be archived at BU's Online Research Data Repository.	
7. I understand that my information may be used in an anonymised form by the research team to support other research in the future, including future publications, reports or presentations.	
8. I understand that should I disclose something of concern during the research, my ASPIRE coordinator may need to break confidentiality as part of their duty of care and support me to contact an agency that could help.	
I agree to take part in the research on the basis set out above (Section B)	

Section C: I confirm my agreement to take part in the research as indicated above.

_____	_____	_____
Name of participant (BLOCK CAPITALS)	Date (dd/mm/yyyy)	Signature
_____	_____	_____
Name of person taking consent (BLOCK CAPITALS)	Date (dd/mm/yyyy)	Signature

Section D: Record Keeping

Once a Participant has signed, please sign 1 copy and take 2 photocopies:

- Original kept in the local investigator's file
- 1 copy to be kept by the participant (including a copy of participant information sheet)



Participant Information Sheet – ASPIRE Evaluation

1. The title of the project

Adding to Social capital and individual Potential In disadvantaged REgions (ASPIRE)

2. Invitation to take part

We are inviting you to take part in the evaluation research as part of the ASPIRE project. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Please take time to decide whether or not you wish to take part.

Thank you for your time.

3. What is the purpose of the research?

Background

Living with obesity and overweight puts people at risk of serious illnesses such as heart disease, stroke, diabetes, lung disease, cancers and early death. More people are suffering from obesity in the UK, leading to growing concerns over its long-term impact on health.

National Targets

We are all being encouraged to practise healthy lifestyles to prevent, manage and reverse obesity. In England, rates of obesity have been found to be highest where the number of people unemployed and on low incomes are also high. Fresh, local, healthy food are often expensive, and seem more difficult to cook. People spend less time cooking, they are less active but busier, buying more convenience and fast food. We know the importance of the great outdoors, social interaction and maintaining a healthy lifestyle with a proper diet, physical activity but it is hard to eat healthy especially if we are busy, tired or stressed. We also know that a person struggling with their weight or wellbeing can have difficulties finding work due to a lack of self-confidence and feeling the pressures of stigma. Whilst a person who is out of regular work or activity may also struggle to maintain a healthy weight.

The goal of ASPIRE

The overall goal of the ASPIRE project is to give participants the support, skills and confidence needed to make healthier lifestyle choices for both them and their families. The ASPIRE project can help you grow fresh produce, learn new skills, improve your diet and wellbeing. By practicing a healthy lifestyle and learning new skills, individuals will be able to improve wellbeing and if relevant chances of:

- Reducing their weight
- Increased activity levels
- Volunteering
- Getting into work

The results from ASPIRE could help to improve the services that individuals living with obesity or overweight and/or who are unemployed receive.

4. Why have I been invited?

You have been invited to take part in this research, which is an aspect of ASPIRE because you are currently taking part in activities at an ASPIRE hub. Other adults who live within communities in Medway, Boscombe and Kent who are taking part in ASPIRE activities will also be invited to participate.

5. Do I have to take part?

Taking part is completely your choice, and it is up to you to decide whether or not to take part. If you initially decide to take part, you can change your mind at any stage. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. We want you to understand what participation in the research involves before you decide whether to participate.

6. Can I change my mind about taking part?

Yes, you can stop taking part in this part of the research at any time and without giving a reason. This will not affect your ability to take part in any of the ASPIRE activities or any services that you receive as part of your care.

7. If I change my mind, what happens to my information?

After you decide to no longer take part in this research, we will not collect any more information from or about you, but we will keep information about you that we already have, if it is important to the research. It will not be possible for us to remove your information because you will not be identifiable.

8. What would taking part involve?

You will be given this information sheet to read, and your name and contact details will be taken. After a few days your local ASPIRE coordinator will contact you by phone and will ask if you are still interested in taking part. If you say that you are no longer interested, then we will thank you for your time and will not contact you again. If you say that you would like to continue with the research, then your ASPIRE coordinator will arrange a time for you to visit the ASPIRE hub at a time that suits you. At this meeting you will talk through what you need to do and answer any questions you may have. If you would still like to take part, you will be asked to sign a consent form.

The next steps will include the following:

- During the week after you have signed the consent form, you will be asked to visit your local ASPIRE hub to complete some questionnaires and take some body measurements. This will provide some baseline information about you.
- The questionnaires will record some basic information about you: Age/Gender
- They will also ask questions about the food that you eat, how you have been keeping active, your employment, your health and your self-efficacy.
- The questionnaires you complete will be based on goals you will set for yourself with the help of your coordinator as part of your taking part in ASPIRE.
- You will also visit the Wellbeing People Health Kiosk to measure your weight, height and percent body fat.
- You may also be given a pedometer help you count your steps.
- You will be asked to visit your ASPIRE hub again at 12 weeks and 6 months to complete the questionnaires and have your body measurements taken.

9. What are the advantages and possible disadvantages or risks of taking part?

The information gained from this research will help to improve health, wellbeing and employability services in England but may not benefit you personally. Whilst we do not think you will come to any harm by taking part in this study, we have procedures in place for reporting, investigating, recording and handling negative events and complaints from volunteers who take part in the research.

If you feel upset during any part of this research, you can stop taking part at any time without giving any reason. You will also be able to contact the following organisations for support by calling these numbers if needed:

NHS Mental Health Services: 111

Samaritans: 116123

10. How will my information be managed?

Your local ASPIRE hub is responsible for looking after your personal information however, Bournemouth University (BU) is the organisation with the overall responsibility of making sure that your information is stored and used properly. Research is a task that we perform in the public interest, as part of our core function as a university.

This research will involve collecting and/or generating information about you. We manage research data strictly in accordance with:

- Ethical requirements; and
- Current data protection laws. These control the use of information about identifiable individuals, but do not apply to anonymous research data: “anonymous” means that we have either removed or not collected any pieces of data or links to other data which identify a specific person as the subject or source of a research result.

BU's [Research Participant Privacy Notice](#) provides more information about how we meet our responsibilities and about your rights as an individual under the data protection law. We ask you to read this Notice so that you can fully understand how we will use your personal information. We will only use the information that we collect from or about you for the research. Only your local ASPIRE coordinator will know your name or contact details, and only to contact you to arrange appointments with you. Everyone involved in this study will keep your data safe and secure. We will also follow all privacy rules as stated in the privacy notice. We will make sure no-one can work out who you are from the reports we write.

Your information in an anonymised form may be included within a dataset to be archived at BU's Online Research Data Repository.

11. Will my taking part in the research be kept confidential?

Yes, you will be assigned an anonymous code (ID number) which you will use throughout your time in the research. This will help to keep any information you provide confidential and will not be linked to any personally identified information you provide.

12. Who to contact for more information

If you have any questions or would like more information, please contact your local ASPIRE coordinator:

Boscombe Hub

Martha Searle
Mobile: 07901 701908
Tel: 01202 128454
Email: martha.searle@bcpcouncil.gov.uk

Medway Hub

Julie Webster
Mobile: 07983958768
Tel: 01634334620
Email: julie.webster1@nhs.net

Aylesham Hub

Angela Doggett
Tel: 01304840134
Email: angela.doggett@bechange.org.uk

13. In case of complaints

If you still have more concerns about this research or about taking part in this research, please contact Professor Vanora Hundley, Deputy Dean of Research and Professional Practice, Faculty of Health and Social Sciences:

Email: researchgovernance@bournemouth.ac.uk

14. What happens next?

If you decide to take part, you will be given a copy of this participant information sheet to keep. You will also be asked to sign a consent form to show that you agree to take part in the research. You will also be given a copy of your signed consent form to keep.

Thank you for thinking about taking part in this research.





Participant Consent Form – ASPIRE Photovoice Study

Full title: Adding to Social capital and individual Potential In disadvantaged REgions (ASPIRE)
 IRAS Project ID: 288333

Section A: To be completed by ASPIRE coordinator prior to enrolment into Photovoice study

Participant identification number:
 Name, position and contact details of ASPIRE coordinator:

Section B: Agreement to participate in the research

To be completed by participant prior to data collection activity

You should only agree to take part in this research if you agree with all of the statements in this table and accept that taking part will involve the listed activities.

	Initial box to agree
1. I confirm that I have read and understood the Participant Information Sheet (PIS Photovoice Version 3; 24.05.2021) and have been given access to the BU Research Participant Privacy Notice which explains how my personal information is collected and used (https://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacy).	
2. I have had an opportunity to ask questions and I am happy with the answers.	
3. I understand that taking part is voluntary. I can stop taking part at any time without giving a reason, without my medical care or legal rights being affected and I can refuse to answer any particular question or questions.	
4. I understand that taking part in this aspect of the research will include the following activities: <ul style="list-style-type: none"> • Taking some photographs which show how I felt about taking part in activities at my ASPIRE hub. • A sound recording being made of my interview as part of the research. • My words will be quoted in publications, reports, web pages and other research outputs (without using my real name). • The photographs that I take as part of the research will be included in research outputs. 	

5. I understand that, if I withdraw from the study, I will also be able to withdraw my information from further use in the research except where my information has been anonymised (as I cannot be identified).	
6. I understand that my information may be included in an anonymised form within a dataset to be archived at BU's Online Research Data Repository.	
7. I understand that my information may be used in an anonymised form by the research team to support other research in the future, including future publications, reports or presentations.	
8. I understand that should I disclose something of concern during the interview, the person conducting the interview may need to break confidentiality as part of their duty of care and support me to contact an agency that could help.	
I agree to take part in the research on the basis set out above (Section B)	

Section C: I confirm my agreement to take part in the research as indicated above.

_____ Name of participant (BLOCK CAPITALS)	_____ Date (dd/mm/yyyy)	_____ Signature
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_____ Name of person taking consent (BLOCK CAPITALS)	_____ Date (dd/mm/yyyy)	_____ Signature
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Section D: Record Keeping

Once a Participant has signed, please sign 1 copy and take 2 photocopies:

- Original kept in the local investigator's file
- 1 copy to be kept by the participant (including a copy of participant information sheet)

Participant Information Sheet – ASPIRE Photovoice study

1. The title of the project:

Adding to Social capital and individual Potential In disadvantaged REgions (ASPIRE)

2. Invitation to take part

We are inviting you to take part in the photovoice research as part of the ASPIRE project. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Please take time to decide whether or not you wish to take part.

Thank you for your time.

3. What is the purpose of ASPIRE?

Background

Living with obesity and overweight puts people at risk of serious illnesses such as heart disease, stroke, diabetes, lung disease, cancers and early death. More people are suffering from obesity in the UK, leading to growing concerns over its long-term impact on health.

National Targets

We are all being encouraged to practise healthy lifestyles to prevent, manage and reverse obesity. In England, rates of obesity have been found to be highest where the number of people unemployed and on low incomes are also high. Fresh, local, healthy food are often expensive, and seem more difficult to cook. People spend less time cooking, they are less active but busier, buying more convenience and fast food.

The goal of ASPIRE

The overall goal of the ASPIRE project is to give participants the support, skills and confidence needed to make healthier lifestyle choices for both them and their families. By practising a

healthy lifestyle and learning new skills, individuals will be able to improve wellbeing and if relevant chances of:

- Reducing their weight
- Increased activity levels
- Volunteering

The findings from ASPIRE may help to improve the services that individuals with obesity or overweight or who are unemployed receive. This research is to help us understand your experiences through your ASPIRE journey.

4. Why have I been invited?

You have been invited to take part in this research, which is an aspect of the ASPIRE project, because you have previously taken part in activities at an ASPIRE hub. We would like to know more about your experiences through the ASPIRE journey and whether the activities have helped you or not. Other adults who live within communities in Medway, Boscombe and Kent who have taken part in ASPIRE activities will also be invited to participate.

5. Do I have to take part?

Taking part is completely your choice, and it is up to you to decide whether or not to take part. If you initially decide to take part, you can change your mind at any stage. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. We want you to understand what taking part involves, before you decide whether to participate.

6. Can I change my mind about taking part?

Yes, you can stop taking part in this part of the research at any time and without giving a reason. This will not affect your ability to take part in any of the ASPIRE activities or any services that you receive as part of your care.

7. If I change my mind, what happens to my information?

After you decide to no longer take part in this research, we will not collect any more information from or about you, but we will keep information about you that we already have if it is important to the research. It will not be possible for us to remove your information because you will not be identifiable.

8. What would taking part involve?

You will be given this information sheet to read and your name and contact details will be taken. After a few days your local ASPIRE coordinator will contact you by phone and will ask if you are still interested in taking part. If you say that you are no longer interested, then we will thank you for your time and will not contact you again. If you say that you would like to continue with the research, then your ASPIRE coordinator will arrange a time for you to visit the ASPIRE hub at a time that suits you. At this meeting you will talk through what you need to do and answer any questions you may have. If you would still like to take part, you will be asked to sign a consent form.

The next steps will include the following:

- Recording some basic information about you: Age/Gender
- Finding out how to use the camera that you will have during the project.
 - Ensure you understand what you can and cannot photograph.
 - What to do if there will be people in your photographs.
 - What will happen to the photos that you take.
 - Practise taking some photos.
- You will be asked to take photographs of how taking part in ASPIRE makes you feel.
 - You may choose to start the next day or it may be more convenient for you to leave it until a few days later.
 - Your coordinator will ask you when you think you will start to take photographs and then contact you to check that you are happy with everything and to arrange a time for you to bring back the camera.
- You will complete a logbook documenting each photograph.

9. What will happen to my photographs?

Once the camera has been collected the photographs will be put onto a computer and your coordinator will ask you to select at least 5 photographs that you want to talk about. He or she will then ask you some questions about them. The length of the interview is hard to predict as it depends how many photographs you want to discuss and how much discussion is generated but will probably be between an hour to an hour and half.

Once the interview has finished, your coordinator will discuss again the information covered in your visit before the photographs. They will confirm how the photographs and interview will be stored and ensure that they have a written permission from you to use the photographs you have spoken about in any ways we share the findings. If there are any photographs that

you do not want used, it will be ensured that this is carefully recorded so they are not published in any way. If any photographs contain images of people, their faces will be obscured through 'pixilation' of the image so that people cannot be identified. This will be done once you have looked at the images for the interview. You will be offered all of your photographs on a memory stick to keep. Once an interview has been completed and signed photographic permission gained, researchers at Bournemouth university will carry out detailed analysis of the results in order to write a report for the ASPIRE project. The findings may also be shared through articles written in journals or events such as exhibitions or conferences.

Expenses and payments?

You will be given a £25 voucher for taking part in this project and your travel expenses will be reimbursed.

10. What are the advantages of taking part?

The information gained from this research may help to improve health, wellbeing and employability services in England but may not benefit you personally.

11. What are the possible disadvantages or risks of taking part?

It is unlikely that there will be any risks in taking part in this research. However, when carrying out interviews about roles and meanings of things in your life, it is possible that this may generate emotional responses. If you feel upset during the interview process, the interview can be stopped at any time. You will also be able to contact the following organisations for support by calling these numbers if needed:

NHS Mental Health Services: 111

Samaritans: 116123

If during the interview a situation arose that gave your local coordinator who is conducting the interview concern for your wellbeing (for example the likelihood of self-harm or harm to others), they would discuss this with you. If necessary, they may have to break confidentiality and support you to contact an agency that could help. This would be part of their duty of care to participants.

12. Will I be recorded, and how will the recorded media be used?

The interview after you take the photographs will be recorded and the sound recordings will be used only for analysis and the transcription of the recording(s) in reports or publications.

No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings.

13. Will my taking part in the study be kept confidential?

All interviews will be recorded on a digital Dictaphone for the purpose of transcription and these interviews will be downloaded and recorded securely in accordance with the Data Protection Act 1998. All photographs, interviews, transcripts and information will be held securely for 5 years after the study has been completed (Data Protection Act 1998) and will then be destroyed securely.

Anonymity will be maintained as much as possible however due to the use of photography there is a chance that someone may recognise a location or setting that appears in your photographs and this could lead to you being identified. As much as possible anonymity will be maintained through ensuring any faces in images are pixelated. This is something that your ASPIRE coordinator will discuss with you to ensure that this is understood when seeking written consent for using photographs.

Your real name will not be used when discussing research findings. Pseudonyms which will mean a different name will be used in any work so that at any time your interview or photographs are being referred to a different name will be used rather than your real one. For anyone else that you may talk about during the interview (or who may appear in a photograph) they will either be referred to by their relationship with you (husband, wife etc.) or be given a pseudonym. The real names and associated pseudonyms will only be known to your ASPIRE coordinator and will be kept in a separate document securely stored on the password protected system and an encrypted external hard drive. The hard drive and any paper documents will all be stored in a locked filing cabinet.

14. How will my information be managed?

Your local ASPIRE hub is responsible for looking after your personal information however Bournemouth University (BU) is the organisation with the overall responsibility of making sure that your information is stored and used properly. Research is a task that we perform in the public interest, as part of our core function as a university. This research will involve collecting and/or generating information about you. We manage research data strictly in accordance with:

- Ethical requirements; and

- Current data protection laws. These control the use of information about identifiable individuals, but do not apply to anonymous research data: “anonymous” means that we have either removed or not collected any pieces of data or links to other data which identify a specific person as the subject or source of a research result.

BU’s [Research Participant Privacy Notice](#) provides more information about how we meet our responsibilities and about your rights as an individual under the data protection law. We ask you to read this Notice so that you can fully understand how we will use your personal information. We will only use the information that we collect from or about you for the project. Only your local ASPIRE coordinator will know your name or contact details, and only to contact you to arrange appointments with you. Everyone involved in this study will keep your data safe and secure. We will also follow all privacy rules as stated in the privacy notice. We will make sure no-one can work out who you are from the reports we write.

Your information in an anonymised form may be included within a dataset to be archived at BU’s Online Research Data Repository.

15. Who to contact for further information?

If you have any questions or would like further information, please contact your local ASPIRE coordinator.

Boscombe Hub

Wilbert Smith

Tel: 01202 817648

Email: wilbert.smith@bcpcouncil.gov.uk

Medway Hub

Julie Webster

Mobile: 07983958768

Tel: 01634334620

Email: julie.webster1@nhs.net

Aylesham Hub

Angela Doggett

Tel: 01304840134

Email: angela.doggett@bechange.org.uk

16. Who do I contact in case of complaints?

If you still have more concerns about this project or about taking part in this project, please contact Professor Jane Murphy, Deputy Dean of Research and Professional Practice, Faculty of Health and Social Sciences:

Email: researchgovernance@bournemouth.ac.uk

17. What happens next?

If you decide to take part, you will be given a copy of this information sheet and a consent form to sign. You will also be given a copy of your signed consent form to keep.

Thank you for considering taking part in this project.

ASPIRE EVALUATION - PHOTOVOICE STUDY

Guide for taking pictures:

We would ask you to take some pictures that describe how you feel about the ASPIRE project.

- Picture 1: A photo that describes your life before coming along to the ASPIRE project.
- Picture 2: A photo that shows how your life has been during the ASPIRE project.
- Picture 3: A photo that describes your life now after coming to the ASPIRE activities.
- Picture 4: A photo showing how will your life be if the ASPIRE project did not exist.
- Picture 5: A photo showing what ASPIRE means to your health, wellbeing or employability.
- Picture 6: A photo that shows any challenges you encountered on your ASPIRE journey.
- Picture 7: A photo that shows the biggest change ASPIRE has had on your life.