

What works for people:

A lived experience perspective on
weight management services

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Helping people lead healthier lives

reedwellbeing.com

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Introduction

Helping people to achieve a healthy weight is one of the most important things that we can do to improve the nation's health and increase life expectancy. Weight management programmes are a key part of national efforts to shift the NHS from reactive care to community based delivery and prevention.

Prevention strategies depend on the ability to support people to make impactful and sustainable changes to their behaviour. Yet behaviour change is rarely straightforward, particularly when habits and routines have developed over long periods and are shaped by wider social, economic and environmental influences.

For people who are overweight or living with obesity, understanding the experiences, motivations and barriers that affect every day decision-making is essential. Without this insight, services risk failing to engage those who could benefit most. By placing lived experience at the centre of service design, health and care systems can develop more effective interventions that better support long-term behaviour change and improved health outcomes.

As part of our commitment to working alongside people with lived experience to design and improve weight management services, we regularly engage with people who are currently using these services, have experience of similar services, or feel they need support to manage their weight. This report draws on engagement carried out with people between February and April 2026, which explored what is most important to them when accessing and using weight management services.

This report provides an insight into core findings and recommendations for providers and commissioners of weight management support so that they can best meet the needs of the people they are designed for.

About us

Reed Wellbeing exists to address one of the most important questions in health prevention: how can we help people make changes that last a lifetime? For more than a decade, we have utilised clinical research, behaviour change theory and data analysis to help people lead healthier lives.

Working in partnership with NHS England, UK government and local authority commissioners, Reed Wellbeing is trusted to provide integrated and standalone health services, working collaboratively to deliver clinically proven intervention developed to address some of the country's most pressing health challenges.

We deliver a wide variety of services that help thousands of people to improve their wellbeing, become healthier and reduce their risk of serious disease.

Method

We held four online sessions over three months with a small panel of people with lived experience of weight management support. We also facilitated one in-person workshop with a group who were taking part in one of Reed Wellbeing's weight management services.

This briefing contains the learning points that the groups wished to share with anyone designing or delivering community weight management support services. We have already applied these recommendations to Reed Wellbeing's own weight management services.

The groups worked collaboratively with our research and clinical excellence teams who utilised co-production principles to facilitate and explore how weight management services are designed and delivered. The approach across sessions was iterative and relationship-based, with an emphasis on shared decision-making.

The participants involved in this project included individuals with diverse backgrounds and circumstances, including people living with long-term health conditions or disabilities, those living in neighbourhoods with higher levels of deprivation and individuals with caring responsibilities. These characteristics are known to increase the risk of health inequalities.



Ol Access

A weight management programme is accessible only when its availability is well communicated, its offer is easy to understand and it is inclusively designed.

Access emerged as a foundational issue throughout discussions. We explored how access was not simply about physical availability, but about knowledge, clarity, trust and relevance.

For many people, the journey to begin using a weight management programme is not straightforward. We explored access as a multi-dimensional concept with three themes:

I Awareness

"I didn't know about your service until someone told me about it. So, for me, it's always about access."

A core theme that arose was making sure that people were aware of the availability of free weight management support. Participants stressed that awareness needs to be proactive, consistent and delivered through a range of channels. Without this, even well-designed programmes will remain underused.

"I want to lose weight, I want some advice ... you need someone to tell you this is the programme, this is useful for you, this will work."

Participants had lots of different ideas about the best way to increase access and understandably different people said they would respond to different approaches. The groups also highlighted that referrals from healthcare professionals or professionals they had existing relationships would make them more likely to engage, highlighting the importance of trust.

"When there is a referral from a professional, from a GP or health professional, I feel more confident that I can trust the organisation."

Endorsement from a known and respected professional adds credibility and reassurance, making individuals more likely to participate.

2 Clarity

Every participant said that they wanted to have a clear understanding from the outset of what the weight management programme was and how it could support them to meet their goals.

They valued clear, practical information that they can review in their own time. They thought that materials should explain what is offered, how to access it and what to expect.

"I want to know what I'm signing up to."

Clarity and transparency were consistently highlighted. The groups shared the belief that accessible, detailed information helps reduce uncertainty and supports confident decision-making.

"If people have any questions about how it works, what you provide, what the programme is, [you need] someone that can actually answer all the questions."

Alongside written information, there was a strong demand among the groups for conversations. Being able to ask questions and receive personalised answers would build confidence and remove barriers to joining. They didn't just want to be told what the programme is but be encouraged to take the first step to get involved.

3 Inclusion

Participants also thought that it was important to be offered options and choices before they start on a weight management programme. This was seen as a sign that the support had been designed for them.

"There was the option of going for a group or the one to one. And I went for the one to one. She's focused on my needs and it's tailored to me. I find that more helpful because I'm not great in groups."

Location also matters. Services in the local community were perceived as not just easier to access but more approachable and relevant.

"We need a service that is close to the community."

Beyond this, inclusive design meant understanding the experiences of people who are overweight and may have used weight management services more than once.

"Most people who go to lose weight, it's not the first time that they've tried to lose weight."

This highlights the importance of a supportive, non-judgemental approach that acknowledges repeated attempts and ongoing challenges.

"To me, unless you've walked in my shoes and you've been overweight, you won't know what I'm talking about."

These reflections emphasise the value of empathy and lived experience, indicating that people are more likely to engage when they feel understood and represented.



O2 Personalisation

Weight management programmes should prioritise personal goals over weight-based goals, with advice and guidance rooted in the real lives of participants.

Personalisation was consistently identified by participants as essential to effective weight management support. They made it clear that no single approach works for everyone. Programmes need to recognise the diversity of people's circumstances, preferences and motivations.

Participants highlighted that when a programme reflected their individual priorities, the content felt more relevant and achievable. Rather than focusing solely on weight loss itself, they talked about their personal goals linked to health, lifestyle and wellbeing.

As the name suggests, weight management programmes are designed to support people to lose weight, so the percentage of weight a participant loses while on programme is a key indicator of progress. It was interesting therefore that participants did not consider weight loss targets to be important.

"5% to me, it's meaningless in a way. What is 5% of body weight? Does this include muscle and fat too?"

This suggests a disconnect between the kind of measurable outcomes that are the focus of commissioned weight management programmes and the personal goals that motivate people to make changes. Participants often found percentage-based targets too abstract, which reduced their meaning and motivational value.

"It's real and it's not real, isn't it? You can say, I want to lose a stone within 12 weeks. Sometimes it happens, sometimes it doesn't. But at least, you know, you're trying. Because it's much harder than what it seems."

Progress was widely seen as non-linear. Participants recognised that weight loss targets do not always reflect the reality of behaviour change and that effort and habit formation are equally important markers of success.

This aligned with what participants told us they would like to focus on, and how they would like to measure their own success and personal milestones. These included improved habits, increased knowledge and better overall wellbeing.

"The sessions need to be realistic to the person attending. That may not be about losing weight but actually eating healthier."

Participants also described how understanding wider health benefits helped them see the value of their personal goals beyond weight loss itself, reinforcing motivation and commitment.

"It's like, yes, you're losing the weight, but then there's lots of associated health benefits that go with that, you know, lowering the risk of further heart attacks and stroke and diabetes."

As well as personalised goals, participants wanted to see personalised content and activities to help them to meet those goals.

The groups stressed that personal history and circumstances influence both their goals and approaches. Cultural practices, past experiences and existing knowledge all shape how individuals engage with the support, reinforcing the need for programmes that adapt rather than prescribe.

"Someone's background will have a big impact on people and what they want to achieve and can play a big role in how they lose weight."

The importance of recognising daily realities when offering support came up frequently. Family responsibilities, existing health conditions, financial pressures and time constraints all arose as influences on sustainable change:



As well as personalised goals, participants wanted to see personalised content and activities.

"So, it's not just for adults. If I have healthy food the same will be for my children, but if I eat ready meals then my children, they will have to eat the same thing I am eating."

"We talk about doing exercise and things. I mean, I'm limited to what I can do in turn because of my health and disabilities. But we talk about that ... factor that in as well."

"He [coach on weight management programme] gave me a lot of like tips and tricks that I could be doing at home or like ways of eating healthy that wasn't going to cost a small fortune."

"I'm too old to be dieting. I really haven't got the motivation to do that. But if I can make better choices, then I want to know."

These insights all highlight the importance of rooting weight management programmes in the reality and experiences of each individual engaging with the programme.



O3 Mental health and wellbeing

Delivering weight management programmes means recognising that mental and physical health are inextricably linked.

The recognition that mental health and emotional wellbeing are closely linked to behaviours around food and activity was seen as crucial by participants, influencing both motivation and adherence to healthy behaviours. Participants described how their mental health could act as both a barrier and a driver for change.

“Mental health is a big issue affecting many people, including myself, when you get depression and anxiety, you just want to eat, you cannot control yourself.”

This highlights the importance of acknowledging emotional influences on behaviour. Without this, support may overlook key challenges individuals face.

“I feel like my weight is getting terrible, it affected me for a long time, how I see myself, my mood, how I am with society.”

We also found that weight was linked to self-esteem and social confidence. Participants described how this affected their interactions and overall wellbeing.

“I've got the experience of being overweight. I know what it feels like to be overweight. I know what it's like when I go outside.”

Participants suggested that programmes that provide a supportive, non-judgemental environment can help address these concerns while encouraging positive change. These need to be rooted in recognition of the various lived experiences that people have.

Participants also highlighted that there is a responsibility for those delivering weight management programmes to identify and refer onwards where specific mental health issues were identified, particularly given the relationship between weight loss and eating disorders.

Programmes need to recognise emotional influences on behaviour, provide compassionate support and ensure access to specialist help where required.

O4 Sustainable change

To sustain changes made during weight management programmes participants want clear routes into affordable, accessible community-based activities and support.

Navigating local services and activities emerged as an important, yet often complex, part of maintaining progress beyond a formal weight management programme. Participants who had used, or were using our programme, described a strong willingness to continue building healthier habits but noted that identifying appropriate opportunities in their local area could be difficult and confusing.

“I’m trying to navigate those things that are free in the community that could help with longer-term support.”

Participants raised concerns about continuity once structured programmes come to an end. Without ongoing support, they worried that progress made during the programme may not be maintained. Community-based activities can help bridge this gap, providing consistent opportunities to stay active, engaged and motivated.

“We need more activities for people to change society for the better.”

This view reflects a wider perspective on the role of community provision. Accessible activities were seen not only as beneficial for individuals, but also as part of creating healthier, more supportive environments. When these opportunities are visible and widely available, they can contribute to shifting norms and making positive behaviours more accessible.

“Where I live, there is a lot of free things. Zumba in several places, free yoga, free Pilates and you don’t know what to choose actually.”

Community activities were also valued for their social dimension. Being part of a group, sharing experiences

and learning alongside others can strengthen motivation and reduce feelings of isolation.

There were inconsistencies in how participants knew or found out about what was available and happening in their areas. Some were well informed, while others had very limited awareness. This could suggest that communication is not reaching all groups effectively.

“I don’t know what’s going on in the community.”

“The community lunches that I go to, I found out by sheer coincidence.”

Relying on chance to discover opportunities can create inequality in access. Individuals who have fewer social connections or who are less confident in seeking information may be less likely to come across these services.

“It’s all about information, if you don’t know about a place then you wouldn’t know that they do cheap classes or Zumba and stuff like that. Sometimes it is just about information about where you can be doing cheap classes or for free.”

Our groups emphasised that improving awareness could significantly increase engagement and access to local community activities. Clear, practical details such as location, cost and how to join were seen as essential for enabling action.

“Don’t throw an idea, unless you tell me where to find this idea.”

Rather than general suggestions, they want specific direction that helps them take the next step. Without this, ideas remain abstract and difficult to translate into behaviour.

Collaboration between organisations would also support more consistent messaging and referral pathways.

“My local gym didn’t know there was such a thing as free swimming for unemployed residents. I had to go in and show them the poster and then they typed it in and realised they did offer it.”

This example highlights gaps not only in public awareness, but also within service provision itself. When staff are not fully informed about available offers, opportunities can be missed. Improving internal information-sharing and staff knowledge is therefore an important part of strengthening access to community activities, especially when cost is an additional barrier.

“Free gym referrals are only once a year.”

Limited access to subsidised schemes was also highlighted as a potential disruptor to progress. While one-off support may be available, it is not always sustained, making it harder for individuals to maintain engagement over time.

Affordability remained a significant factor influencing some people’s participation. Even when they are motivated, financial constraints can limit their ability to access facilities or activities. This is particularly relevant in the context of ongoing cost-of-living pressures.

“There should be more organisations helping people like me and other people.”

Overall, navigating local services and activities is a key part of sustaining behaviour change, but one that is currently hindered by challenges in awareness, coordination, and affordability. While many communities offer valuable resources, these are not always visible or easy to access.



Recommendations

1 Embed lived experience throughout commissioning, design and evaluation

People with experience of weight management should be involved as equal partners in the development, delivery and continuous improvement of services. This should move beyond consultation towards co-production, with lived experience representatives involved in service design workshops, procurement processes and evaluation activities. This can help identify barriers, challenge assumptions and ensure services remain relevant to the communities they serve.

2 Improve awareness through trusted referral pathways and targeted communications

Commissioners and providers should develop multi-channel awareness campaigns that combine community outreach, digital communications and referrals from trusted professionals. Participants highlighted the importance of learning about services from sources they trust, including health professionals. Communications should clearly explain eligibility, programme content, expected commitment and available support.

3 Design services around personal goals rather than weight loss targets alone

While weight loss remains an important outcome, services should support participants to identify personalised measures of success linked to their own motivations, such as increased confidence, improved mobility, healthier eating habits, better management of long-term conditions or increased physical activity. Providers should ensure programme reviews capture these broader outcomes alongside clinical measures.

4 Offer flexible and inclusive programme delivery options

People should be able to choose how they engage with support, including one-to-one, group-based, digital and community-based options. Services should be designed to accommodate different health needs, cultural backgrounds, caring responsibilities, levels of confidence and accessibility requirements. Flexibility should be viewed as a core component of engagement rather than an optional enhancement.

5 Integrate mental health and wellbeing support into weight management pathways

Weight management services should explicitly recognise the relationship between emotional wellbeing and behaviour change. Staff should receive training in trauma-informed and psychologically informed approaches, with clear referral routes into specialist mental health support where required. Service models should create safe, non-judgemental environments that support both physical and emotional wellbeing.

6 Create stronger connections between weight management programmes and community assets

Providers and system partners should establish clear pathways into local activities, peer support opportunities and community services that can help people maintain healthy behaviours beyond programme completion. This should include stronger partnerships with local authorities, voluntary organisations, leisure providers and community groups to create a seamless experience for participants.

Conclusion

Collectively, these findings and recommendations support a shift from delivering weight management programmes for people to designing them with people. By embedding lived experience alongside clinical expertise and system leadership, health and care organisations can create more accessible, equitable and effective services that better support prevention, reduce health inequalities and enable sustainable improvements in health and wellbeing.

There is a responsibility for providers of weight management services, commissioners and the wider health and care system to create the conditions for people to access weight management services, embed behavioural changes into daily life, sustain those changes beyond the life of the programme and access appropriate support services to meet their needs.

As health systems continue to prioritise prevention and neighbourhood-based care, meaningful co-production offers a practical and effective route to improving services. By listening to and acting on lived experience, providers can create weight management programmes that are more inclusive, responsive and capable of supporting long-term health and wellbeing outcomes for diverse communities.



By acting on lived experience, providers can create more inclusive and responsive programmes.





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