Author’s response to reviews

Title: What works in practice? User and provider perspectives on the acceptability, affordability, implementation, and impact of a family-based intervention for child overweight and obesity delivered at scale

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Author’s response to reviews: see over
Dear Editor

We are very grateful to the reviewers for these positive and constructive comments. We have given their suggestions careful thought, and revised in line with these. In a few cases we have chosen to differ slightly from suggestions as outlined before, but hope our justification for doing so is clear and would be prepared to think further if necessary.

Responses to Reviewer 1 (our responses in bold and italics)

This is the first national evaluation of MEND 7-13 and therefore it is a tremendously useful study to report on, particularly as MEND was rolled out nationally and as public health commissioners at local authority level are continuing to decide how best to address child obesity levels across the UK. The study was well designed, involving providers and users (families and children) and it is the qualitative evaluation that is reported in the paper.

Thank you

The short background section sets the scene adequately and I only picked up a handful of minor corrections that are required. The methods section needs a little work to ensure readers have adequate information and some points need clarifying e.g. how participants were selected/approached,

We have added further details in relation to commissioners to the first paragraph of the methods section. Details of the selection of families is given in paragraph 2. We have added a sentence clarifying that the initial approach was made by a member of the research team not herself involved in the interviews.

Justification for not obtaining written consent from children,

Apologies – we have gone back to the original material and we did in fact get written consent from both adults and children. (The assent issue related to a discussion we subsequently had among ourselves).

What was covered in the topic guide and

We have added a section on this

How themes were developed during the framework analysis.

We have some additional details on this, which now reads:

“Interviews were analysed using framework analysis [9] which involves familiarisation with the data; summarising data in tables by case and low-level theme (largely drawn from interview questions); exploring emerging patterns and disconfirming data within and across cases in tabulated summaries and original transcripts; from this identifying and indexing higher order themes.”

There is, in addition, a reference to the method.

The findings sections presents a broad view of a range of themes. At times this leaves the reader wanting more as points are quickly made and then the authors move on. I’ve
highlighted when/how this could be addressed as it does not currently do the data justice in places either some points could be removed, or some quotes, to enable key points to be expanded upon.

Thank you. In addressing these, we have tried to get the balance right between length and clarity.

The limitations of the work, in particular not recruiting non-attenders, are sufficiently addressed. The title and abstract are fine.

Thank you

The writing needs attention in places in terms of punctuation, syntax, capitalisation, abbreviations, parentheses and overly long (and overly short) sentences - a thorough proof read and edit is needed.

We hope that this is now fully addressed

The authors acknowledge how they build on other empirical studies and also how their study adds to evidence about complex public health interventions.

Major Compulsory Revisions

1. Methods: First para some extra info should be added here; what variation were you aiming for/how did you select which providers to contact?

Information added

2. The sentence about few refusals is a little misleading as no response cannot be taken as meaning providers were happy to participate. It is not clear how you then contacted providers, did you follow up to the invitation email and is that when many could not be contacted (or do you mean they did not reply? Not quite the same..). You ought to justify using NHS change as a reason for this: do you have evidence?

We have clarified that many phone numbers and emails were out of date, and when further enquiries were made, it became clear that people had moved on or moved out.

3. 2nd para can you clarify/confirm what was defined as a high or low attending family?

We have clarified these categories.

4. 2nd para on p5 can you say more about the use of assent and verbal consent regarding children and back up with references please.

We have added this

5. 3rd para on p5 can you add what range of topics were in the topic guide please.

We have amended this section, which now reads:

“All participants were given age appropriate written and verbal information about the study prior to commencing interviews. Parents and children were asked and provided written consent with the exception of the youngest who gave verbal consent.”

6. Last para (first two sentences) of the methods section can you expand on how the themes were developed/arrived at e.g. in line with study objectives; emerging from the data.
We have added additional detail regarding our analytic approach which we believe addresses this point.

7. Findings: You clearly have a lot to report but at times this leaves some of your points feeling a little thin and unsubstantiated; with just one sentence to make a point followed by a quote. Can this be addressed somehow? Could you expand on some points and cut some of the quotes (if short of word space)?

We considered this very carefully and played with variations on the way we present our findings. (It might in part look scrappy because although each section has quite a bit in, it looks as if it is a lot of brief paragraphs because of the verbatim quotations – we have made some cuts).

This is the primary qualitative article from this study, and we were keen to present as full an account as we could of what we found. Other articles (on, for instance costs) will explore some of these findings in more depth. We hope that the details of the sampling etc will give readers a sense of the ‘trustworthiness’ of our data and enable any lack of detail can be set against reporting as much as we can in one place for those who may be commissioning in the new public health climate.

8. The section on the context and wider environment is particularly thin and the key points need elaborating; in places it’s almost in note format with short sentences that are not clear. This requires some work to do the data justice. In particular for example, P15, the following para does not make much sense (and the quote after it does not support the text), please expand and rewrite: Marketing of unhealthy consumption is ubiquitous [15]. One woman, whose family came from Bangladesh, described how their assumptions about a safe and healthy environment for children in the UK, had been replaced by constant watchfulness. Final paragraph p15 also needs attention. The points are lost and not at all clear.

P16 the para that starts MEND makes no claims to actively change the broader environment? is this a finding. But over all this whole section needs some work.

Thank you for these helpful comments. We have now made this section clearer, deleting some material including that statement that MEND makes no claims to actively change the broader environment.

9. The section on Perceived impact and maintaining change has a section which starts Changing family circumstances contributed to this...much of this is not presenting findings? It’s presented as the authors’ views

We have re-read this and feel that our commentary is based on the qualitative findings we present. We have made some minor changes, and looked at moving such aspects of this into the discussion, but feel that it ‘works’ better as it stands.

10. Discussion: The following section does not clearly make its points: A plausible argument has been made [21] that improvements in child weight management is likely to take place in families ready to make changes. Among the families we spoke to, living in circumstances which facilitated change was also crucial. P19- what does the following add/mean.

‘as a community activist in a similar context put it. The following is a long sentence that needs rewriting: Methods for understanding and evaluating public health interventions such as MEND which take place in complex social and economic settings are still in their
infancy, though Hawe and colleagues [27, 28] and the Cochrane Public Health Review Group [29] encouraging methodological plurality and attention to users, has been important.’

Changes made on p.19. Thank you for pointing these out.

11. Figures 1 and 2 need a little attention. Bottom left box of Fig 1 and the top box of Fig 2 need to be clearer in particular.
   We have simplified there figures, and added some additional detail in the text.

   Minor Essential Revisions
   1. Background :
   2nd line delete extraneous ‘reduce-. 4th line ‘which’ should be ‘that’
   Done

   7th line no space before ‘[1]’, remove comma after ‘RCTs’.
   Done

   11th and 12th lines no space before citations - please check whole manuscript and add spaces where required as there are several instances of a citation with no space before it.
   Done

   The two sentences that start p4 need a bit more explanation and unpacking to make the points clearer.
   We have made some clarifications here

   2. Methods:

   5th line - surely you mean further data collection would not result in new/additional themes or findings rather than no new data?
   Changes made

   6th line – ‘a’ maximum variation sample.
   Done

   9th line - ‘the’ interviewee.
   Changed to interviewees

   Final sentence 2nd para – ‘the’ recruitment flow.
   Done

   3rd para of methods - can you add a reference to support the fact that children’s voices are often muted in group/family interviews. There’s lots of literature to support this view. We now refer here to Hallett and Prout and Christenson and James.

   4th para p5 - it’s not essential to say ‘in order to maintain confidentiality’ since you have already stated identifying information was removed from transcripts prior to analysis. We would prefer to leave this in as some commissioners were extremely concerned about confidentiality but readers might have reasonably expected a little more identifying information in relation to those we interviewed.
3. Findings:
Throughout this section please be consistent with punctuation, use of parantheses, capitalisation and do not use abbreviated terms (e.g. couldn’t instead of could not). Contraction now used only in reported speech.

First para, can you clarify how/why 29 providers took part in 26 interviews (and in Fig 1 too) - did some take part in paired/group interviews? It’s not clear what you mean. 
We now clarify that there was one pair, and one group of 3.

3rd para, 5th line: bracket missing. 
Now deleted

Throughout findings -ensure brackets around all identifiers after quotes. 
Done

1st sentence on p10 does not make sense and needs rewriting. 
Done

P14 second line of para ‘family’ not ‘families’. 
Done

P15 5th para -father and daughter spoke ABOUT their disappointment? 
Done

4. Discussion:

Final para p18, ‘established’ ways rather than ‘normal’ ? 
Done

P20 line 5 - should read ‘Implementation issues such as engagement...’. 
Done

5. Conclusion, 2nd sentence, ‘despite THIS’. 
In this context, we are saying ‘despite them being good attenders’

6. Figures - in Fig 1 you use ‘declined’ and in Fig 2 you use ‘opt out’ - can you be consistent? Opted out is perhaps most appropriate? 

In our figures, we used opt out for those who decided not to take part in the research at the time they were first approached with details of the study to see if they were willing to be interviewed, and decline for those who, when directly approached by one of the qualitative study, declined to take part. So we use different terms for different stages in the process, and we have now ensured the two figures are consistent in this regard.

Discretionary Revisions None suggested

REVIEWER 2: 
I have no major compulsory, or minor essential revisions, to suggest. This is an excellent paper, of significant interest. The methods employed by the authors are first class, and their efforts to try and recruit low and non attenders to the MEND programme are worthy.
The paper is well written.

**Thank you**

My only comment is around access and health inequalities. It is clear from some of the quotes that low income families (who for example may have multiple jobs at various times of the day) found the programme particularly hard to engage with. There are other comments too, in the text, suggesting that such an onerous and rigid programme, with 'lot of paperwork', may not be best suited to such families. I think the paper should include some comment on this issues in the discussion, and perhaps the abstract.

*We have added to the early part of the discussion to flag up this important point.*

*We hope the manuscript will now be acceptable for publication. Many thanks*

*Patricia Lucas (on behalf of all authors)*