

Research for Learning

“How Sugar-Based Rewards in Early Years Education Influence
Childhood Obesity”

Portfolio

I have used generative Artificial Intelligence (AI) in this work, Grammarly (2025) to assist grammatically, and Google Translate (2025) to support this work as an English as a Second Language.

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Section 1: Literature review

Childhood obesity is an escalating global public health concern, with a notable rise in prevalence among children in the early years (World Health Organisation, 2024). This stage is particularly critical, as early childhood is a foundational period for establishing dietary habits and health-related behaviours, which have enduring consequences for growth, cognitive development, and metabolic regulation (Public Health Agency, 2018; Olivieri, 2020). Within this context, the excessive intake of added sugars has emerged as a primary nutritional concern, with empirical evidence linking it to elevated risks of early-onset obesity and associated developmental challenges (British Nutrition Foundation, 2024).

The implications of inadequate nutrition in early childhood extend beyond physical health, influencing a child's ability to engage, learn, and interact within educational settings (Goudie, 2021). For instance, Maslow's Hierarchy of Needs (Stoianov, 2017) offers a useful conceptual framework through which to interpret these effects, suggesting that the fulfilment of physiological needs is essential for achieving cognitive and emotional development. When such needs, such as access to balanced and nourishing food, are unmet, children may experience difficulties with attention, emotional regulation, and social participation (Hassevoort, 2018), limiting their holistic development and capacity to fully engage in learning (Public Health England, 2016).

Obesity and Sugar Consumption

Recent data from Public Health Wales (2023) indicate that approximately 24.8% of children aged four to five are classified as overweight or obese, highlighting a critical public health challenge. This early onset of obesity is particularly concerning given the long-term health implications. Gertler and Gracner (2022) further emphasise that early exposure to sugar-rich diets can lead to chronic inflammation, diabetes, and cardiovascular disease, alongside broader socioeconomic impacts in adulthood. Similarly, Simmonds et al. (2016) found that children who are obese during their early years are significantly more likely to remain overweight into adolescence and adulthood, increasing their risk for chronic non-communicable diseases.

Excessive intake of added sugars remains a primary dietary factor contributing to this trend. Despite the World Health Organisation's (2020) recommendation that free sugars should constitute no more than 5% of total daily energy intake, Mahajan et al. (2021) report that this guideline is frequently exceeded in many high-income countries. Bertrand Amaraggi et al. (2024) also identify sugar-sweetened beverages and ultra-processed snack foods, often aggressively marketed to children, as leading sources of sugar in early childhood diets, further compounding this issue.

Prolonged exposure to such high-sugar products can establish long-term, maladaptive eating behaviours. Feldens et al. (2021) and Cantoral et al. (2015) demonstrate that early, frequent consumption of these foods disrupts satiety regulation and promotes insulin resistance, key contributors to adiposity. This underscores the need for a more nuanced understanding of how early years settings, such as sugar-based rewards, contribute to childhood obesity through everyday practices.

Cognitive and Developmental Consequences of Excessive Sugar Consumption

Beyond physical weight gain, excessive sugar consumption during early childhood has been increasingly associated with cognitive and neurological disturbances. Olivieri (2020) notes that diets rich in added sugars may disrupt early brain development. Neuroimaging (Jacques, 2019) evidence suggests that such disruption often affects the hippocampus, a brain region integral to memory formation, learning, and spatial reasoning. These disruptions are particularly concerning during early childhood, a developmental stage marked by rapid neurodevelopment and the emergence of core cognitive and behavioural competencies necessary for school readiness (Gertler and Gracner, 2022).

Building on this, Kranz (2018) provides robust evidence that excessive sugar intake impairs higher-order cognitive processes, including executive functioning, attention regulation, and behavioural self-management. While many of the referenced studies involve older children, the implications are relevant to the early years due to increased neurobiological sensitivity during this developmental period. Jirout et al. (2019) also highlight associations between high sugar consumption and increased metabolic risk in paediatric populations. These metabolic disruptions, including systemic

inflammation and insulin resistance, are increasingly linked to negative effects on behavioural regulation and neurodevelopment (Baltogianni et al., 2025).

These findings align with established developmental theory. In accordance with Maslow's hierarchy of needs (Stoianov, 2017), the absence of adequate physiological provision may impair attentional capacity, emotional regulation, and effective participation in educational settings (Public Health England, 2016).

Nutritional Practices and Policy Considerations in Early Years Settings

In contemporary early childhood care, children often spend more time in nurseries and preschools than at home, consuming a substantial proportion of their daily nutritional intake within these settings (Wang et al., 2022). Early years environments serve as influential contexts for shaping dietary behaviours and offer structured opportunities to address modifiable dietary risks linked to early-onset obesity (Jackson et al., 2021). According to the Public Health Agency (2018), practitioners are uniquely positioned to support nutritional well-being not only through food provision but also by modelling and reinforcing consistent, health-oriented behaviours.

The Curriculum for Wales (Welsh Government, 2020) reinforces this role by embedding health and well-being into its Areas of Learning and Experience, encouraging practitioners to foster informed food choices from the early stage of development. However, as the Children's Commissioner for Wales (2024) notes, implementation is frequently hindered by structural barriers, including inconsistent procurement processes, insufficient training in nutrition, and limited funding. Institutional challenges are compounded by culturally ingrained practices, such as birthday celebrations involving cakes and sweets, which may inadvertently reinforce children's preference for high-sugar foods. McSweeney et al. (2016) highlight the difficulty practitioners face in balancing health-promoting policies with parental expectations and cultural norms. Commercial influences, such as branded reward systems, foster positive emotional associations with unhealthy products, compromising public health messaging (Wilkinson, 2024; Adise et al., 2019).

Recognising these challenges, policy responses have sought to strengthen healthy eating practices within educational settings. The Welsh Government has consistently

demonstrated its commitment to promoting healthy eating within maintained schools, as outlined in the Healthy Eating in maintained schools (Nutritional Standards and Requirements) (Wales) Regulations 2013 (Welsh Government, 2013). Recent developments, notably the Healthy Weight: Healthy Wales Delivery Plan 2022–2024 (Welsh Government, 2022), reinforce this commitment by encouraging schools to organise celebratory events in line with nutritional best practice. Such initiatives are crucial for reducing excessive sugar intake and addressing the escalating incidence of childhood obesity in young children.

Family engagement is widely acknowledged as a critical factor in mitigating childhood obesity, reflecting the significant influence that parents have on their children's dietary habits and lifestyle choices (Ling, 2023). Johnson et al. (2024) contend that multicomponent interventions, which incorporate both parental involvement and educational strategies, are generally more effective than those limited to institutional settings. Wilkinson (2024) further emphasises the importance of aligning policy, early years practice, and family involvement to foster consistent health-promoting environments across contexts. However, without reinforcement at home, the benefits of school-based interventions may be significantly reduced, highlighting the need for cohesive, family-centred approaches to childhood obesity prevention (Ling, 2023).

The existing literature highlights the critical role that early childhood settings play in shaping long-term dietary habits and health outcomes (Wang et al., 2022; Jackson et al., 2021). This study, therefore, aims to address a significant gap by examining the potential impacts of sugar-based reward practices within these educational contexts. By focusing on practitioners' perspectives, it seeks to inform evidence-based policies and interventions that promote healthier learning environments, aligning closely with the overall aims of this research.

Section 2: Methodology

This study employs a qualitative, interpretivist framework, aligning with its exploratory aim to examine how early years practitioners implement sugar-based rewards and perceive their potential contribution to childhood obesity. This methodological choice is particularly suited to capturing the intricate, context-dependent insights that emerge from practitioners' lived experiences within specific educational settings (Pope, 2020; Cohen, Manion and Morrison, 2018). Unlike quantitative approaches, which prioritise measurable outcomes and statistical generalisability, qualitative research seeks to uncover the subjective meanings professionals assign to their actions, recognising that knowledge is contextualised through social interactions and reflective practice (Lambert, 2019; Pham, 2018).

Adopting an interpretivist perspective allows the study to address the complex interplay of professional judgment, cultural norms, institutional expectations, and individual experiences that shape reward strategies in early years education (Pham, 2018). This approach deliberately moves away from the reductionist tendencies of quantitative methods, which often fail to account for the nuanced, context-sensitive factors essential to understanding professional behaviour. Instead, it prioritises rich, detailed accounts that reveal how practitioners interpret and respond to their professional environments, capturing the full spectrum of influences on decision-making.

While mixed methods, characterised by the integration of both qualitative and quantitative research techniques, can provide broader, triangulated insights into complex educational phenomena (Roberts-Holmes, 2018), such designs were not considered appropriate for this study. Including quantitative components, such as sugar intake measurements or body mass index calculations, would extend beyond the ethical and logistical scope of a small-scale undergraduate project (Lambert, 2019). Additionally, such approaches risk oversimplifying the complex, interpretive dimensions of practitioner perspectives, diverting analytical attention from the nuanced insights that this study aims to capture.

Sampling Strategy

To examine the influence of sugar-based reward strategies in early years settings on the development of childhood obesity, a non-probability sampling strategy has been adopted, incorporating both purposive and convenience sampling methods. Eight early-years practitioners are to be selected from four strategically chosen Early Years Foundation Stage (EYFS) nurseries in Swansea, representing maintained and independent provision across urban and rural contexts. This approach captures a diverse range of practitioner perspectives, reflecting the complex interaction of governance structures and socio-demographic influences that shape educational practice (Andrade, 2021). All participants must have at least two years of continuous EYFS service and demonstrable experience in deploying sugar-based rewards for classroom behaviour management.

Ethical Rationale for Excluding Child Participants

In alignment with ethical standards outlined by the BERA (2024), the United Nations Convention on the Rights of the Child (UNICEF, 2022, article 3) and data protection regulations such as the General Data Protection Regulation (GDPR, 2016) and The Data Protection Act (2018), this study excludes children as direct participants. This decision prioritises the welfare and rights of children, recognising the ethical complexities and potential risks associated with their involvement in research. By focusing on early years practitioners, the study aims to gather insights into reward strategies without compromising the well-being of minors.

Rationale for Sampling Approach

Purposive sampling has been selected to ensure that the data collected is both contextually comprehensive and relevant (Magnusson and Marecek, 2015). This approach targets individuals whose specialised knowledge and direct experience with the phenomenon under investigation provide valuable insights into the practical realities of early years education. Convenience sampling, in contrast, leverages existing professional networks to facilitate timely participant recruitment, addressing the practical constraints typical of small-scale qualitative studies (Andrade, 2021). This combined strategy balances the need for in-depth, context-sensitive data with the

logistical requirements of an undergraduate research project, supporting methodological rigour while remaining feasible within the project's scope.

Data Methods

Semi-structured interviews will serve as the principal data collection method, reflecting the need for detailed, context-specific insights into practitioners' perspectives on sugar-based rewards within early years education. This approach aligns closely with the interpretivist framework guiding the study, which prioritises the exploration of subjective meanings and the complex social contexts in which professional practices occur (Cohen, Manion and Morrison, 2018). Unlike structured questionnaires or quantitative surveys, which often reduce complex phenomena to discrete variables, semi-structured interviews provide the flexibility needed to capture the nuanced, context-specific factors shaping practitioners' decision-making (Lambert, 2019).

To promote confidentiality and participant comfort, interviews will be conducted individually in private, designated areas within participating early years settings, thereby minimising external influences and reducing the potential for socially desirable responses (BERA, 2018, pp. 22-23). This controlled environment aims to support the authenticity of participants' narratives, encouraging reflective, unguarded dialogue that can reveal the deeper professional judgments and contextual pressures influencing their use of sugar-based rewards.

An interview guide with pre-formulated, open-ended questions has been developed to structure these discussions, ensuring that key topics are consistently addressed while allowing for the spontaneous exploration of emergent themes. For instance, prompts may include questions such as, "Can you describe a recent instance where you used food or sweets as a classroom reward, and what factors influenced that decision?" This approach is designed to elicit in-depth responses that capture the interplay of professional judgment, institutional policy, cultural norms, and parental expectations, elements that are not readily accessible through standardised, closed-response methods (Brinkmann, 2022).

To ensure data integrity and accurate representation of participant perspectives, informed consent will be obtained prior to data collection, with interviews recorded

using secure, encrypted devices, in line with ethical best practices (BERA, 2018, pp. 22-23). Verbatim transcription, widely regarded as a critical component of rigorous qualitative analysis, will be employed to produce a comprehensive textual dataset (McMullin, 2021). This approach preserves the authenticity of participants' voices, ensuring that interpretations remain closely aligned with their original expressions and capturing the fine-grained detail necessary for robust thematic analysis (Eaton, Stritzke, and Ohan, 2019). By accurately reflecting the precise language used by practitioners, this method supports the transparency and reliability of the findings, providing a more credible and contextually rich account of their professional perspectives.

Limitations of Methodology

Despite its numerous advantages, the methodological approach adopted for this study presents certain limitations that warrant careful consideration. One prominent concern is the potential for participant bias, including the Hawthorne effect, where individuals may alter their responses due to the awareness of being observed (Sedgwick and Greenwood, 2015). For instance, practitioners might emphasise their adherence to health policies or downplay their use of sugar-based rewards to present a more professionally responsible image. Similarly, the Halo effect, where participants unintentionally present their practices in a more favourable light, could obscure less desirable aspects of their professional behaviour (Giulio et al., 2021).

Additionally, semi-structured interviews, while highly effective for capturing context-specific insights, are inherently time-intensive to conduct, transcribe, and analyse (McMullin, 2021). The volume and complexity of qualitative data, while a significant strength, can present challenges in managing and interpreting substantial narrative content, potentially leading to analytical inconsistencies if not carefully addressed (Brinkmann, 2022). This approach also introduces the risk of researcher bias, where the interviewer's tone, follow-up questions, or non-verbal cues may inadvertently influence participant responses.

To mitigate these potential sources of bias, the study will be framed as non-evaluative, with assurances of anonymity and confidentiality to encourage candid and reflective responses. Additionally, a neutral, non-leading interview style will be employed to

reduce the risk of response bias, while reflexivity will be maintained throughout the research process, allowing the researcher to continually examine and bracket personal assumptions, thereby enhancing analytical rigour and credibility (Magnusson and Marecek, 2015).

Consideration of Alternative Methods and Triangulation

While semi-structured interviews have been selected as this study's primary data collection method, alternative approaches were carefully evaluated but ultimately deemed less appropriate for addressing the research aims. Structured questionnaires, despite their efficiency in capturing quantitative data, tend to constrain the depth of responses, potentially overlooking the complex, context-dependent factors that shape practitioners' decision-making processes (Brinkmann, 2022). For instance, closed-ended questions may quantify the frequency of sugar-based reward use but fail to capture the underlying motivations, professional judgments, and nuanced contextual influences that guide such practices, thereby limiting their utility in exploring the interpretive dimensions of this qualitative inquiry.

Focus groups, which involve the systematic facilitation of group discussions to elicit collective perspectives and shared experiences, were also considered but ultimately excluded. While effective for generating diverse viewpoints, focus groups present challenges related to group dynamics, including the potential for dominant voices to overshadow quieter participants, the risk of groupthink, and the influence of peer conformity, all of which can suppress the authentic expression of individual insights (Wellington, 2020). Additionally, the collective nature of focus groups can introduce social desirability bias, where participants align their responses with perceived group norms, potentially obscuring genuine perspectives (Cohen, Manion and Morrison, 2018).

Classroom observations, a qualitative data collection method involving the direct, real-time recording of behaviours within natural educational settings (Lambert, 2019), were similarly deemed unsuitable. This approach presents significant ethical challenges, including the need for informed consent, the safeguarding of participant privacy, and the risk of altering the natural classroom environment, potentially influencing the behaviours being observed. Furthermore, without the context provided by

practitioners' reflective narratives, observed behaviours may be difficult to interpret accurately, limiting the depth of insight achievable through this approach.

Triangulation and Its Limitations

While full triangulation, defined as the integration of diverse data sources or methodological approaches to enhance the validity and credibility of research findings (Roberts-Holmes, 2018), was not feasible within the constraints of this small-scale undergraduate project, efforts have been made to strengthen the trustworthiness of the data. This includes conducting interviews across diverse early years settings, which supports the identification of recurring themes and contrasting perspectives, ultimately enhancing the credibility of the findings (Efron and Ravid, 2020). However, the absence of full triangulation remains a methodological limitation, as it restricts the study's capacity to cross-validate findings through multiple methodological lenses, potentially reducing the robustness of the conclusions (Cohen, Manion and Morrison, 2018).

To address this, the interview guide was carefully developed based on relevant literature and policy documents, providing a supplementary basis for verifying participant accounts and reinforcing the interpretive analysis. While this approach does not fully eliminate the potential for interpretive bias, it reflects a deliberate effort to ensure methodological rigour within the practical boundaries of the study.

Section 3: Ethical Considerations

Ethical considerations are integral to conducting research that respects the rights, dignity, and welfare of participants, particularly when engaging with early years practitioners who may disclose sensitive information about their professional practices (Bolshaw and Josephidou, 2019). This section outlines the ethical frameworks and protocols guiding this study, including voluntary informed consent, participant autonomy, confidentiality, data protection, and risk management, in alignment with the standards established by the British Educational Research Association (BERA, 2024) and the General Data Protection Regulation (GDPR, 2016). These measures ensure the research is conducted with integrity, transparency, and a commitment to protecting participant rights, reflecting best practices in educational research.

Voluntary Informed Consent and Participant Autonomy

Obtaining voluntary consent is a core ethical principle in qualitative research, ensuring that participants' comprehensive understanding of the study's purpose, procedures, possible risks, and anticipated benefits before deciding to participate (BERA, 2024, pp. 13). This study adopts a multi-step consent process designed to promote transparency, participant autonomy, and genuinely informed decision-making, aligning with best practices in educational research (Cohen, Manion and Morrison, 2018). This approach safeguards participant rights while enhancing the credibility of the findings by ensuring that consent is both fully informed and freely given.

Comprehensive Information Provision

Participants receive structured information sheets and consent forms, clearly outlining the study's aims, data collection methods, potential benefits, associated risks, and participant rights, including the right to withdraw at any stage before data anonymisation, without adverse consequences. These documents are designed to be clear and accessible, avoiding unnecessary technical language to reduce the risk of misunderstanding and support genuinely informed decision-making (Cohen, Manion, and Morrison, 2018). In accordance with the General Data Protection Regulation (2016) and The Data Protection Act (2018), participants are also informed about data collection, secure storage, protection, and destruction, ensuring their privacy is upheld throughout the research process.

Flexible Communication and Inclusive Participation

To accommodate diverse participant needs, these materials are available in both digital and physical formats, reducing barriers to participation and supporting inclusivity. For instance, large print or alternative formats can be provided upon request, ensuring that all participants, regardless of literacy levels or technological familiarity, have equitable access to essential information. This approach recognises the diverse backgrounds and communication preferences of participants, fostering a more inclusive research environment and ensuring that all voices are equally valued within the study (Bell, Waters and Johnson 2024).

Ongoing Engagement and Continuous Consent

Recognising that consent is a continuous, evolving process rather than a single, one-time decision, participants receive both comprehensive written documents and verbal explanations. This dual approach reduces the risk of miscommunication, supports transparency, and reinforces participant autonomy, aligning with best practices in qualitative research (Bolshaw and Josephidou, 2019).

To maintain this ongoing engagement, participants are periodically reminded of their rights throughout the data collection phase, including the ability to decline specific questions, pause interviews, or withdraw entirely without negative repercussions (BERA, 2024, p. 20). This continuous reinforcement of participant autonomy helps build trust in the research process, supporting a more ethically sound and participant-centred study design. This approach reflects a commitment to ethically responsible research, aligning with the principles of the General Data Protection Regulation (GDPR, 2016) and The Data Protection Act (2018).

Recognising Non-Participation and Withdrawal

Participants are explicitly notified of their right to decline participation or withdraw from the study at any stage, without fear of adverse consequences, under the British Educational Research Association guidelines (BERA, 2024). This assurance is communicated through both written consent forms and verbal explanations, reducing the risk of perceived coercion and reinforcing genuinely voluntary participation.

To further facilitate withdrawal, a straightforward, participant-centred process is provided. This includes a dedicated withdrawal form and multiple communication channels, such as verbal notice, written statements, or electronic messages, accommodating diverse participant preferences. This flexible approach supports participant autonomy, recognising that consent is a dynamic, ongoing process rather than a single, one-time agreement (Bolshaw and Josephidou, 2019).

Risk Management for Participants, Researchers, and the University

This section outlines the primary risks associated with this research, aligning with the British Educational Research Association guidelines (BERA, 2024), the General Data Protection Regulation (GDPR, 2016), and institutional policies, ensuring the ethical integrity of the study.

Participants:

Participants may experience psychological or emotional discomfort when discussing sensitive topics, such as the use of sugar-based rewards in early years education. To minimise this risk, interviews are conducted in private, confidential settings, with participants fully informed of their right to decline any question or withdraw from the study at any part of the research process without adverse consequences (BERA, 2024, p. 20). This approach aims to create a supportive environment that encourages open and honest dialogue without pressure or fear of negative repercussions.

Data security is also a critical component of participant protection (BERA, 2024, pp. 22-23). Personal identifiers are removed during transcription, and pseudonyms are assigned to protect anonymity. Audio recordings are securely stored on encrypted devices, while transcripts are maintained on password-protected systems, accessible only to the researcher and academic supervisor. Regular data audits are conducted to ensure compliance with data protection regulations, reducing the risk of breaches and ensuring participant confidentiality is rigorously maintained. This approach aligns with the principles outlined in Article 32 of the General Data Protection Regulation (GDPR, 2016), which mandates appropriate technical and organisational measures to ensure data security.

Researchers:

Engaging with potentially challenging or sensitive topics can pose emotional risks to researchers, including fatigue and psychological stress (Cohen, Manion, and Morrison, 2018). To address this, regular debriefing sessions with the academic supervisor are integrated into the research process, providing structured opportunities for reflection, emotional support, and professional guidance (BERA, 2024, p. 33). This approach helps prevent burnout and supports researchers' well-being, aligning with best practices for maintaining mental health in qualitative research.

Additionally, maintaining objectivity is essential in qualitative research, where close interactions with participants may introduce bias. Reflexive practices are employed to encourage ongoing self-assessment, helping researchers identify and address personal assumptions that could influence data interpretation, thereby enhancing the credibility and integrity of the research findings (Taquette and Souza, 2022).

University:

The university is responsible for ensuring full compliance with the General Data Protection Regulation (GDPR, 2016) and The Data Protection Act (2018). This includes secure data capture, encrypted storage, and regular audits to prevent breaches, protecting both participant privacy and institutional integrity. Ethical approval from the university's ethics committee is required before data collection, providing oversight and accountability, and ensuring that all research activities align with established ethical standards and institutional policies.

To further reduce reputational and legal risks, all research procedures undergo rigorous ethical review to ensure adherence to these standards (University of Wales Trinity Saint David, 2025). Regular training in data protection and research ethics reinforces this commitment, promoting consistent, ethically sound practice, reducing the likelihood of breaches or compliance failures, and strengthening public confidence in the university's research practices.

Data Collection, Storage, and Protection

Data for this study is managed in compliance with the General Data Protection Regulation (GDPR, 2016) and The Data Protection Act (2018), ensuring secure and ethical handling throughout the research lifecycle. Personal data, including audio recordings, digital files, and physical documents, is securely stored using encrypted, institution-approved devices, password-protected systems, and locked storage cabinets. These measures align with GDPR (2016, Article 32) and The Data Protection Act (2018, Part 3, Chapter 2), which mandate appropriate technical and organisational safeguards to prevent unauthorised access, loss, or misuse of personal data.

To further protect participant confidentiality, data will be anonymised at the earliest feasible stage, with identifying information removed or replaced with pseudonyms to minimise the risk of re-identification. This approach aligns with GDPR (2016, Article 5), emphasising data minimisation and privacy by design, ensuring that only the essential personal data necessary for analysis is retained. Regular, secure backups on encrypted, institution-approved platforms will further protect against data loss, supporting data integrity and confidentiality.

Participants will be informed of their rights under GDPR (2016), including the ability to access their data, request corrections, or withdraw consent at any point before data analysis begins. These safeguards reflect a commitment to transparency and data security, supporting the ethical management of personal information throughout the research process (Bell, Waters, and Johnson, 2024).

Confidentiality and Anonymity

Confidentiality involves safeguarding participants' identities by restricting the disclosure of personally identifiable information, while anonymity extends this protection by ensuring that even the researcher cannot link responses to individual participants (Cohen, Manion and Morrison, 2018). To achieve this, participants' names and directly identifying details are removed or replaced with pseudonyms during transcription. Audio recordings will be securely stored on encrypted devices, and transcripts maintained on password-protected systems, accessible only to the researcher and academic supervisor (BERA, 2024, pp. 22-23). Participants are explicitly informed that their responses remain confidential and will not be linked to

their identities in the final research report, reducing the risk of professional or personal repercussions.

Data Retention and Destruction

In accordance with institutional policies and established ethical guidelines, personally identifiable data, including digital audio recordings, verbatim transcripts, and signed consent forms, are retained for five years following the completion of data analysis, reporting, and dissemination of findings (University of Wales Trinity Saint David, 2025; BERA, 2024, pp. 22-23). This retention period ensures that data remains available for verification, audit, or further analysis, aligning with principles of transparency and research integrity.

After this period, all data is permanently destroyed to prevent the risk of data breaches. Digital files are securely erased from encrypted devices and password-protected servers using certified data destruction methods, ensuring that no residual data remains accessible. Physical documents, such as signed consent forms and handwritten notes, are securely disposed of through shredding or certified document destruction processes. This approach reflects a commitment to data minimisation and privacy by design, as required under the GDPR (2016, Article 5) and The Data Protection Act (2018), supporting the ethical management of participant information throughout the research lifecycle.

Conclusion

In summary, this study is structured to uphold the highest ethical standards, ensuring participant autonomy, data security, and comprehensive risk management throughout the research process (Bell, Waters, and Johnson, 2024). By focusing on practitioners as participants, the study aligns with ethical guidelines prioritising the protection of vulnerable populations, avoiding the ethical complexities associated with involving children directly (BERA, 2024; UNICEF, 2022, article 3; GDPR, 2016; The Data Protection Act, 2018). This design choice captures the professional perspectives of those responsible for implementing sugar-based reward strategies, providing insights without exposing children to unnecessary risk.

The findings from this study are expected to enhance our understanding of how such practices influence early childhood obesity. By examining the perspectives of practitioners, the study provides evidence that can inform the development of policies and best practices in early years education, potentially enhancing the effectiveness of health promotion strategies within educational settings. This ethically grounded approach not only strengthens the credibility and reliability of the findings but also supports meaningful contributions to the field of early childhood education, aligning closely with the study's overall research aims.

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