



Supporting Healthy Lifestyles:  
The National Child Measurement Programme

*Guidance for 2006–07 school year*

11 May 2007  
2<sup>nd</sup> Edition with minor corrections

# National Child Measurement Programme

## *Guidance for 2006–07 school year*

### Contents

<b>Corrections to guidance issued on 12 April 2007.....</b>	<b>3</b>
<b>1 Introduction.....</b>	<b>5</b>
1.1 Purpose and background.....	5
1.2 Healthy weight in children as a public health issue.....	5
1.3 How will the data collected by PCTs be used? .....	6
1.4 What did the data collection in 2005–06 show?.....	6
1.5 The role of Primary Care Trusts.....	7
1.6 The role of schools .....	8
1.7 The role of Strategic Health Authorities .....	9
1.8 The role of Public Health Observatories .....	9
<b>2 Guidance for measurement .....</b>	<b>9</b>
2.1 Which children should be measured? .....	9
2.2 Data collected by the NHS Information Centre .....	9
2.3 Obtaining data .....	10
2.4 Which schools should be included?.....	11
2.5 Preparing for the measurement exercise .....	12
2.6 The measurement process .....	14
2.7 Data handling.....	14
<b>3 Guidance for Primary Care Trust Information Analysts.....</b>	<b>15</b>
3.1 Data handling procedure .....	15
3.2 Data fields within the data collection tool .....	16
3.3 Further information and sources of advice.....	17
<b>Appendix.....</b>	<b>19</b>
Appendix 1: Questions and Answers.....	19
Appendix 2: Public Health Observatory obesity lead contact details .....	21
Appendix 3: Guidance on the measurement process.....	22
Appendix 4: Specimen information letter to parents, opt out form and feedback request form .....	24
Appendix 5: Specimen letter to Head Teacher and board of governors from the Primary Care Trust.....	27
Appendix 6: Content of 17 April 2007 letter from Department of Health and Department for Education and Skills Ministers to Head Teacher .....	29

## Corrections to guidance issued on 12 April 2007

1.2.2 The Health Survey for England 2005 showed that rates of obesity are rising among children. In boys and girls aged 2–10 years, rates of obesity increased from 10% in 1995 to 17% in 2005. A further 16% of boys and 12% of girls were overweight.

2.2.1 PCTs need to submit the following data to the NHS Information Centre for each child:

- sex;
- date of birth (converted to age in months by the NHS Information Centre);
- DfES school Unique Reference Number (URN);
- month of measurement;
- height (in centimetres, to first decimal place, i.e. to the nearest millimetre [e.g. 110.4 cm]);
- weight (in kilograms, to the first decimal place, i.e. to the nearest 100 grams [e.g. 20.6 kg]);
- full home postcode (optional);
- ethnicity (optional).

NB see section 3.2.1 for details of the data fields within the data collection tool.

The PCT will also need to provide an overall pupil number for each school year to be used as the denominator for calculating their response rates. This should be the total number of pupils available to the PCT to measure, usually the number of pupils in each of Reception and Year 6 who are educated in primary schools within the PCT's boundaries. The data collection tool supplied by the NHS Information Centre will provide an estimate of this denominator, derived from DfES pupil numbers. Where this differs from the actual number of pupils available to the PCT, for example where schools have been incorrectly allocated to a neighbouring PCT within the data collection tool, PCTs can enter corrected pupil numbers to be used in calculating their response rate for performance management purposes.

2.7.3 Parents have a right to information about their children and can request their child's height and weight results from the PCT within one month of the measurement taking place. Strict legal requirements for data handling exist to protect identifiable data in a no consent system such as this. Measurements should not be fed back routinely to parents and children's names should be removed from the dataset after one month, unless the data are being routinely entered onto the local NHS Child Health System and appropriate consent has been obtained for storing identifiable information).

3.2.1 The data fields uploaded to the NHS Information Centre in 2006–07 are listed in section 2.2. Many PCTs will already have pupil information ready to enter onto the NCMD, or will need to specify the data extract required from Child Health System providers. The following list provides the precise fields required to enter pupil level data into the NCMD data collection tool, which can be used to prepare existing data for the data collection tool, or to create a specification for a child health system extract:

- pupil first name (optional);
- pupil surname (optional);
- sex (1 character, coded to M for male, or F for female);
- date of birth (date, format 01/12/2006);
- DfES school Unique Reference Number (six digit number);
- date of measurement (date, format 01/12/2006);
- height (in centimetres, first decimal place, measured to nearest millimetre);
- weight (in kilograms, first decimal place, measured to nearest 100 grams);
- full postcode (optional, blank if not available, 8 character string);
- ethnicity (optional, blank if not obtained from school information management system, maximum 4 character string).

3.2.3 By contrast with 2005–06, where school name was recorded as a text field which limited potential analysis, for 2006–07 six digit DfES Unique Reference Number will need to be entered to identify the school attended by each pupil. Full lists of DfES school names and codes will be provided within the data collection tool, and through the DfES Edubase website at <http://www.edubase.gov.uk/EstablishmentFind.aspx>.

# 1 Introduction

## 1.1 *Purpose and background*

- 1.1.1 This guidance provides advice to Primary Care Trusts (PCTs) on:
- i. how to measure the height and weight of children in primary schools as part of the National Child Measurement Programme (NCMP); and
  - ii. how to enter this information onto the National Child Measurement Database (NCMD).
- 1.1.2 A national programme of weighing and measuring schoolchildren for population monitoring was introduced in the 2005–06 school year. The guidance issued last year has been substantially revised in the light of PCTs' experiences of the first year of the programme, to improve practice from lessons learned.

## 1.2 *Healthy weight in children as a public health issue*

- 1.2.1 A healthy diet and regular physical activity contribute to general health and wellbeing. Children whose diet or physical activity levels are not healthy might become overweight or underweight – either of which can have a substantial effect on health both in childhood and in later life.
- 1.2.2 The Health Survey for England 2005 showed that rates of obesity are rising among children. In boys and girls aged 2–10 years, rates of obesity increased from 10% in 1995 to 17% in 2005. A further 16% of boys and 12% of girls were overweight.
- 1.2.3 The Government has set a Public Service Agreement (PSA) target of “halting the year on year rise in obesity among children aged under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole.” The target is jointly owned by the Department of Health (DH), the Department for Education and Skills (DfES), and the Department for Culture, Media and Sport (DCMS).
- 1.2.4 In connection with this target, the Government is asking that children in Reception and Year 6 are measured routinely to gather population-level data so that:
- data are available for performance management of PCTs against the PSA;
  - public health data are collected, which will increase public and professional understanding of weight issues in children;
  - local planning and delivery of services for children are based on high quality population monitoring data.

- additionally, the National Child Measurement Programme is a useful way to engage with children and families about healthy lifestyles and weight issues.

### **1.3 How will the data collected by PCTs be used?**

- 1.3.1 Data collected by PCTs will be added to the National Child Measurement Database (NCMD). This will make it possible to monitor changes in growth patterns among all children, including those who are underweight or of healthy weight, to inform national and local policies to improve public health.
- 1.3.2 This will be one of the largest sets of child growth data in the world, with enormous potential as a tool for tracking and analysing trends in childhood obesity, and guiding evidence-based interventions to tackle the major public health problem of obesity.
- 1.3.3 In 2006–07, anonymised information on the height, weight and age of all pupils measured will be collated by the NHS Information Centre<sup>1</sup> on behalf of the Department of Health. Appropriate information governance clearance has been obtained for this purpose. This information will be used to create a national anonymised dataset to enable detailed population-level epidemiological analysis and to improve our understanding of changes in child growth and body-mass index (BMI).
- 1.3.4 To enable local analysis, this national dataset will be shared with PCTs, in an aggregated and anonymised form, through the NHS Information Centre and the Public Health Observatory network in early 2008.
- 1.3.5 Results of the 2006–07 data collection will not be made available immediately, but will undergo a process of cleaning and quality control before figures are released in early 2008.
- 1.3.6 PCT Local Delivery Plan lines will automatically be populated in November 2007, using the provisional response rates they have submitted to the NCMD.

### **1.4 What did the data collection in 2005–06 show?**

- 1.4.1 Across England as a whole, about 50% of all eligible pupils were weighed and measured during the first year of the measurement programme. This included 57% of all Reception pupils (aged 4–5 years), and 42% of Year 6 pupils (aged 10–11 years). Overall, 80% of PCTs returned some data for schools in their area, but response rates (the proportion of eligible children who were measured) varied widely across England.

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<sup>1</sup> The NHS Information Centre for Health and Social Care ([www.ic.nhs.uk](http://www.ic.nhs.uk)) was created in April 2005 out of the former NHS Information Authority and the Department of Health Statistics Unit.

- 1.4.2 Anecdotal evidence suggested that children with higher BMIs were more likely to opt out of the measurement process in 2005–06, and analysis of the data supported this suggestion.
- 1.4.3 Results from 2005–06 suggest that the higher the response rate in a given area, the higher the apparent prevalence of obesity in that area. This may mean that as the response rate increases, the prevalence estimates derived from the data more closely approach the true prevalence. The data obtained from the 2005–06 exercise are likely systematically to underestimate the prevalence of childhood overweight and obesity. The best comparison figures available (from the Health Survey for England) show higher rates of overweight and obesity, although they follow a similar pattern by age and sex.
- 1.4.4 Reducing selective opting out by children with higher BMIs is especially important. Improving response rates is the most important challenge facing the programme, since it will increase the value and accuracy of the results.

## **1.5 *The role of Primary Care Trusts***

- 1.5.1 PCTs will be expected to resource and commission the measurement process, and to record and upload the collected data, from within their existing resource allocations. It is recognised that the measurement process is labour intensive. Increasing flexibility to measure throughout the year allows PCTs to distribute the burden, thus helping to ease the pressure.
- 1.5.2 The DH has set a minimum target of 80% coverage of both Reception and Year 6 pupils for 2006–07. The population base against which this target will be measured is all children in Reception and Year 6 in maintained primary schools located within a PCT area.
- 1.5.3 PCTs should ensure that trained health professionals oversee and are responsible for ensuring the process of measuring children takes place, in line with the recommendations in this guidance.
- 1.5.4 For the purposes of this programme, school nurses and others under their direction, or the direction of an appropriate PCT employee, are permitted to weigh and measure children without the need for formal consent. Parents should, however, be sent a letter explaining the purpose of the exercise and given the opportunity to opt their child out of it (see appendix 1 for more information about consent and appendix 4 for sample letter for parents).
- 1.5.5 PCTs should use the expertise of school nurses, and Healthy Schools coordinators where they are available, to facilitate partnership working with schools and to undertake or supervise the measurement programme. Other staff, including school staff, may carry out measurements as long as they are directed by appropriately qualified healthcare staff such as school nurses or health visitors.

- 1.5.6 If school nurses or other relevant professionals are concerned about a child's health as a result of his or her apparent weight status, whether or not the child has taken part in the measurement exercise, they should respond according to standard local care pathways.
- 1.5.7 The measurement exercise may cause or heighten anxieties among children in relation to weight or height, or both, particularly among older children. It is essential that these anxieties are contained and minimised. Additionally, the aim is to place this year's measurement programme in the context of healthy lifestyles and specifically healthy weight. Health promotion materials on healthy lifestyles, including advice on healthy eating and physical activity for children, are available from <http://www.direct.gov.uk/en/HealthAndWellBeing>
- 1.5.8 PCTs are not obliged to follow this guidance to meet the LDP requirements. However, those choosing to take a different approach should be aware of the legal constraints on aspects of the measurement process, particularly with respect to consent (appendix 1). This guidance has been informed by the experiences of PCTs and schools during last year's exercise and has been developed with wide consultation.

## **1.6 The role of schools**

- 1.6.1 DH and DfES Ministers will write to every primary school Head Teacher on 17 April 2007, explaining how and why the measurement programme is being undertaken and asking for their help with the process (appendix 6).
- 1.6.2 Participation in the measurement programme is an important way in which schools can promote the health of children, and support them to achieve their full potential. Close collaboration between schools and PCTs will help to ensure that the procedure runs smoothly.
- 1.6.3 Schools will be asked to inform parents about the measurement programme. PCTs should provide every school within its boundaries with appropriately customised versions of the specimen letter included in appendix 4 for them to send to parents. To ensure that information governance requirements are met, the wording of this letter should be followed unless there are local reasons to deviate from it and any amendments to the wording have been formally approved by the PCT.
- 1.6.4 Schools will need to identify a suitable place on site where measurements can be undertaken to ensure privacy and dignity of the individual child throughout the process. A separate room or a screened-off area must be provided. This is essential to reduce the risk of stigmatisation and should help reduce levels of opting out. PCTs should be able to advise schools about these practical arrangements.
- 1.6.5 Schools should be assured that the data collected will be anonymised and that all the information gathered will be treated as highly confidential. Pupils



will not be routinely informed of their own results during the measuring process and results will not be given to school staff.

## **1.7 The role of Strategic Health Authorities**

- 1.7.1 Strategic Health Authorities (SHAs) have a responsibility to manage the performance of PCTs and ensure that they achieve the minimum 80% Local Delivery Plan coverage target set by the DH.
- 1.7.2 Assurance will be sought from SHAs by 1 May 2007 that PCTs in their area have plans in place to collect data for the 2006–07 school year.

## **1.8 The role of Public Health Observatories**

- 1.81 The Public Health Observatories (PHOs) supported last year's measurement programme by coordinating regional workshops and obtaining approval from the Patient Information Advisory Group (PIAG) for local level analyses to be undertaken where local data quality allowed this.
- 1.82 It is anticipated that PHOs will continue to support the measurement exercise through further workshops and by assisting with local analyses where required. For more information or assistance, please contact your regional PHO obesity lead (appendix 2).

# **2 Guidance for measurement**

## **2.1 Which children should be measured?**

2.1.1 During the 2006–07 academic year, PCTs should measure:

- all children in Reception (ages 4–5 years);
- all children in Year 6 (ages 10–11 years).

## **2.2 Data collected by the NHS Information Centre**

2.2.1 PCTs need to submit the following data to the NHS Information Centre for each child:

- sex;
- date of birth (converted to age in months by the NHS Information Centre);
- DfES school Unique Reference Number (URN);
- month of measurement;
- height (in centimetres, to first decimal place, i.e. to the nearest millimetre [e.g. 110.4 cm]);

- weight (in kilograms, to the first decimal place, i.e. to the nearest 100 grams [e.g. 20.6 kg]);
- full home postcode (optional);
- ethnicity (optional).

NB see section 3.2.1 for details of the data fields within the data collection tool.

The PCT will also need to provide an overall pupil number for each school year to be used as the denominator for calculating their response rates. This should be the total number of pupils available to the PCT to measure, usually the number of pupils in each of Reception and Year 6 who are educated in primary schools within the PCT's boundaries. The data collection tool supplied by the NHS Information Centre will provide an estimate of this denominator, derived from DfES pupil numbers. Where this differs from the actual number of pupils available to the PCT, for example where schools have been incorrectly allocated to a neighbouring PCT within the data collection tool, PCTs can enter corrected pupil numbers to be used in calculating their response rate for performance management purposes.

2.2.2 The following supplementary information should also be supplied by each PCT:

- name and contact information of the PCT obesity lead (or other person responsible for the measurement exercise);
- how data have been obtained for each school year (i.e. are they routine data or have they been specially collected?);
- where data have been stored (e.g. loaded direct into NCMD data collection tool, or previously stored in Child Health System or other);
- number of children opting out of the exercise (if known, leave blank if not);
- reason for any differences between the PCT's pupil number denominators and those supplied within the data collection tool (e.g. list of schools incorrect, schools' pupil numbers incorrect);
- number of requests by parents for feedback (if known, leave blank if not).

Further details on the information required from PCTs and the process by which this will be submitted to DH are provided in section 3 below.

## **2.3 Obtaining data**

2.3.1 Some PCTs already have systems for collecting data on children's height and weight (usually held on child health information systems). Where these systems are working well and can provide the information required for the NCMD, these routinely collected data can be entered into the NCMD data collection tool (see section 3). Sections 2.4–2.7 below are intended to guide PCTs without access to the required information through existing routine data sources and therefore need to collect data specifically for the NCMD.

## **2.4 Which schools should be included?**

- 2.4.1 Every maintained primary school within the PCT boundary should be included in the measurement exercise. As many children as possible who attend primary schools within the PCT boundary should be measured. The 80% coverage target specified for the Local Delivery Plan (LDP) is a minimum, and every effort should be made to obtain higher levels of coverage.
- 2.4.2 Some PCTs might have access to routine data for all children resident in their area. This will not necessarily be the same as all pupils educated at schools within the PCT's boundaries. It may not be possible to filter the data to provide information only for pupils at the required schools. Where this is the case, PCTs can submit these data to the NCMD and should mark the data (within the data collection tool) as being based on their resident child population rather than on pupils attending schools within their area.
- 2.4.3 Independent schools educate around 5–6% of the primary school population. Although there is no requirement to measure children at independent schools, such measurement is encouraged where it is possible, and data on such children can be included in the data submission to the NHS Information Centre.
- 2.4.4 Some PCTs will have schools (either maintained or independent) within their boundaries that cater for children with special needs. Additionally, some children with special needs attend mainstream schools. Measuring children with special needs might be more likely to cause physical or psychological distress than in other children<sup>2</sup>. PCTs might want to discuss with the schools concerned whether measurement of such children is appropriate, and if so what the best approaches are to ensure that it is conducted in a supportive and sensitive way.
- 2.4.5 Measurement of children in independent schools and schools for children with special needs will not be included in coverage figures for the LDP targets.
- 2.4.6 Whether or not measurements are undertaken in schools of children with special needs or independent schools, children attending these schools are still at risk of being underweight, overweight or obese. PCTs should of course continue to work with these schools, and any interventions aimed at promoting healthy weight in children should be offered in all schools according to need and priority, regardless of whether they have been included in the measurement process.

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<sup>2</sup> Cole M, Smith A, Marchant R, Jones M. *The views of disabled children with complex health needs about being weighed and measured*. Triangle Services, 2005.

## **2.5 Preparing for the measurement exercise**

### **A. Staff**

- 2.5.1 All staff engaged in weighing and measuring children should have a completed Criminal Records Bureau (CRB) check in keeping with current employment arrangements.<sup>3</sup>
- 2.5.2 Where possible, PCTs should provide appropriate training for staff undertaking measurement of children and the recording and uploading of data. PCTs might wish to use the Department of Health's directory of "Obesity Training Courses for Primary Care", which can be found on [www.domuk.org](http://www.domuk.org).
- 2.5.3 Uploading data to the NCMD requires a degree of data manipulation. This is likely to be best undertaken by someone in an analytical role with experience of using spreadsheets.

### **B. Equipment**

- 2.5.4 Accuracy of measurement is dependent on the correct use of good quality equipment. Weighing scales must comply with EU Directive 90/384/EEC. Such scales cost about £200–250 and should be calibrated in line with the EU recommendations.
- 2.5.5 Height should be measured with an approved portable height measure (stadiometer). Wall-mounted measuring equipment should not be used.
- 2.5.6 Equipment meeting the required standards should be available from reputable healthcare suppliers.

### **C. Working with schools**

- 2.5.7 PCTs should contact schools to discuss and plan for the exercise. This will involve arranging a suitable time for the measurement itself, and asking schools to prepare the necessary data fields for the PCT. A specimen letter to send to school head teachers and boards of governors is provided in appendix 5.
- 2.5.8 Schools have been asked by DH and DfES to provide PCTs with pupil year lists, containing the name, sex and date of birth of all pupils in Reception and Year 6 (appendix 6). Data on individual children need to be identifiable at the time of collection to ensure that every child is measured and no child is measured twice. Pupils' names will not be uploaded to the NHS Information Centre, but need to be retained by the PCT for one month from the time of measurement in case parents or children request their

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<sup>3</sup> Guidance issued by DfES on working with children is available at: <http://www.teachernet.gov.uk/docbank/index.cfm?id=2172>.

measurements within this time. Names should be removed from records of pupil measurements after one month. Further guidance on this will be provided with the data collection tool.

- 2.5.9 Information on pupils' home postcodes and ethnicity are valuable additions to the dataset and should be provided if available. Schools are not obliged to provide this extra information, but many schools should be able to extract it easily, since it is recorded in schools' management information systems and supplied for the DfES school census. Postcode and ethnicity information should not be obtained by asking pupils or assigned by the observer.

#### **D. Working with parents**

- 2.5.10 Schools and PCTs have a key role to play in engaging with parents to promote the exercise, and reassuring them with regard to the obvious concerns many parents will have. PCTs need to liaise with schools to ensure that parents are informed about the measurement exercise. The wording provided in the specimen letter in appendix 4 should be used as the basis of a letter to parents, with the addition of appropriate local information including the name and address of the PCT and the proposed date of measurement. The letter should be sent home in a sealed envelope to explain to parents that the PCT will be measuring their child's height and weight in school, and to provide the opportunity for parents to withdraw children from the measurement process if they wish. Schools can use the question and answer section in appendix 6 to help address concerns from parents.

- 2.5.11 The reasons for parents or children opting out include concerns about measurements being revealed to others and about possible stigmatisation of children during the measurement process. These wishes must of course be respected, but PCTs and schools can help to minimise the number of children who opt out by:

- ensuring that privacy and dignity of the child will be safeguarded at all times throughout the process;
- reassuring children that their measurements will not be revealed to anyone in school, and that all data will be anonymised. Names will not be saved in the database, except to allow parents to request results within one month, after which names will be removed (see 2.5.8);
- emphasising the context of promoting healthy lifestyles, especially healthy eating, physical activity and healthy weight;
- considering linking the measurement exercise to routine class activities (e.g. as part of a PSHE activity on healthy living).

## **2.6 The measurement process**

- 2.6.1 Healthcare staff should take responsibility for weighing and measuring children. Best practice is for two staff members to run each measuring session to ensure the measurements are recorded accurately.
- 2.6.2 Children can be sensitive about their own height or weight, or both, and those of other children. Staff should be aware of this and should recognise that weighing and measuring children could accentuate these sensitivities and increase the risk of stigmatisation, bullying and poor self-image. The measurement process should be handled so as to minimise the potential for harm. Children's privacy and dignity should be respected at all times and under no circumstances should a child be coerced into taking part.
- 2.6.3 Measurement should take place in a separate room. In the very exceptional case that this is not possible, a screened off area of the classroom may be used, but it is imperative that the height and weight displays on the measurement equipment are not visible to anyone apart from the person recording measurements, and that the other pupils in the class are engaged in other activities and are not able to see or overhear the measurement taking place.
- 2.6.4 Children's weight should be measured in kilograms, to the first decimal place, i.e. to the nearest 100 grams (e.g. 20.6 kg). They should be weighed in normal, light, indoor clothing without shoes.
- 2.6.5 Children's height should be measured in centimetres, to the first decimal place, i.e. to the nearest millimetre (e.g. 120.4 cm) when standing without shoes.
- 2.6.6 Detailed guidance on taking measurements is provided in appendix 3.

## **2.7 Data handling**

- 2.7.1 Children's BMIs should not be calculated at the point of measurement or be fed back directly to the school or pupils.
- 2.7.2 Children should never be told the measurements of other children.
- 2.7.3 Parents have a right to information about their children and can request their child's height and weight results from the PCT within one month of the measurement taking place. Strict legal requirements for data handling exist to protect identifiable data in a no consent system such as this. Measurements should not be fed back routinely to parents and children's names should be removed from the dataset after one month, unless the data are being routinely entered onto the local NHS Child Health System and appropriate consent has been obtained for storing identifiable information).

- 2.7.4 Even after pupil names have been removed, the dataset still contains potentially identifiable pupil-level information. PCTs should treat this information according to local information governance protocols for patient-level clinical information. Data will be further anonymised before upload to the NCMD.
- 2.7.5 Participating schools might wish to receive feedback following the exercise. Detailed advice on how this should be done is given in sections 3.3.3 – 3.3.5 below.

### **3 Guidance for Primary Care Trust Information Analysts**

#### **3.1 Data handling procedure**

- 3.1.1 The data collection tool for the 2006–07 exercise will be available to download in May 2007. The tool will be similar to the one used for the 2005–06 exercise, and will consist of a spreadsheet template into which PCTs will need to enter, paste or import their pupil-level data.
- 3.1.2 The data collection tool used in 2005–06 will not work for the 2006–07 exercise, but any information already entered onto the 2005–06 template can be easily transferred from the old version to the new one.
- 3.1.3 Once pupil data have been entered on the 2006–07 data collection tool, an automated validation routine will enable PCTs to check and correct their data before running the automated ‘upload’ routine that will submit anonymised information to the NHS Information Centre’s NCMD system.
- 3.1.4 The 2006–07 data collection tool will provide feedback to PCTs before the data are submitted centrally. This will confirm essential information, such as the PCT’s response rate based on the information provided, and will provide PCTs with an indication of their local BMI distribution and obesity prevalence (using the UK 1990 BMI thresholds). This information will enable PCTs to check their information before it is submitted to the NCMD, and can also be used as a starting point for local analysis.
- 3.1.5 Data validation routines have been altered for the 2006–07 exercise, in response to PCT feedback. Records that do not satisfy the tool’s validation rules will be flagged, rather than simply rejected, giving PCTs an opportunity to check, correct or approve any apparent errors before submission.
- 3.1.6 Although in 2006–07 the NCMD will be collating pupil-level information at national level, identifiable information such as pupil name will not be uploaded to the NHS Information Centre. Other potentially identifiable information (date of birth, date measured and home postcode) will be

aggregated to avoid identifying individuals and to meet the conditions of PIAG approval.

- 3.1.7 Due to the reorganisation of PCTs since last year's exercise, PCTs will need to obtain new NCMD passwords to download the data collection tool and to submit their final data. Full details on how to obtain these will be provided to PCTs in May 2007. This information will also be sent to all PCT Directors of Public Health and will be circulated by PHO obesity networks.
- 3.1.8 The full technical user-guide for operating the 2006–07 data collection tool will be contained within the tool itself.

### **3.2 Data fields within the data collection tool**

3.2.1 The data fields uploaded to the NHS IC in 2006–07 are listed in section 2.2. Many PCTs will already have pupil information ready to enter onto the NCMD, or will need to specify the data extract required from Child Health System providers. The following list provides the precise fields required to enter pupil level data into the NCMD data collection tool, which can be used to prepare existing data for the data collection tool, or to create a specification for a child health system extract:

- pupil first name (optional);
- pupil surname (optional);
- sex (1 character, coded to M for male, or F for female);
- date of birth (date, format 01/12/2006);
- DfES school Unique Reference Number (six digit number);
- date of measurement (date, format 01/12/2006);
- height (in centimetres, first decimal place, measured to nearest millimetre);
- weight (in kilograms, first decimal place, measured to nearest 100 grams);
- full postcode (optional, blank if not available, 8 character string);
- ethnicity (optional, blank if not obtained from school information management system, maximum 4 character string).

3.2.2 Pupil data can be transferred from other software packages (e.g. Excel, Access, SPSS) into the data collection tool. A form-based pupil data entry option will also be provided for those PCTs which wish to type their pupil-level information directly into the data collection tool.

3.2.3 By contrast with 2005–06, where school name was recorded as a text field which limited potential analysis, for 2006–07 six digit DfES Unique Reference Number will need to be entered to identify the school attended by each pupil. Full lists of DfES school names and codes will be provided within the data collection tool, and through the DfES Edubase website at <http://www.edubase.gov.uk/EstablishmentFind.aspx>.



- 3.2.4 In 2006–07 PCTs will be required only to check and correct a pre-populated PCT school list within the data collection tool, rather than enter this information themselves. Editing of the supplied school list will have to be done within the data collection tool as this information cannot be easily imported from other datasets.
- 3.2.5 Where postcode and ethnicity information are available, these can be entered into the data collection tool. If not these fields should be left blank. Ethnicity should be coded to either single character NHS codes<sup>4</sup> or four character DfES Extended codes<sup>5</sup>.
- 3.2.6 Pupil name may be included to provide for the possibility for parents to request feedback of their child's height and weight from the PCT. However, in order to comply with guidance on consent, pupil names should be deleted from the data collection tool one month after the collection exercise.
- 3.2.7 In addition to the data input in 2005–06, PCTs will need to provide the supplementary information listed in section 2.2.2. This will need to be entered directly onto the upload tool, and cannot be imported from other systems.

### **3.3 Further information and sources of advice**

- 3.3.1 The figures submitted to the NCMD will be centrally cleaned and validated, with the NHS Information Centre contacting any PCTs where there appear to be concerns over data quality.
- 3.3.2 Once the dataset has been cleaned, the NHS Information Centre will produce a national dataset of PCT statistics, which will be made available in early 2008. This information will be used to prepopulate the childhood obesity LDP lines, so PCTs should check the summary figures shown within the data collection tool before they upload their data to the NCMD.
- 3.3.3 Though this summary information can form a starting point for further analysis, it is advised that local data should be thoroughly cleaned and investigated before being used. It is important that robust and appropriate statistical approaches are used in analysis of these data. Regional PHO obesity leads (appendix 2) can offer advice to PCTs on how this could be done.
- 3.3.4 There are particular sensitivities around school-level data. Participating schools may wish to receive feedback following the exercise, but it is important that this is based on robust data and does not risk allowing identification of results from individual children. PCTs must not feed raw results back to schools. The reasons for this outlined below:

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<sup>4</sup>[http://www.connectingforhealth.nhs.uk/datadictionary/data\\_dictionary/attributes/e/enh/ethnic\\_category\\_code\\_de.asp?shownav=1](http://www.connectingforhealth.nhs.uk/datadictionary/data_dictionary/attributes/e/enh/ethnic_category_code_de.asp?shownav=1)

<sup>5</sup>[http://www.standards.dfes.gov.uk/ethnicminorities/resources/Extended\\_Eth\\_Codes\\_V1\\_Oct06.xls](http://www.standards.dfes.gov.uk/ethnicminorities/resources/Extended_Eth_Codes_V1_Oct06.xls)

- With small denominator populations such as those for primary schools the numbers of overweight and obese children are likely also to be small. Publication of these small number data might therefore allow individual children to be identified from published results. This goes against disclosure rules and is not permissible.
- Class sizes in primary schools are small, so school level prevalence figures will be subject to small number variation. They would thus not provide robust measures of obesity prevalence even if there were 100% coverage of all children in the relevant age groups within a school.
- Most schools will have less than 100% coverage. Some groups, such as heavier children, are more likely to opt out of the exercise than others, thus introducing bias into the results and rendering them less reliable at school level.

3.3.5 To overcome these problems the following scheme should be adopted for feeding results back to schools:

- State the levels of coverage by year group and sex.
- Comparator or figures should be identified by the PCT, for example the mean prevalence of overweight or obesity for the PCT, or the region, for each school year group. It is important not to combine data for school year groups in analysis as prevalences of overweight and obesity vary by age.
- The school's results for both overweight and obesity should then be described as belonging to one of the following four categories:
  1. school prevalence by year group is statistically significantly above the comparator prevalence
  2. school prevalence by year group is statistically significantly below the comparator prevalence
  3. school prevalence by year group is not statistically significantly different from the comparator prevalence
  4. there are insufficient data to make a statistically significant comparison.
- This approach ensures both respect for individual children's privacy, and that any actions relating to differences between schools are based on statistically valid comparisons.

3.3.6 If PCTs or schools receive requests for school level data under the Freedom of Information Act the scheme outlined in 3.3.5 above should be used to ensure that there is no risk of individual children being identified.

**If you have any queries or need further information, please contact:**

**[heightweightguidance@dh.gsi.gov.uk](mailto:heightweightguidance@dh.gsi.gov.uk)**

## Appendix

### **Appendix 1: Questions and Answers**

**Q. What will the data be used for?**

A. The primary purpose of the programme is to assist with local tracking against the childhood obesity target and to enable performance management of PCTs in relation to this target. In the future the data may also be used for epidemiological research (subject to the necessary approvals). This will provide a vital aid to improving appropriate obesity intervention and prevention programmes and will also help to monitor the progress of existing programmes.

**Q. What should be done if a parent opts their child out of the measurement process but the child wishes to opt in?**

A. It is recommended that the parent's wishes are respected and that this is sensitively explained to the child.

**Q. What should be done if a parent is happy for their child to participate in the measurement exercise but the child wishes to opt out?**

A. The child's wishes should be respected. Under no circumstances should a child be forced to be measured.

**Q. What happens if a particular region already collects height and weight data on children in Reception and/or Year 6 as part of an existing programme?**

A. Providing the required fields of data are collected and uploaded, PCTs are free to obtain data in any appropriate way they choose. However, PCTs should ensure they have considered the legal guidance given later in this section.

**Q. What should I do if a child or parent specifically requests their height and weight data?**

A. If requested, height and weight data should be confidentially provided to the child or parent by the PCT. BMI should not be calculated. An information leaflet for parents called 'Why your child's weight matters' can be found at [www.dh.gov.uk/healthyliving](http://www.dh.gov.uk/healthyliving). You can also order copies of the leaflet by telephoning 08701 555 455 or faxing 01623 724 524, quoting reference 277810, or by emailing [dh@prolog.uk.com](mailto:dh@prolog.uk.com) (quoting the reference number, your name, postal address and how many copies you need).

An online BMI calculator is being developed that will allow parents to calculate their child's BMI and will provide appropriate information to help them to interpret the result and act on it if necessary. This online tool will be available at [www.dh.gov.uk/healthyliving](http://www.dh.gov.uk/healthyliving).

**Q. Will there be school league tables?**

A. No. The nature of the data is such that results are rarely statistically significant at school level. This exercise has been designed to monitor population health, not to highlight or stigmatise individual children or schools.

**Q. How can my PCT positively promote the measurement programme (and increase uptake)?**

A. Engagement with schools, parents, children and Healthy Schools coordinators will help raise awareness and promote the programme. Letters have been sent to the head teacher and board of governors of every school (appendix 5) and a sample parental information letter is included in this guidance and will be translated into 15 languages (appendix 4).

The Department of Health is liaising with the media to address some of the concerns expressed last year.

As part of an ongoing programme to improve the programme, work is underway to produce further supporting materials for use in subsequent years of this programme.

**Q. What is the legal advice on the National Child Measurement Programme?**

A. The collection and analysis of weight and height data within this programme, which is being undertaken for research and performance management purposes, does not require formal parental consent.

Height and weight data are considered health information (and therefore sensitive personal data) if collected and processed by health professionals for health purposes in confidential health settings. Data should be processed by (or under the authority of) health professionals, in accordance with conditions in Schedules 2 and 3 of the Data Protection Act 1998 which do not require consent.

The reasons why formal consent is not considered essential for this exercise are as follows:

- Use of the information has been authorised by the Secretary of State, on the advice of the PIAG, under section 60 of the Health and Social Care Act 2001. This authorisation not only provides a legal basis for collection of health information without consent, it also ensures compliance with the European Convention on Human Rights (including the right to respect for private and family life) as it is a derogation.
- In view of the long-standing practice of weighing and measuring children in schools, a strong argument exists that schools have assumed a parental role (that is, they act in "loco parentis") as regards the weighing and measuring of children in their care.

However, although it is not required legally, parents should be informed of the intention to weigh and measure their child, thereby providing notice and the option to withdraw their child from the measurement process should they wish to do so. The specimen letter in appendix 4 should be used for this purpose.

## **Appendix 2: Public Health Observatory obesity lead contact details**

East Midlands PHO:	Kath Roberts <a href="mailto:Katharine.Roberts@empho.nhs.uk">Katharine.Roberts@empho.nhs.uk</a> 01623 812069 <a href="http://www.empho.org.uk">www.empho.org.uk</a>
West Midlands PHO:	Sara Deakin <a href="mailto:sara.deakin@wmpo.org.uk">sara.deakin@wmpo.org.uk</a> 0121 414 8190 <a href="http://www.wmpo.org.uk">www.wmpo.org.uk</a>
North West PHO:	Jeremy Hooper <a href="mailto:j.p.hooper@ljamu.ac.uk">j.p.hooper@ljamu.ac.uk</a> 0151 231 4454 <a href="http://www.nwpho.org.uk">www.nwpho.org.uk</a>
Yorkshire and Humber PHO:	Margaret Wilkinson <a href="mailto:mw522@york.ac.uk">mw522@york.ac.uk</a> 01904 724588 <a href="http://www.yhpho.org.uk">www.yhpho.org.uk</a>
North East PHO:	Louisa Ells <a href="mailto:louisa.ells@nepho.org.uk">louisa.ells@nepho.org.uk</a> 0191 334 0400 <a href="http://www.nepho.org.uk">www.nepho.org.uk</a>
South West PHO:	Robert Mulliss <a href="mailto:robert.mulliss@swpho.nhs.uk">robert.mulliss@swpho.nhs.uk</a> 01962 863511 <a href="http://www.swpho.nhs.uk">www.swpho.nhs.uk</a>
London HO:	Caroline Bowles <a href="mailto:cbowles@lho.org.uk">cbowles@lho.org.uk</a> 020 7307 2828 <a href="http://www.lho.org.uk">www.lho.org.uk</a>
Eastern Region PHO:	Sian Evans <a href="mailto:sian.evans@rdd-phru.cam.ac.uk">sian.evans@rdd-phru.cam.ac.uk</a> 01223 330353 <a href="http://www.erpho.org.uk">www.erpho.org.uk</a>
South East PHO:	Jo Watson <a href="mailto:jo.watson@sepho.nhs.uk">jo.watson@sepho.nhs.uk</a> 01865 334 714 <a href="http://www.sepho.org.uk">www.sepho.org.uk</a>

### **Appendix 3: Guidance on the measurement process**

Research for the Office of England's Children's Commissioner states that primary schoolchildren respond pragmatically and positively to being weighed and measured if the measurement is done sensitively.<sup>6</sup>

#### **Setting up:**

1. With the school's help, locate a private setting to carry out the measurements and where possible ensure that two members of staff are available to conduct the measuring exercise.
2. Prepare data entry sheets with prerequisite data fields (e.g. school, name, sex, date of birth, date of measurement, and full postcode and ethnicity where available). These should have been provided by the school.
3. Ensure scales have been calibrated and comply with EU Directive 90/384/EEC and are placed on a flat, firm surface with the read out display concealed from the participating child and others.
4. Ensure the height measure (stadiometer) is correctly assembled, calibrated using a 1.5m measuring rod and placed on a flat, firm surface with its stabilisers resting against a vertical surface (wall, door etc) to ensure maximum rigidity.

#### **Measuring weight:**

1. Ask the child to remove their shoes and any heavy outdoor clothing.
2. Ask the child to stand still with both feet in the centre of the scales.
3. Record the weight in kilograms to the first decimal place, i.e. nearest 100 grams (e.g. 20.6 kg).

#### **Measuring height:**

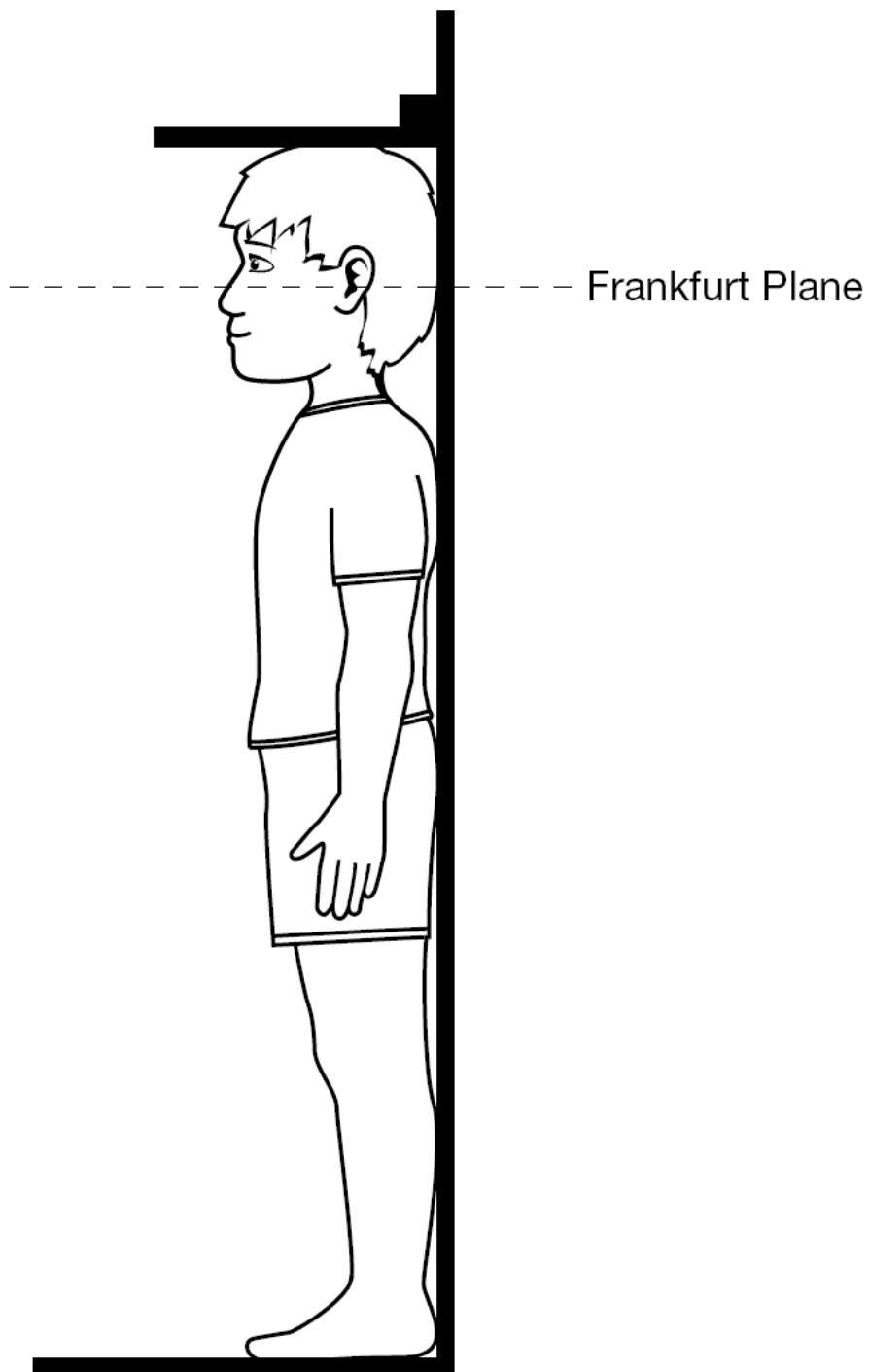
1. Ask the child to remove their shoes and any heavy outdoor clothing, which may interfere with taking an accurate height measurement.
2. Ask the child to stand on the height measure with the feet flat on the floor, heels together and touching the base of the vertical measuring column. The child's arms should be relaxed and their bottom and shoulders should also touch the vertical measuring column (figure 1).
3. The head piece of the height measure should then be lowered firmly on to the head before the measurer positions it in the Frankfurt Plane (ensuring that an imaginary line extending from the bottom of the eye socket to the external ear canal is level), as shown in figure 1.
4. Ideally one staff member will ensure the child maintains the correct position while the other reads the measurement.
5. Record the height measurement in centimetres to first decimal place, i.e. nearest millimetre (120.4cm).

After recording the height and weight measurements do not make comment on the measurements. Neutral comments such as 'thank you' and 'can you now please step off' are appropriate. Whenever possible measurements should be repeated to ensure accuracy.

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<sup>6</sup> *A report for the Children's Commissioner's Office on the National Children's Bureau's consultations with primary school children on measuring children's height and weight in school.* National Children's Bureau, 2005.

**Figure 1: The correct position for measuring height**



**Appendix 4: Specimen information letter to parents, opt out form and feedback request form**

**Measuring the height and weight of children in Reception and Year 6**

The NHS needs to have a good understanding of how children are growing across the country, so that the best possible health services can be provided for children. As a result, in 2006, children in England in Reception and Year 6 had their height and weight measured. This exercise is being repeated during this school year and we very much hope that all children in these years will be weighed and measured.

Your child's class will take part in this year's measurement exercise which is due to take place on **[insert date]**. The measurement will be done by trained healthcare staff from the local NHS Primary Care Trust (PCT). It will take place in a private area away from other pupils. Children will remain fully clothed and will be asked to remove their shoes.

All information gathered will be treated confidentially. No child's height or weight will be given to school staff or other children. The records of children's heights and weights will be made anonymous, so that it will not be possible to identify your child's height or weight. This anonymous information will then be used within the NHS and by researchers to help us understand and treat weight related problems in children.

You will be able to obtain your child's measurements from the PCT up to one month after the measuring takes place. If you would like to receive your child's height and weight measurement, please complete and return the attached form to your PCT. After one month, your child's name will be removed from the record so that no individual child can be identified.

If you would like more information about the National Childhood Measurement Programme, including advice about healthy lifestyles, please ask for a copy of the '*Why your child's weight matters*' leaflet by calling 08701 555 455 quoting reference 277810, or by emailing [dh@prolog.uk.com](mailto:dh@prolog.uk.com) (quoting the reference number, your name, postal address and how many copies you need). You can download a copy of the leaflet from [www.dh.gov.uk/healthyliving](http://www.dh.gov.uk/healthyliving).

If you are happy for your child to be weighed and measured, you do not need to do anything. If you do not wish your child to be measured, please return the slip at the bottom of this letter to your child's teacher.

Yours sincerely,

Head Teacher

.....  
I do not wish my child to be weighed and measured by the PCT.

Child's name: \_\_\_\_\_ Year: \_\_\_\_\_ Class: \_\_\_\_\_

Parent's / Carer's signature: \_\_\_\_\_



## Height and weight feedback request form

If you would like to receive your child's height and weight from your local Primary Care Trust, please complete and return the attached form to the address below. If you are happy to receive your child's results by telephone, please provide your phone number.

Please note this form must be received by the PCT within one month of your child being measured. After this point your child's name will have been removed to meet data protection rules and it will not be possible to identify an individual child from the PCT records.

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I would like to request my child's height and weight measurements.

Child's name: .....

Child's date of birth: .....

Child's school: .....

Parent / Carers name: .....

Address: ....

.....

.....

Postcode: .....

Telephone: .....

Signature: .....

Date: / / 2007

PLEASE RETURN TO:

XXX PCT

**[PCT to insert contact details here]**

Please note that the above letter has been translated in the following languages, which can be found on the Department of Health website at [www.dh.gov.uk/healthyliving](http://www.dh.gov.uk/healthyliving).

- Arabic
- Bengali
- Cantonese
- Czech
- Farsi
- French
- Gujerati
- Mandarin
- Polish
- Portuguese
- Punjabi
- Russian
- Somali
- Spanish
- Urdu

Braille and recorded versions are also available on request from the Department of Health: please email us at [heightweightguidance@dh.gsi.gov.uk](mailto:heightweightguidance@dh.gsi.gov.uk) if you require one.

## **Appendix 5: Specimen letter to Head Teacher and board of governors from the Primary Care Trust**

### Measuring height and weight in children in Reception and Year 6

The Department for Education and Skills (DfES), the Department of Health (DH), and the Department for Culture, Media and Sport (DCMS) have a shared programme of work to improve children's health and well-being. Promoting healthy weight in children is an important part of this programme. We are again planning to weigh and measure all children in Reception and Year 6 this year as part of the National Child Measurement Programme, an essential source of information for local and national monitoring of childhood weight patterns.

The measurements will be carried out sensitively, respecting children's privacy and dignity. This will be done by, or under the direction of, staff from the Primary Care Trust (PCT). Children will not be required to undress and will only be asked to remove their shoes and any outdoor clothing. No information on children's weights or heights will be disclosed to school staff, pupils or parents, unless a parent specially requests their child's information within a month of the measurement exercise. All data collected will be stored securely and will be **anonymised** before being shared confidentially within the NHS. The anonymised data may also be used by approved university researchers studying weight-related conditions.

Many thanks to those of you whose schools participated in this exercise last year. A report on last year's exercise, "*Analysis of the National Childhood Obesity Database 2005–06*" can be downloaded from the DH website at [www.dh.gov.uk/healthyliving](http://www.dh.gov.uk/healthyliving). The information we are collecting is creating an extremely important dataset, which will be used to help investigate the causes and prevention of weight-related diseases and to help improve, plan and deliver children's services at both local and national level.

The Department of Health and the Department for Education and Skills jointly wrote to all head teachers on 17 April 2007 outlining the importance of this exercise and the help we would like from your school. We are keen to ensure that the weighing and measuring process involves minimal disruption and very little extra work for school staff. To enable us to conduct this exercise head teachers have been asked for assistance in the following areas:

- Writing to inform parents about the exercise: an example letter is enclosed which can be sent to all parents. The letter explains the process and includes two slips: one to complete and return if they do not wish their child to take part and another to be sent to the PCT if they wish to receive feedback on their child's height and weight.
- Provision of relevant year group lists: the PCT staff conducting the survey need to be provided with a list of children in Reception and Year 6, showing each pupil's:
  - name;
  - sex;

- date of birth;
- home postcode (if available);
- ethnicity (if available)

These lists should identify the total number of children in each class and the number of children whose parents have opted them out of the exercise, but should not give the names or personal details of children excluded from the exercise in this way.

- Information on pupils' home postcodes and ethnicity are valuable additions to the dataset and should be provided if available. Schools are not obliged to provide this extra information, but many schools should be able to extract it easily, since it is recorded in schools' management information systems and supplied for the DfES school census. Postcode and ethnicity information should not be obtained by asking pupils or assigned by the observer.
- Identifying a room or area where measurements can be conducted privately.
- Helping to bring children to and from the measurement area.
- Providing an information leaflet entitled '*Why your child's weight matters*' to parents who request it, or, where appropriate, signposting parents to it online.

I would be most grateful for your support and co-operation as we conduct the measurement programme over the coming months. If you require any further information please do not hesitate to contact me.

Yours sincerely,

Director of Public Health, XXX PCT

## **Appendix 6: Content of 17 April 2007 letter from Department of Health and Department for Education and Skills Ministers to Head Teacher**

department for  
**education and skills**



April 2007

**Dear Head Teacher,**

### **Supporting Healthy Lifestyles: The National Child Measurement Programme**

We are writing to all primary school Head Teachers in England to ask for your help and support with this year's National Child Measurement Programme, which seeks to record the heights and weights of all Reception and Year 6 pupils. Thank you to those who participated in this last year and have already taken part this year – we know some Primary Care Trusts (PCTs) have already started carrying out this exercise. Most PCTs, however, are planning to contact schools shortly to make the necessary arrangements for this Summer term.

We appreciate how stretched schools can be in implementing new measures. However, this is crucial if we are going to tackle the health, and knock-on educational problems, associated with child obesity. Participation is not mandatory, but as this is so important we very much hope that schools will support this activity.

PCTs will carry out the majority of the work involved in the programme, including the weighing and measuring, and the management of data. Schools will be asked to provide class lists, identify a suitable place in the school for the measurements to be taken, and facilitate escorting children to and from the measurement location. We would also encourage schools to do what they can to help engage parents in the exercise and minimise any misunderstandings that may arise. More detail is set out in the Annex.

We know that schools already play an important role in helping children to live healthy lifestyles and maintain a healthy weight. The new regulations on school food, targets for increasing participation in PE and school sport, and the Healthy Schools programme have already made significant advances in establishing an environment during the school day that promotes health.

The problems of overweight and obesity are not the sole responsibility of schools and we do not expect schools to provide all the solutions. However, schools can help by playing their part in facilitating the measurement programme, and reassuring parents and children who may have concerns.

The latest national data (Health Survey for England, 2005) show that rates of obesity in children aged 2-10 years increased from 11% in 1995 to 17% in 2005, and rates are forecast to rise. Additionally, 16% of boys and 12% of girls were overweight.

Overweight and obese children may not get the most out of school: they may be teased or bullied or have behavioural problems stemming from anxiety or even depression. They may avoid active play or learning opportunities in school sport and PE. They may be missing school for medical appointments or treatment. Obesity is an important issue for children and their families, for schools and for wider society.

Obesity is linked to many serious health risks in both children and adults, such as type 2 diabetes, cardiovascular problems, respiratory illnesses, joint and movement problems and psychological disorders. Obese children are highly likely to go on to become obese adults, with health problems escalating in seriousness with age.

The National Child Measurement Programme is a key component of our strategy to halt the growing problem of childhood obesity and help children lead healthier lives. Without reliable data on the child population at key development stages we do not know whether the action we are taking is having an effect or where more resources are needed. That is why your participation in this programme is so important.

We acknowledge that the visit from the PCT will mean some disruption to routines, but last year's experience showed that a well-organised visit to an average school lasted little more than an hour.

Your PCT will contact you shortly and we urge you to work collaboratively with them on this. If you need any further information or have any concerns about participating, please contact your PCT at the earliest opportunity and also take the opportunity to review the information in the Annex. You can find the guidance that DH has issued to PCTs and a report on last year's exercise at [www.dh.gov.uk/healthyliving](http://www.dh.gov.uk/healthyliving).

**Yours sincerely**



**Jim Knight**

Minister of State for Schools and 14-19 Learners

Department for Education and Skills  
Sanctuary Buildings  
Great Smith Street  
London  
SW1P 3BT



**Caroline Flint**

Minister of State for Public Health

Department of Health  
Richmond House  
79 Whitehall  
London  
SW1A 2NS

## **Annex: An overview of the National Child Measurement Programme**

Weighing and measuring will typically be carried out by PCT staff, who will have been CRB checked:

- PCT staff will bring all the necessary equipment for weighing and measuring,
- Simple height and weight measurements will be collected using a weighing scale and a height ruler.
- Children will remain fully clothed at all times.
- The exercise will be conducted in a discreet and sensitive way, maintaining pupils' privacy to prevent possible stigmatisation e.g. using a screened-off area or a separate room for the weighing and measuring.
- All information gathered is highly confidential. Pupils will not be informed of their results and results must not be given to school staff. **PCTs, not schools, will hold the collected data.**

What schools need to do to help:

- Provide PCT staff with class lists containing the name, sex and date of birth of all pupils in Reception and Year 6. This should be easily accessible from your school Management Information System
- Identify a private area in which measurements can be taken. If a separate room is not available a screened-off area should be provided.
- Provide help with bringing children to and from the measurement room.
- Inform parents about the measurement exercise (see 'What will happen next?' section).
- You might like to review the detailed guidance for PCTs, informed by experiences last year and downloadable from [www.dh.gov.uk/healthyliving](http://www.dh.gov.uk/healthyliving).
- A case study setting out how the exercise worked in Westminster PCT is provided at the end of this Annex.

What will happen next?

- PCTs will be contacting you shortly, if they have not already done so, to set out in more detail local plans for the exercise and arrange a convenient time with each school to carry this out.
- Parents are the main influence on their children's lifestyles and it is important that they are fully informed and engaged in the process. When PCTs write to schools they will include a standard letter for you to send to the parents of children in Reception and Year 6. This should be sent out in advance to give parents the opportunity to opt-out their child from the exercise if they wish.
- Parents will be able to ask the PCT for their child's height and weight up to one month after the measuring takes place. After that, names will be removed from the record so that all analysis is anonymised.
- To inform and reassure parents further about weighing and measuring, you may wish to order free copies of our **information booklet 'Why Your Child's Weight Matters'** by calling 08701 555 455 or faxing 01623 724 524, quoting reference 277810. You can also download the leaflet from [www.dh.gov.uk/obesity](http://www.dh.gov.uk/obesity) or place an order by emailing [dh@prolog.uk.com](mailto:dh@prolog.uk.com)

(quoting the reference number, your name, postal address and how many copies you need).

#### How schools can help manage children's anxieties

Data from the 2005-06 exercise suggest that some Year 6 pupils, especially girls, refused to participate in the weighing and measuring on the day itself. Anecdotal evidence has also suggested that some children are worried and concerned about the process of weighing and measuring and how this affects them.

It should be noted, however, that last year most children participated without concern; research carried out by the Office of the Children's Commissioner suggested most children felt that they would not be concerned or anxious about such an exercise. Nevertheless, minimising children's stress and anxiety about the process is vitally important.

The 'Questions and Answers' section below could be provided to school staff that may be approached by concerned pupils. The case study at the end of the annex sets out how Westminster PCT helped schools to manage this.

#### Possible pupils' concerns: Questions and Answers

##### **Q: Why am I being weighed?**

A: The Government wants to know how healthy children in the UK are. Looking at the heights and weights of children in Reception and Year 6 helps them to work this out, so that they can decide what more they need to do to help children be healthier and live healthier lives.

##### **Q: Will my weight be shown to other people?**

A: No. Only the person weighing you will see your weight. They will write it down secretly and it will be kept confidential. Your teachers, your head teacher and your friends will never be shown your weight. Your parents will be told your height and weight if they ask the Primary Care Trust (where health specialists work).

##### **Q: Will my friends know my weight?**

A: No, your friends and classmates will not be told and will not see what you weigh.

##### **Q: Will I have to take my clothes off?**

A: No. You will remain fully clothed at all times, but you will be asked to take off your shoes. If you are wearing heavy outdoor clothing, such as a coat, you will be asked to take this off too.

##### **Q: Will other people see me being weighed?**

A: Your school will arrange for a private area to be made available – either a screened-off area or a separate room. When it is your turn, you will be called into the room or the screened-off area. The only people in this area will be you and the person weighing you, although you can take a parent or friend in with you if you prefer.



**Q: What happens during the process?**

A: You will be called into the private area where the weighing and measuring will take place. The person will measure your height using a ruler. They will also record your weight by asking you to stand on a set of weighing scales. They will then write your height and weight down and keep it confidential. That is all there is to it.

**Q: What happens after I have been weighed?**

A: After every child in the class has been weighed, the person running the exercise will take all the results back to the Primary Care Trust. They will then input the results onto a computer, but they will not record your name. All that will be put on the computer will be your height and weight, not your name.

This will happen for each school across the country. The heights and weights will then be looked at by the Government, so they can work out which areas of the country need more help to support children in that area to be healthier.

**Q: Will my parent/s or carer/s be told how much I weigh?**

A: Your parent/s or carer/s will be able to find out your results by contacting the Primary Care Trust. It is really important that your parents know your height and weight so that they can help you be as healthy as possible. We will also be providing parents with a leaflet explaining more about the weighing and measuring process, and giving them some simple tips on how the whole family can get active and eat healthy meals.

**Q: Will I have to go on a special diet or exercise programme after the weigh in?**

A: We want all children to eat healthy food and be physically active most days. That gives everyone the best chance of leading a healthy lifestyle. Remember, only your parents will know the results, and they will not know unless they contact the Primary Care Trust for them. If your results suggest that your weight is possibly unhealthy, you and your parents may choose to make some changes as a family – such as eating more healthily and being more physically active. But the school will not be putting you on a ‘diet’ or force you to change the way you eat.

Hopefully you will already be taking part in lots of physical activity and sport at school. It is possible that the results of the exercise, when looked at overall, will show areas of the country which might benefit from providing additional activity sessions for those children who need some extra help to be healthy.

**Q: Who can I talk to if I am worried about my weight?**

A: You can talk to your school nurse, if you have one at your school. You can also talk to the person who is weighing you. They can talk to you about your concerns and can suggest where you can go for further help, if it is needed. You can also talk to your parents who can get a copy of a leaflet, which includes some simple tips on how to be healthier.

## **Case Study: National Child Measurement Programme: Westminster 2005-06**

In last year's exercise, Westminster Primary Care Trust (PCT) weighed and measured 90% of pupils in their area. Sam Bouamar, the PCT's School Health Team Lead, says that the high coverage was largely due to strong links between the PCT and schools.

Planning of the exercise in Westminster was largely managed by staff from the PCT, who wrote to all schools explaining the exercise.

After the letters had been sent out, PCT staff contacted schools to arrange mutually convenient dates for the measurement exercise to be carried out. Where possible, dates on which routine visits by school nurses were being undertaken were used. This meant that schools already had time scheduled with school nurses and rooms were already available to use.

The PCT then provided schools with a letter to send out to parents of children in Year 6. These letters were sent out a week in advance of the measurement exercise to explain the process to parents and provide the opportunity to opt children out of the exercise.

The letter emphasised that the measurements would be done in a sensitive way and that no one in the school, other than the child if they wished to, would see the result, and that the results would be sent to the government anonymously.

For children in Reception, the measurements were done as part of the screening programme for school health, so information on this had already been sent out to parents.

Sam Bouamar said:

*"The schools were more than happy to participate in the exercise, we have good links with our schools and we visit regularly to do routine health checks or assist with sex education for Year 6 pupils, so this exercise wasn't seen as anything out of the ordinary".*

Sam adds:

*"Year 6 is a difficult year for pupils. They have exams and school visits. As a result, we did have to reschedule our visits on a couple of occasions, but there were no major difficulties."*

*The measurements didn't take more than an hour in each school to complete, so didn't take up too much time out of the school day."*

PCT staff undertook a short presentation to children to explain the exercise to Year 6 pupils. They explained that the government were doing a survey to find out about the health of children across the country. They ensured that the children understood that the results would be confidential and no one else in the school would know the results, and that the measurements would be taken in private.

Sam Bouamar said:

*"There were some children who were anxious about their weight – we offered to speak to children at a later stage if they were worried, but because we explained the exercise clearly to them very few children had concerns."*