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England

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National Child Measurement Programme: a conversation framework for talking to parents

For school nurses, their teams and
other professionals delivering the
NCMP

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Public Health England

Wellington House

133-155 Waterloo Road

London SE1 8UG

Tel: 020 7654 8000

www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Paul Chadwick, Associate Professor in Behaviour Change, Consultant Clinical and Health Psychologist and Assistant Director of the Centre of Behaviour Change at University College London and the National Child Measurement Programme Managers (Jade Clark and Alison Gahagan, Registered Dietitians).

For queries relating to this document, please contact: National Child Measurement Programme Team NCMP@phe.gov.uk



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Penny Greenwood, Public Health England
Jamie Mills, Public, Health England
Gagandeep Bedi, Public Health England
Charlene Mulhern, Public Health England
Loretta Sollars, Public Health England
Ellen Lithgow, Public Health England
Vonesai Muhaso, Public Health England
Lisa Mabbs, Public Health England
Michael Heasman, Public Health England

Expert stakeholders

Caroline Machamire, Guy's and St Thomas Foundation Trust Evelina London
Debbie Arrigon, Public Health England and Westminster City Council and Royal Borough of Kensington & Chelsea
Matt Sharp, Cornwall Council
Sara Karrar, Norfolk County Council
Jamila Dixon, Oxleas NHS Trust
Rachel Livsey, Oxleas NHS Trust
Sam Shaw, Manchester University NHS Foundation Trust
Denise Gaston, Manchester University NHS Foundation Trust
Julie Bowden, Manchester University NHS Foundation Trust
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Glossary of terms

National Child Measurement Programme (NCMP): this is the surveillance programme in England where all eligible children in reception year (children aged 4-5) and year 6 (children aged 10-11) height and weight are measured and the data is submitted annually to government

NCMP feedback: includes a parent's feedback letter providing information about their child's weight category and/or any phone conversations had with a parent about a child's weight

Child's weight status: a child's weight status is determined using an age- and sex-specific centile for BMI rather than the BMI categories used for adults. Parents use the term 'child's weight' when referring to their child's weight status, this term will be used in this document

School height and weight checks: this is the term used in all communications to parents about the NCMP

NCMP: a conversation framework for talking to parents: the title of this document abbreviates the NCMP throughout the text

Practitioners: this guide is designed for school nurses, their teams and other professionals involved in the delivery of the NCMP. The term 'practitioners' will be used in this document to refer to this group collectively

Proactive feedback: refers to contacting parents directly to have a conversation about their child's NCMP results either before or after the feedback letter has been sent

Executive summary

The National Child Measurement Programme (NCMP) provides an annual opportunity to engage with over a million parents about their child's health and support positive action towards healthier lifestyles.

It is widely agreed that talking about children's weight is difficult. Professionals, parents and children find talking about weight uncomfortable and few professionals feel sufficiently knowledgeable and skilled to have such conversations ^{1, 2, 3, 4}.

Nevertheless, conversations about weight, handled with care, tact and sensitivity can positively influence the way that parents think and feel about the information provided by NCMP feedback and can be an important part of a family's journey towards a healthier lifestyle. School nurses, their teams and other professionals involved in the NCMP are in a unique position to shape how parents understand their child's health and to support them to take steps towards positive action.

The guide aims to support school nurses, their teams and other professionals to have supportive and constructive conversations with parents about their child's weight status. It describes the reasons why some parents react in a range of ways including experiencing distress and feeling anger after receiving feedback about the weight status of their child and provides a framework for practitioners to respond to such distress in a helpful and sensitive manner. This guide relates to parents of primary school age children, specifically those aged 4-5 in reception year and 10-11 in year 6 who have taken part in the NCMP.

As with other sorts of feedback given to parents on their child's health and development, such as vision, dental checks, and educational attainment, the NCMP feedback is an important source of information for parents about an aspect of their child's health. NCMP feedback should be viewed as a positive opportunity to engage and support parents with understanding their child's growth and taking steps towards a healthier lifestyle.

This guide will help school nurses, their teams and other professionals delivering the NCMP:

- identify common emotional responses to NCMP feedback
- understand the origins of parents' emotional responses to NCMP feedback
- use the NCMP conversation framework to respond in a helpful and supportive way to parents who experience distress following NCMP feedback
- use the guide as a learning and development tool to improve practice

To accompany this guidance '**NCMP: a conversation framework for talking to parents**' there is also a supporting annexe which covers common queries and challenges raised by parents and helpful responses using the conversation framework outlined.

In addition to this guide PHE's '**Let's Talk About Weight**' guidance supports health professionals to have short conversations around weight with families of primary school aged children.

Conversations about weight in the NCMP

Conversations about children's weight with parents can be challenging. Not all the factors that contribute to such difficulty are associated with the parent: practitioner, organisational and societal factors have also been found to play a role. Practitioners may fear that conversations about weight will harm relationships with families who need their help. Organisational factors such as limited time, resources, and support may make it difficult to talk helpfully about weight, as well as societal factors like the normalisation of overweight, and weight bias.³

Common parental reactions to NCMP feedback

Receiving feedback that their child is outside of the healthy weight range can be distressing for many parents. Distress can take several forms, including; shock, denial, confusion, anger, guilt, shame and/or fear.^{5, 6, 7}

Parents' emotional reactions will vary according to their understanding of what the information means. Parents may express: ^{5, 6, 7}

- feelings of surprise or shock
- a lack of trust in the validity of the measures used such a body mass index
- disagreement with the results
- a lack of belief that being overweight is detrimental for their child's health
- fear that discussing weight with their child may undermine their self-esteem and wellbeing, or trigger an eating disorder
- anger at perceived implied criticism of their parenting ability
- objection to being provided with the feedback in the first place

Understanding the basis for these different patterns of emotional response can help practitioners respond helpfully to parent's expressions of concern.

More information on research into parent's emotional responses can be found in the [Evidence summary](#) (in development) to accompany this guide.

Negative responses as an expression of parental love and concern

Most parents who challenge the information in the NCMP feedback letters will to be doing so from a position of concern for the current and future wellbeing of their child. These concerns can sometimes be expressed in ways that are challenging, and occasionally confrontational. Responding to such concerns using an empathetic and

non-judgemental approach, based on an understanding that most parents want to do the best for their child, will create a valuable opportunity to help parents better understand the implications of a child's weight for their current and future health.

Whilst negative emotional responses are common, it is also the case that many parents respond positively to information about their child's weight. Research has shown that 87% of parents find the NCMP feedback helpful ⁸ and nearly 75% report an intention to make positive lifestyle changes after receiving it ⁹.

Responding to instances of severe obesity

Children identified on or above the 99.6th BMI centile are classified as having severe obesity. The NCMP recommends that local authorities have a duty of care to provide proactive follow up to those children identified at extreme BMI centiles (refer to chapter 5 in the **NCMP Operational Guidance** for further information). The presence of severe obesity on its own is not a sufficient reason to raise safeguarding concerns about a child¹⁰. However, the greater the severity of a child's overweight the more likely they are to require specialist, multidisciplinary healthcare and support. Where possible the provision of proactive feedback on NCMP results should be integrated into local pathways for working with families with complex needs.

Understanding parents' reactions to the NCMP

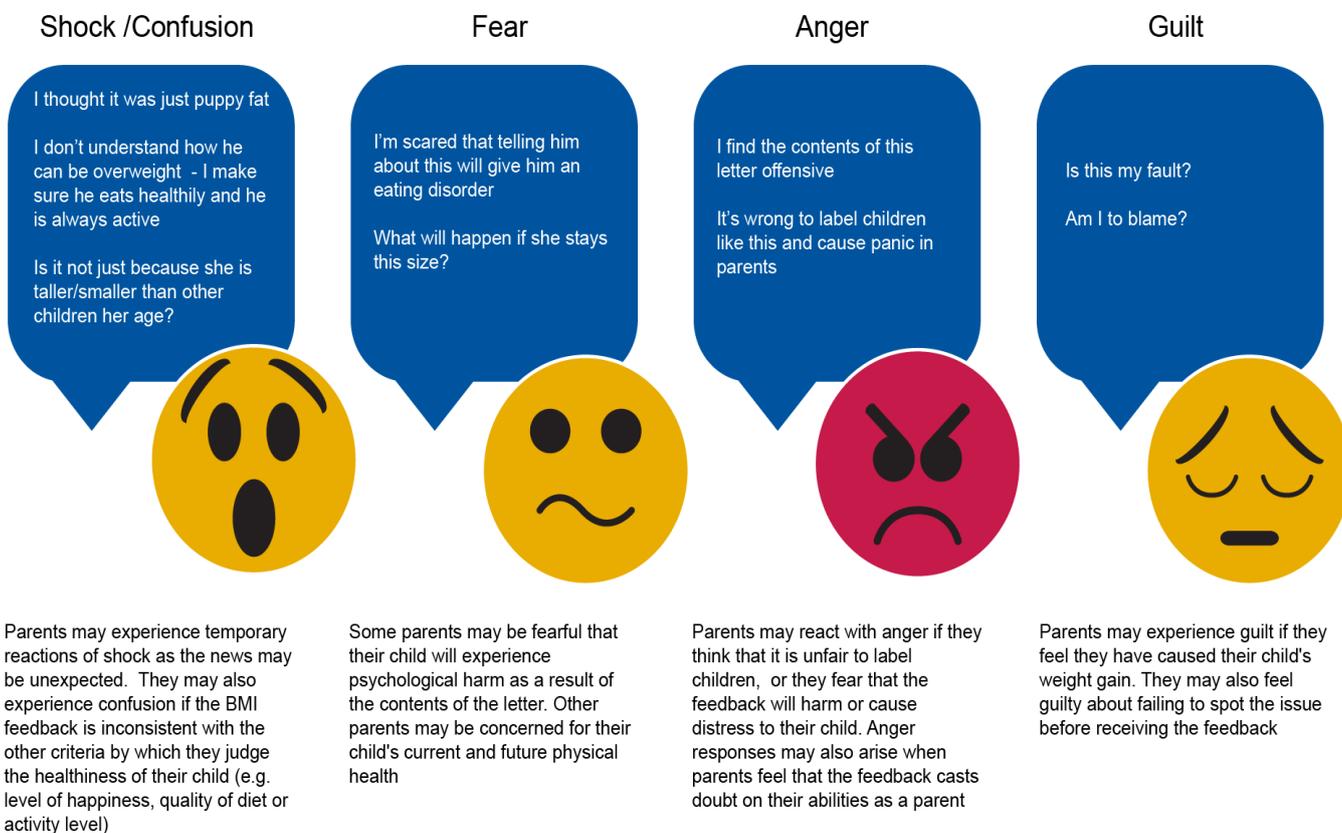
Parents differ in how they receive the information that their child's weight is outside of the healthy weight range. The factors influencing how parents respond are multiple and will be specific to their personal histories and cultural background. These include:^{11,12,13}

- parents' own perceptions of their child's size, food intake and activity levels, and the information they use to make judgements about what being healthy is
- cultural meanings given to different body sizes and shapes
- parents' own weight status, body image and their experiences of living with, or alongside overweight or obesity

Although parental responses can be complex and varied, typical responses include; shock, confusion, fear, anger, shame and guilt.^{5, 6, 7} Figure 1. illustrates the typical emotional responses to the news that a child is outside of the healthy weight range, the questions and comments that may indicate what a parent could be feeling, and the beliefs that may be contributing to that emotional state. It is common to refer to parents who do not accept or challenge the results of the NCMP feedback as being in 'denial'.

This is rarely a useful position for the formation of a helping relationship as it immediately places parent and practitioner in opposition to each other. A more helpful approach might be to see parents' challenges as being the result of confusion and/or misunderstanding, or as an attempt to try and process information that can be perceived as threatening or upsetting.

Figure 1: Parents emotional responses to receiving feedback their child is outside of the healthy weight range



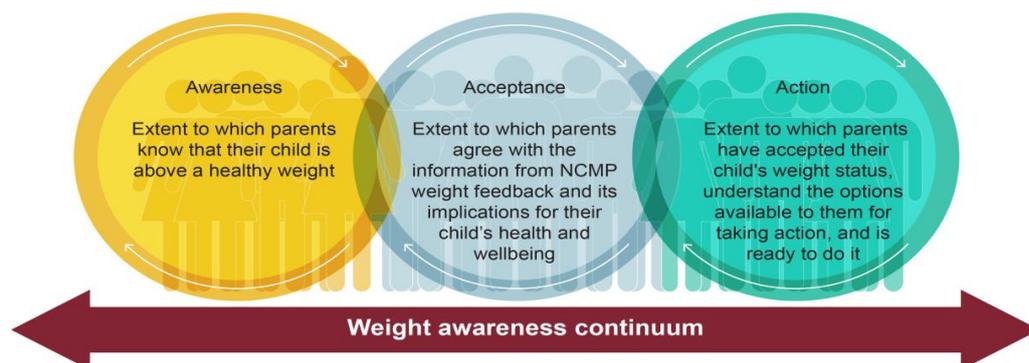
Supporting parents' through their NCMP journey

School nurses and other professionals can respond to parents who experience distress as a result of receiving NCMP feedback. There is an opportunity to support parents to take constructive action to change their child's weight trajectory, which refers to a child's future pattern of growth in relation to their weight as they grow taller and older.

Weight Awareness Continuum: Awareness, Acceptance, Action

How a parent responds to NCMP feedback will be shaped by their understanding of their child's weight. Parents' understanding can be thought about as a continuum with three distinct phases but the possibility to move back and forth between each one depending on the particular concern raised (Figure 2). In order to respond to NCMP feedback by taking steps to live a healthier lifestyle, parents will need to be aware that their child is above a healthy weight range, understand and accept that this may have implications for their child's wellbeing now and as they grow up, and have a range of options to take appropriate action.

Figure 2: Weight Awareness Continuum



A parent's beliefs and culture will influence how they respond to NCMP feedback. Parents use a range of different information when making judgements about their child's health. Many parents believe that a child's weight is not an accurate indication of their health or wellbeing and use other indicators when making judgements about their child's health such as: ^{5, 7, 13, 14}

- the perceived healthiness of their diet for example fruit and vegetables intake
- their physical activity levels by the amount of sport they play
- their psychological state for example by the degree to which their child is happy or free from worry

Parents' beliefs about their child's weight may be influenced by their culture. For example, parents from cultures where weight is an indicator of wealth is more likely to view overweight children as healthy and believe they will outgrow their weight.¹⁵

A parents' understanding of their child's weight is dynamic and will evolve as the child develops, and in response to feedback from health professionals, peers, and exposure to the media. For these reasons, parents can be expected to move back and forth across the Weight Awareness Continuum over time. Parents may also exhibit different stages of awareness, acceptance and action for different aspects of their child's weight, behaviour and health. For example, a parent may accept that their child is overweight but may not be aware or accept that their child needs to make changes to their diet.⁵

Supporting families and children with complex needs

For the most part, the timing of NCMP feedback is dictated by the delivery plans of local authorities rather than the needs of individual families. This can mean that some parents may receive feedback about their child's weight during periods of stress and complexity for a family. Whilst it is unlikely there will ever be an optimal time to give information on a child's weight status to parents, practitioners can be sensitive to the needs of individual families, assess the degree to which parents are receptive in the moment of the conversation, and use their judgement to defer conversations, or to signpost on to other professionals.

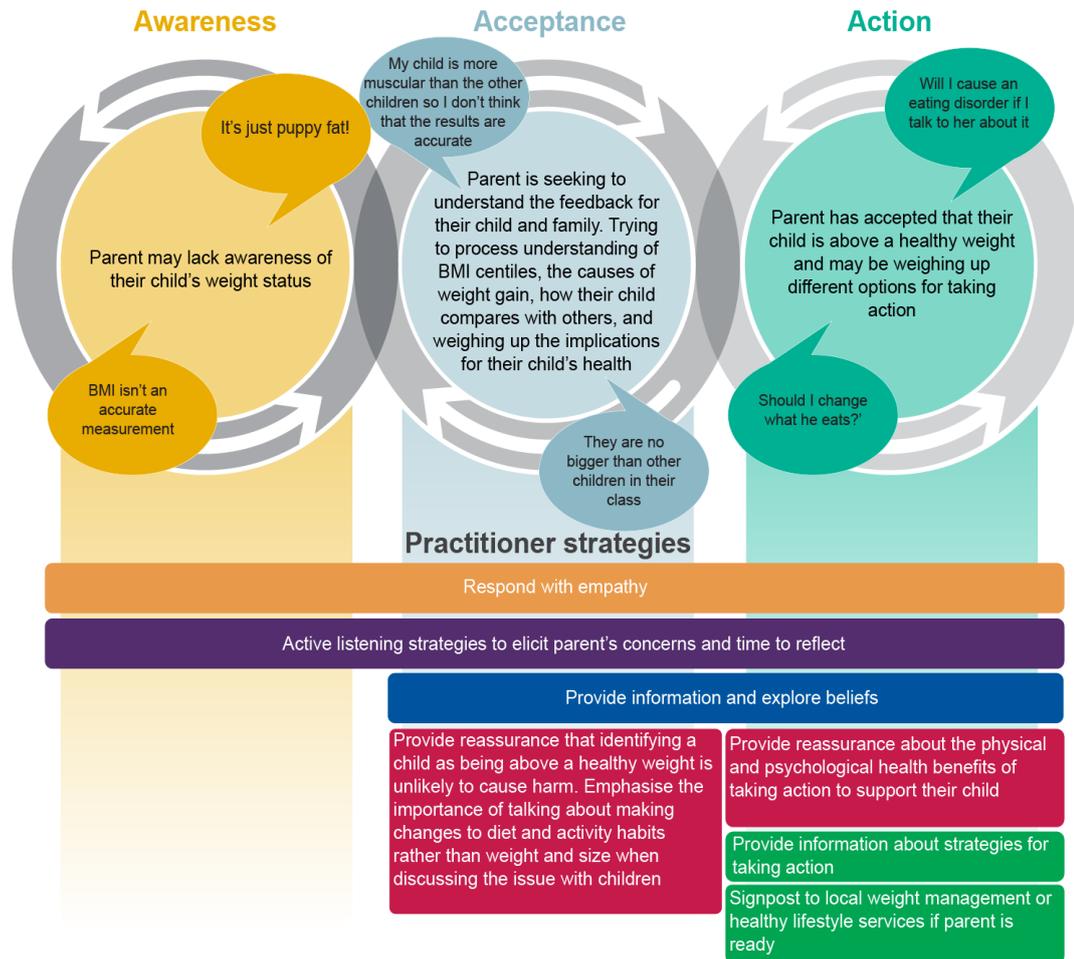
Complex or difficult family circumstances can make it challenging for parents to focus on their child's weight following NCMP feedback. However, the presence of complexity should not be a reason to avoid the issue completely. Practitioners can let families know that whilst they understand that the child's weight is not a priority at the moment, there is help and support available when the family has capacity to address this. Practitioners should also be able to assess whether the family currently has sufficient support around non-weight related needs and offer to signpost to relevant services if necessary.

Using the NCMP conversation framework for talking to parents

Conversations should aim to move parents along the Weight Awareness Continuum. For example, clarifying misunderstandings of how a child's weight is categorised might move a parent from awareness towards acceptance. Similarly, empathising with a parent's distress and providing reassurance that they are not to blame for their child's weight could help a parent move from acceptance towards action.

Practitioners should be aware that parents may use similar phrases that have widely different meanings about their understanding of a child's weight. For example, a parent who expresses concern that their child's weight is due to 'puppy fat' may have a genuine lack of knowledge about children's weight trajectories and growth patterns (i.e. awareness), but it might also indicate that they are not quite ready to accept that their child is overweight (i.e. acceptance). Active listening skills and clarification questions can help practitioners gain a better understanding of where parents are on the weight awareness continuum. Appendix 1 contains further guidance on how to specifically use core communication skills when talking about weight.

Figure 3: NCMP conversation framework: in practice



For examples of how to have a constructive conversation with parents about common queries and challenges when reacting to NCMP feedback please refer to [NCMP a conversation framework for talking to parents. Annexe 1: common queries and challenges](#). Each common query is followed by an evidence-based rationale and a suggested helpful response to use when talking to parents.

Summary

This guide has been developed with clinical experts, school nurses, their teams and other professionals who deliver the NCMP to learn useful ways to respond to parents in challenging discussions they have with them about their child's weight feedback. This is part of a series of resources being developed to have supportive conversations including; common queries and challenges (annexe 1) and annexe 2 (in development), audio conversations (in development) and an evidence summary (in development). PHE welcome feedback to continually improve the resources to support school nurses, their teams and professionals to have these sensitive conversations. Please send any thoughts and feedback to NCMP@phe.gov.uk

Resources for further learning and information

Change Talk: Childhood Obesity app

https://play.google.com/store/apps/details?id=com.kognito.aap&hl=en_GB

<https://itunes.apple.com/us/app/change-talk-childhood-obesity/id821851796?mt=8>

Childhood obesity: applying All Our Health

<https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health>

Child weight management: short conversations with families

<https://www.gov.uk/government/publications/child-weight-management-short-conversations-with-patients>

Health Education England e-learning modules for healthcare professionals working with children aged 5-12 years.

Growth and Nutrition: <https://www.minded.org.uk/course/view.php?id=187> (assessing normal and abnormal growth, puberty and essential nutrition)

Understanding and tackling obesity:

<https://www.minded.org.uk/course/view.php?id=251> (childhood obesity and childhood eating behaviours)

Health Education England obesity e-learning modules for practitioners in the NHS and local authorities working in weight management (managing obesity: supporting behaviour change, guiding and enabling behaviour change)

<http://www.e-lfh.org.uk/programmes/obesity/>

Making Every Contact Count resources (tools to aid implementation and support individuals when considering MECC activity)

<https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources>

<http://learning.wm.hee.nhs.uk/mecc>

<http://makeeverycontactcount.org.uk/>

Motivational Interviewing. Third Edition. Helping People Change. Miller and Rollnick, 2013

Promoting a healthier weight for children, young people and families: consistent messaging

<https://www.gov.uk/government/publications/healthier-weight-promotion-consistent-messaging/promoting-a-healthier-weight-for-children-young-people-and-families-consistent-messaging>

Public Health Childhood Obesity Impact Pathway

<https://www.rsph.org.uk/our-work/policy/wider-public-health-workforce/measuring-public-health-impact/childhood-obesity.html>

The Royal College of Paediatrics and Child Health Growth Charts

<http://www.rcpch.ac.uk/growthcharts>

Appendix 1: Creating the conditions for supportive conversations about weight

Use your general communication skills

In many ways, talking about weight is no different from talking about any other aspect of a child's health or wellbeing. Use of person-centred communication and motivational interviewing principles during weight-related conversations will help to create a positive and supportive relationship. Expressing empathy (for example, I can see this is difficult), rolling with resistance (for example, it sounds like you don't agree with the feedback) and supporting self-efficacy (for example, it sounds like you are doing a lot to support your child to be healthy already)¹⁶. This will help set the seeds for conversations that move parents along the weight awareness continuum.

Listen first, advise later

If parents have contacted a practitioner to have a conversation it is likely that they are upset, angry or confused in some way. In such circumstances it is generally helpful to give parents the opportunity to express their concerns about their child's NCMP feedback, or the process before offering any advice or clarification. Listening first will help practitioners to communicate to the parent that they are genuinely interested in their experience and want to help and support. Offering help or advice before a parent has had chance to express their concerns may lead to an unhelpful stand-off which is unlikely to move parents along the weight awareness continuum.

Ask-Provide-Ask (also known as 'Elicit-Provide-Elicit')¹⁶

The Ask-Provide-Ask framework is a useful approach for structuring conversations with parents. It is a strength-based approach to building mutually respectful conversations between practitioners and parents that allow each to share their respective expertise in the spirit of collaboration. At the broadest level the stages of the A-P-A framework are:

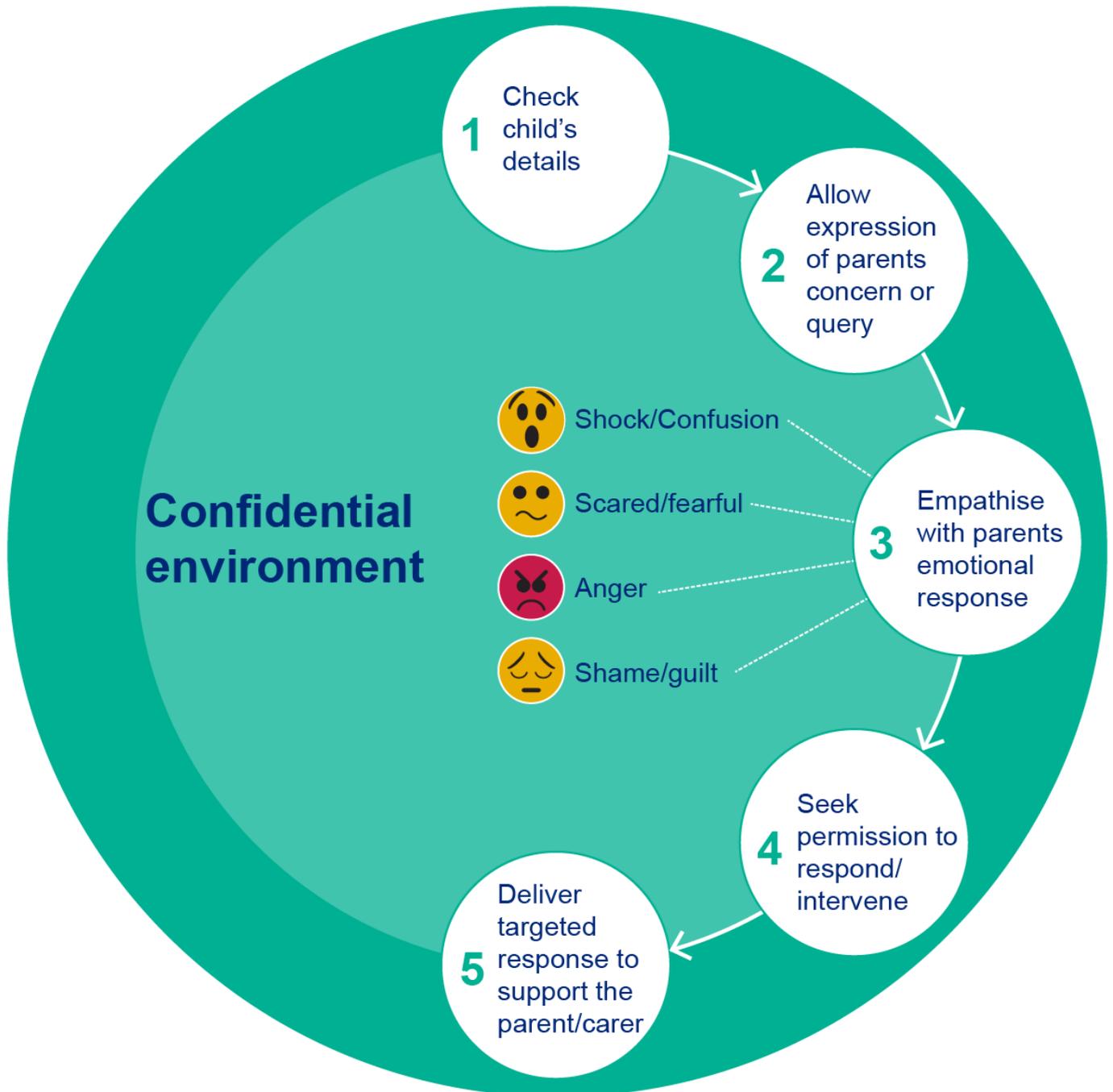
- ask the parent about their understanding or experience of the issue
- provide information tailored to the needs expressed by the parent
- ask the parent for their reflections on the information given

Conversations between parent and practitioners may contain multiple cycles of A-P-A interactions. For example, the information provided to a parent about the way that BMI is measured may lead the parent to ask further questions that require clarification.

A-P-A Stage	Examples of questions relevant to the NCMP feedback conversation
Ask	<ul style="list-style-type: none"> • Tell me about your concerns about the letter • Is there anything in particular that is worrying you? • It sounds like you are quite angry about this – can you tell me a bit more about why you feel this way?
Provide	<ul style="list-style-type: none"> • Would it be helpful if I explained more about (x)? • What information could I give you, would reassure you? • Can I explain (x) to you and see whether that changes anything?
Ask	<ul style="list-style-type: none"> • Does that information help address your concerns? • Does that knowledge change anything for you? • What is your take on that information? • Is there anything else that I could provide for you?

As parents talk, practitioners should use active listening skills and the general principles in figure 4 to support their use of the NCMP conversation framework.

Figure 4 setting up supportive conversations



Beginnings for a supportive conversation about weight in the NCMP

The seeds of a supportive conversation about the school height and weight checks are sown in the way that the programme is set up and communicated to parents of children due to take part. Measurement days that are embedded as a part of a whole school approach help to establish a positive approach to the programme. There are several NCMP resources that have been developed to help achieve this for school nurses, teachers and headteachers. These include presentations for school assemblies and parents' evenings, lesson plans for reception and year 6 teachers ([Our Healthy Year](#)), and specimen letters for informing parents ([NCMP Operational guidance](#)) about the programme.

Creating a positive view of the NCMP in earlier stages of parental engagement will reduce parental anxieties and make subsequent conversations much easier. It is important that parents receive a consistent approach and tone throughout their contact with the programme. Strong emotional responses from parents (as described in the section on [Understanding parents' reactions to the NCMP feedback](#)) may be caused by failure to present a positive and reassuring message at earlier stages of programme delivery.

Taking calls from parents: the foundations

Conversations about a child's growth and their weight are, by definition, sensitive and this is enhanced by weight bias and its consequences. General principles of family-centred care¹⁷ and, communicating bad news and handling sensitive discussions¹⁸ can be drawn on to help practitioners and parents to work together for the health of the child. The following framework, adapted from Royal College of Nursing guidance can be used to help practitioners think about how to communicate about weight-related issues generally and weight feedback conversations specifically.

Phase	General principles	Considerations for NCMP feedback conversations
Preparation	Understand the perspective of the parent and child that you are going to talk to and what they need to know	<ul style="list-style-type: none"> • What kind of call is it? <ul style="list-style-type: none"> ○ Proactive follow-up for children with severe obesity ○ Returning a call from a parent who has received a feedback letter • Have they received information about their child's weight? • What emotions might they be experiencing that caused them to get in touch • What might be the emotional reaction to the news?
	Ensure that you have the right information to hand	<ul style="list-style-type: none"> • Child's name and parents contact details • Date of measurements • Weight category • Has a feedback letter been sent?
	Rehearse delivering the news mentally, and practice with peers to get feedback about your knowledge and skills	<ul style="list-style-type: none"> • Refer to practitioners' strategies
	Ensure the environment is conducive to talking about weight (e.g. privacy and time)	<ul style="list-style-type: none"> • Only take calls in environment that is confidential and ensure you have enough time to take the call. • Does the parent have enough time to take the call?
Communication	Explore what the parent already knows	<ul style="list-style-type: none"> • Allow expression of parents concern or query • What emotions are they experiencing?

		<ul style="list-style-type: none"> • Acknowledge and validate any feelings that parents express • What stage might they be at; awareness, acceptance, action? • Have they received information about their child's weight?
	Give information honestly, but with sensitivity	<ul style="list-style-type: none"> • Seek permission to respond using the ask-provide-ask model • Refer to practitioners' strategies
	Use simple language and avoid medical jargon where possible	<ul style="list-style-type: none"> • Check understanding of the measurements, explain what BMI means and child BMI category in simple non-technical language
	Respond appropriately to verbal or non-verbal communications	<ul style="list-style-type: none"> • Refer to practitioner strategies
Planning	Give time for families to process the news and its implications	<ul style="list-style-type: none"> • Allow thinking time • Don't expect parents to turn their thinking around in one phone call
Follow-up	Provide written information, a summary of your conversation, or an opportunity for a follow-up call	<ul style="list-style-type: none"> • Offer time for follow-up conversations if this is practical • Signpost parents to information that is aligned to their position on the weight awareness continuum
	Give details of services and support organisations that may be able to help the family	<ul style="list-style-type: none"> • Ensure you have information about local child weight management services if available • Have 'Your Child's Weight' (Change4Life/NCMP information) to refer to) • Have local information about healthy lifestyles, eating and

		<p>activity for children and families to share</p> <ul style="list-style-type: none">• Promoting a healthier weight for children, young people and families: consistent messaging
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