

The National Child Measurement Programme

Guidance for PCTs: 2007–08 school year

26 September 2007

This guidance is non-statutory

DH INFORMATION READER BOX

Policy	Estates Performance IM & T Finance Partnership Working
HR / Workforce Management Planning Clinical	
Document Purpose	Best Practice Guidance
ROCR Ref:	Gateway Ref: 8780
Title	The National Child Measurement Programme Guidance for PCTs: 2007–08 school year
Author	Cross Government Obesity Team
Publication Date	26 September 2007
Target Audience	PCT CEs, SHA CEs, Directors of PH, Local Authority CEs, Directors of Children's SSs
Circulation List	
Description	Guidance for Primary Care Trusts for the 2007–08 school year National Child Measurement Programme
Cross Ref	The National Child Measurement Programme Guidance for Schools: 2007–08 school year
Superseded Docs	Supporting healthy lifestyles: the National Child Measurement Programme Guidance for 2006–07 school year
Action Required	N/A
Timing	Deadline for returning 2007–08 NCMP data is September 5, 2008
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For Recipient's Use	

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

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1 Introduction

1.1 *Purpose of the National Child Measurement Programme*

- 1.1.1 A healthy diet and regular physical activity contribute to general health and wellbeing. Children who have a poor diet or are not physically active enough, or both, might become overweight or underweight – either of which can have a substantial effect on health both in childhood and in later life. The Health Survey for England 2005 showed that rates of obesity are rising in children.¹ 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 in 2005.
- 1.1.2 Tackling childhood obesity is a Government priority. The National Child Measurement Programme (NCMP) is one element of the Government's work programme on childhood obesity, and is operated jointly by the Department of Health (DH) and the Department for Children, Schools and Families (DCSF).
- 1.1.3 The NCMP was established in 2005. Every year, as part of the NCMP, children in Reception and Year 6 are weighed and measured during the school year to:
- inform local planning and delivery of services for children; and
 - gather population-level surveillance data to allow analysis of trends in growth patterns and obesity.
- 1.1.4 The NCMP also helps to increase public and professional understanding of weight issues in children and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues. To encourage engagement, parents can request their child's results from their Primary Care Trusts (PCTs).
- 1.1.5 The NCMP, now in its third year, is becoming well established. We would like to thank all PCTs, schools and other organisations who have worked hard on the programme at regional and local levels. As we move into the third year of the programme, we now have a firm platform on which to make further improvements.
- 1.1.6 This guidance has been developed following wide consultation with PCTs and schools. It provides advice to PCTs on:
- arrangements for measuring the height and weight of primary and middle school children as part of the NCMP; and

¹ The Information Centre for health and social care. The Health Survey for England 2005: latest trends. Dec 20, 2006. www.ic.nhs.uk/webfiles/publications/hseupdate05/HSE2005TrendTables.xls (accessed September, 2007).

- upload of this information to the Information Centre for health and social care (IC).²

1.1.7 Separate guidance has been developed for schools and is available at: www.teachernet.gov.uk/ncmp.

1.2 How will the data collected by PCTs be used?

- 1.2.1 Data collected by PCTs will be added to the National Child Measurement Database (NCMD) to create one of the largest sets of child growth data in the world. Analysis of these data will enable monitoring of changes in children's growth patterns across England to inform national and local public health policies.
- 1.2.2 Anonymised information on the height, weight and age of all pupils measured is collated by the IC on behalf of the DH. Results will undergo a process of cleaning and quality control before national analyses are published in **early 2009**.
- 1.2.3 After the data have been cleaned, the national dataset will be shared with Public Health Observatories (PHOs) in an anonymised form. This will enable PHOs to undertake detailed local analysis to facilitate local planning of child obesity services. We will also ensure that PCTs can obtain the national dataset once the national report is published.
- 1.2.4 PCT-level coverage and prevalence for overweight and obesity for Reception and Year 6 children will be fed back to each PCT and to Strategic Health Authorities (SHAs) before the publication of the national report.
- 1.2.5 PCT Local Delivery Plan (LDP) lines will automatically be populated in October 2008 with the provisional response rates that PCTs submit to the IC. PCTs will not be performance managed on prevalence for this year, but will be performance managed on coverage. A prevalence target will be introduced for the 2008-09 programme.

1.3 Legal basis for the NCMP

- 1.3.1 This section outlines the legal basis for the NCMP, and focuses specifically on the gathering and processing of information without the need for formal parental consent.
- 1.3.2 The arrangements for gathering of height and weight data as part of the NCMP should ensure that the following criteria are met.

² The Information Centre for health and social care (www.ic.nhs.uk) was created in April, 2005, out of the former NHS Information Authority and the Department of Health Statistics Unit.

- i. The privacy and dignity of the child is safeguarded at all times and the measurement is done sensitively in a private setting.
- ii. Height and weight information is gathered with minimal physical contact by health professionals (as defined in the Data Protection Act 1998³).
- iii. PCTs make efforts to ensure that parents receive a letter explaining the purpose of the programme, and provide them with the opportunity to withdraw their child from it.

1.3.3 Regulation 3 of the Section 60, Health Service (Control of Patient Information) Regulations 2002 (No, 1438), provides for gathering and further processing information by persons employed or engaged for the purposes of the health service with a view to:

- i. diagnosing risks to public health;
- ii. recognising trends in risks to public health;
- iii. controlling and preventing risks to public health.

1.3.4 People employed or engaged in the health service have wider powers to process information for public health purposes without consent. However, to satisfy the data protection requirement to process personal information fairly, parents should be given an opportunity to withdraw their child from the programme.

³ Office of Public Sector Information. Data Protection Act 1998: section 69, Meaning of “health professional”. <http://www.opsi.gov.uk/acts/acts1998/19980029.htm> (accessed September 2007).

2 Roles and responsibilities

2.1 *The role of Primary Care Trusts*

- 2.1.1 Every effort should be made to obtain the highest possible coverage. For the first two years of the programme, the coverage target has been 80%. We want to improve on this and see a year-on-year increase to ensure the NCMP data is statistically robust. We will be setting a challenging and ambitious target for PCTs, based on the analysis on the 2006-07 NCMP data. We will inform PCTs of the coverage target for the 2007-08 NCMP by November 2007.
- 2.1.2 The denominator or population base is all children in Reception and Year 6 in maintained primary and middle schools—ie, not including children attending special or independent schools—located within the PCT area ([see section 3](#)).
- 2.1.3 Measurements can be undertaken at any time during the school year. PCTs are responsible for uploading data for schools in their area to the IC by September 5, 2008.
- 2.1.4 PCTs should use the expertise of school nurses, Healthy Schools coordinators, and other health professionals to facilitate partnership working with schools and to undertake the measurement programme.
- 2.1.5 PCTs are responsible for engaging schools in this programme. Schools should be assured that information gathered will be treated as highly confidential. Pupils should not be informed of their own results during the measuring process and individual results will not be given to school staff, to minimise stigmatisation of the child and to ensure confidentiality of the data.
- 2.1.6 PCTs must ensure that trained health professionals oversee and are responsible for the process of measuring children. Other staff, including school staff, may undertake measurements as part of the NCMP under the direction of a health professional.
- 2.1.7 For the purposes of this programme, health professionals and staff assisting them are permitted to weigh and measure children without the need for formal consent.
- 2.1.8 PCTs are responsible for ensuring that parents are sent a letter explaining the purpose of the programme and providing the opportunity to withdraw their child from it (see [appendix 1](#) for more information about consent and [appendix 3](#) for sample letter for parents). To meet information governance requirements, the words in parents' letter in **bold font** should be closely followed unless there are good local reasons to deviate from it.
- 2.1.9 If school nurses or other health professionals are concerned about a child's health because of his or her apparent weight status, whether or not the child has taken part in the NCMP, they should take action according to standard local care pathways. An information leaflet for parents called *Why your*

child's weight matters is available at www.dh.gov.uk/healthyliving. The leaflet provides information about the NCMP and tips on healthy living.

- 2.1.10 PCTs are expected to resource and commission the measurement process, and to record and upload the collected data, from within their existing resource allocations. Allocation of funding to the NCMP is a matter for local commissioners.
- 2.1.11 PCTs choosing to take a different approach to the NCMP from that outlined in this guidance should check any changes with their lawyers.
- 2.1.12 You may find the checklist in [appendix 5](#) helpful in planning this exercise.

2.2 The role of schools

- 2.2.1 Guidance for schools is available online at: www.teachernet.gov.uk/ncmp.
- 2.2.2 The guidance explains how and why the NCMP is being undertaken and asks schools for their help with the process. This information will be sent electronically to schools in early October 2007. PCTs may wish to remind school staff about this guidance, in order to engage them with the programme or to help address any specific queries they might have.
- 2.2.3 Participation in the NCMP is an important way for schools to promote the health of children, and support them to achieve their full potential as set out in the Government's *Every Child Matters* framework. Close collaboration between schools and PCTs will help to ensure that the programme runs smoothly.
- 2.2.4 PCTs and schools should work together to ensure that parents are informed about the NCMP and have the opportunity for their children to participate or opt out. They should do this by ensuring that letters are sent out to parents (see specimen letter in [appendix 3](#)). To meet information governance requirements, the words in the parents' letter in **bold font** should be closely followed unless there are good local reasons to deviate from it and any amendments to the wording have been formally approved by the PCT.
- 2.2.5 Schools will need to identify a suitable location in which measurements can be undertaken in a way that ensures privacy and dignity of individual children 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 rates of opt out. PCTs should make arrangements to provide advice to schools about these practical arrangements.
- 2.2.6 Schools or the Local Authority should provide PCTs with class lists of children to be weighed and measured and inform PCTs of those children who have been withdrawn from the NCMP. The class lists must include school Unique Reference Number, name, date of birth, sex, and home postcode. Ethnicity should also be recorded where available from schools or child health systems.
- 2.2.7 It is helpful for PCTs if schools provide a named contact to liaise with about

the NCMP.

2.3 The role of Strategic Health Authorities

- 2.3.1 Strategic Health Authorities (SHAs) are responsible for ensuring that PCTs achieve the LDP coverage target. Every effort should be made to obtain the highest possible coverage. We will inform SHAs and PCTs of the coverage target for the 2007-08 NCMP by November 2007.
- 2.3.2 Assurance will be sought from SHAs in December 2007 that PCTs in their area have robust arrangements in place to collect data for the 2007–08 school year.
- 2.3.3 SHAs should also ensure that PCTs are aware that the LDP target for future years will include a target for prevalence of overweight and obesity in Reception and Year 6 as well as a coverage target.

2.4 The role of Public Health Observatories

- 2.4.1 PHOs will be expected, if required, to support individual PCTs in their region with data cleaning and uploading processes.
- 2.4.2 The anonymised national dataset, once cleaned and validated by the IC, will be shared with the PHOs to support regional and sub-regional analysis. PHOs will be expected take a core role in the local-level analysis and interpretation of NCMP data.

3 Planning for the measurement

3.1 Which children should be measured?

- 3.1.1 PCTs should measure all children in Reception (ages 4–5 years) and Year 6 (ages 10–11 years) educated within the eligible schools.

3.2 Which schools should be included?

3.2.1 Schools in the PCT boundary

- Every maintained primary and middle school (excluding special and independent schools) within the PCT boundary should be included.
- PCTs will receive a list of relevant schools within their PCT boundary in the data-capture tool. Schools can be added or removed from the list according to which schools the PCT routinely works with.
- PCTs will be accountable for confirming that schools in their area that are removed from their list are being measured by other PCTs.
- When data are submitted, the school list will be checked centrally and any schools that have not been selected by any PCT will be assigned according to the boundary they fall within.

3.2.2 Independent schools

- Independent schools educate about 5–6% of the primary-school-age population. Children at independent schools are not included in response rates for the LDP target, but measurement of these children is encouraged where it is possible and, where collected, data for such children should be included in the data submission to the IC.

3.2.3 Special schools and children with special needs

- Some PCTs will have schools (either maintained or independent) within their boundaries that cater for children with special needs and some children with special needs attend mainstream schools. To satisfy legal requirements of the programme, only children who are able to stand on weighing scales and height measures unaided should be weighed and measured as part of the NCMP.
- The denominator for the LDP target will consist of the total number of children in Reception and Year 6 attending eligible primary and middle schools within the PCT boundary—ie, the denominator does not include children attending independent or special schools or children with special needs attending non-designated special schools.

- 3.2.4 As with other children, those attending special or independent schools, may be at risk of being underweight, overweight or obese. PCTs should continue to work with special and independent schools. 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 NCMP.

3.3 Data to be collected by the PCT

3.3.1 PCTs need to collect the essential and supplementary data elements listed below.

Essential Information

- DCSF School Unique Reference Number (six-digit number)
- school name
- pupil first name
- pupil last name
- sex (1 character, coded to M for male, or F for female)
- date of birth (format 22/12/2007)
- date of measurement (format 22/12/2007)
- height (in centimetres, to first decimal place—ie, measured to the nearest millimetre)
- weight (in kilograms, to first decimal place—ie, measured to the nearest 100 grams)
- full home postcode (8-character string)
- ethnicity (either single-character NHS Codes⁴ or four-character DCSF Extended Codes⁵. Leave blank if not available from school information management system or child health systems. NB: mother's ethnicity should not be used).

Supplementary information

- name and contact information of the PCT obesity lead (or other person responsible for the NCMP);
- where data have been stored—eg, loaded direct into NCMD data-capture tool, or previously stored in child health system or other;
- number of children withdrawn from the measurement and reason—ie,
 - parental opt out
 - child opt out
 - child unable to stand on scales or height measure unaided
 - child absent on the day of measurement
 - other reason;
- reason for any differences between the PCT's pupil number denominators and those supplied within the data-capture tool—eg, list of schools incorrect, schools' pupil numbers incorrect;
- number of requests by parents for feedback.

⁴ NHS Connecting for Health. NHS Data Dictionary: Ethnic Category Code: National Codes. Aug 15, 2007. www.datadictionary.nhs.uk/data_dictionary/attributes/e/enh/ethnic_category_code_de.asp?shownav=1. (accessed September 2007).

⁵ Department for Children Schools and Families. The Standards site: Final key list of extended Ethnic Groups. www.standards.DCSF.gov.uk/ethnicminorities/resources/Extended_Eth_Codes_V1_Oct06.xls. (accessed September 2007).

- 3.3.2 Measurements can be entered directly into the data-capture tool, but where possible, the best option is to enter them onto child health systems and then extract them for entry into the NCMP data-capture tool.
- 3.3.3 Collection of pupil name enables parents to request feedback of their child's height and weight from the PCT. Pupil names will not be uploaded to the IC.
- 3.3.4 To comply with data-protection requirements, PCTs should hold identifiable data (pupil name, postcode and date of birth) only as long as is necessary.
- 3.3.5 Pupils' home postcode and ethnicity are valuable additions to the dataset. Postcode and ethnicity are collected to enable richer analysis of trends in obesity by allowing analysis by ethnicity and deprivation. Postcode and ethnicity are not used to identify individual children, and safeguards are in place to protect against this. Postcode and ethnicity should not be obtained by asking pupils or assigned by the observer.

3.4 Staff preparations

- 3.4.1 Research for the "11 Million", England's Office of the Children's Commissioner, confirms that primary school children respond pragmatically and positively to being weighed and measured if the measurement is done sensitively.⁶ Staff should be aware that children can be sensitive about their height or weight, or both, and recognise that weighing and measuring children could accentuate these sensitivities, particularly for older children.
- 3.4.2 It is essential any anxieties are contained and minimised during the measurement. Children's privacy and dignity should be respected at all times and under no circumstances should a child be coerced into taking part.
- 3.4.3 Best practice is for at least two staff members to run each measurement session to ensure the measurements are recorded accurately. All staff who weigh and measure children as part of the NCMP should have Criminal Records Bureau (CRB) clearance in keeping with current employment arrangements.⁷
- 3.4.4 PCTs should provide appropriate training for staff undertaking measurement of children and the recording and uploading of data. A 5-minute web-based training resource showing the process for weighing and measuring children is being developed and will be available at www.dh.gov.uk/healthyliving in November 2007.

⁶ National Children's Bureau. A report for the Children's Commissioners Office on NCB's consultations with primary school children on measuring children's height and weight in school. December, 2005. www.childrenscommissioner.org/documents/finalreport1hwcommissionersoffice.pdf (accessed September, 2007).

⁷ Teachernet. Child protection: preventing unsuitable people from working with children and young persons in the education service. www.teachernet.gov.uk/docbank/index.cfm?id=2172 (accessed September, 2007).

- 3.4.5 Prepare data-entry sheets that are pre-populated with the appropriate data fields—eg, school name and Unique Reference Number, pupil name, sex, date of birth, date of measurement, and home postcode. Ethnicity should be collected where available from the school or child health systems. The school or the Local Authority should have provided these.

3.5 *Equipment*

- 3.5.1 Accuracy of measurement depends on the correct use of good quality equipment. Scales should be properly calibrated. Equipment that meets the required standards is available from reputable healthcare suppliers, and a list of scales is available at www.dh.gov.uk/healthyliving.
- 3.5.2 Height should be measured with a correctly assembled stand-on height measure. Wall-mounted, sonic or digital height measures should not be used.

3.6 *Working with schools*

- 3.6.1 PCTs should contact schools to discuss and plan for the NCMP, including arranging a time for the measurement to be undertaken and asking schools to prepare the list of data fields for the PCT. A specimen letter for PCTs to send to school headteachers and boards of governors is provided in [appendix 2](#).
- 3.6.2 The most successful areas were those that planned joint action early on in the process and had close working relationships.

3.7 *Working with parents*

- 3.7.1 PCTs and schools must work together to ensure parents are informed about the NCMP and have the opportunity to withdraw their children from it if they wish. PCTs and schools should ensure parents receive the letter in [appendix 3](#).
- 3.7.2 Separate guidance will be available for schools to help address concerns from parents: www.teachernet.gov.uk/ncmp.
- 3.7.3 Parents' wishes must of course be respected, but PCTs and schools can help to minimise the number of children who are opted out by:
- ensuring parents are aware that the privacy and dignity of the child will be safeguarded at all times throughout the process;
 - reassuring parents that their child's measurements will not be revealed to anyone else in school;
 - emphasising the context of promoting healthy lifestyles, especially healthy eating, physical activity and healthy weight.

4 Doing the measurements

4.1 *Setting up*

- 4.1.1 With the school's help, locate a private setting to do the measurements. In the exceptional case that a separate room is not available, a screened off area of the classroom can be used. Other pupils in the class must not be able to see or overhear the measurement taking place. Ensuring a private setting is especially important when measuring children in Year 6, since they might be particularly sensitive about their height or weight.
- 4.1.2 Ensure the height measure is correctly assembled and placed on a firm level surface with its stabilisers resting against a vertical surface (wall, door etc) to ensure maximum rigidity.
- 4.1.3 Ensure that weighing scales are placed on a firm level surface with the read out display concealed from the participating child and others.
- 4.1.4 The height and weight displays on the measurement equipment should not be visible to anyone apart from the person recording measurements.

4.2 *Measuring weight and height*

4.2.1 Measuring weight

- Ask the child to remove their shoes and coats. They should be weighed in normal, light, indoor clothing.
- Ask the child to stand still with both feet in the centre of the scales.
- Record the weight in kilograms to the first decimal place—ie, nearest 100 grams (eg, 20.6 kg).
- Individual results should not be fed back directly to the school or to pupils, and children should never be told the measurements of other children.
- Children's BMI should not be calculated at the point of measurement.

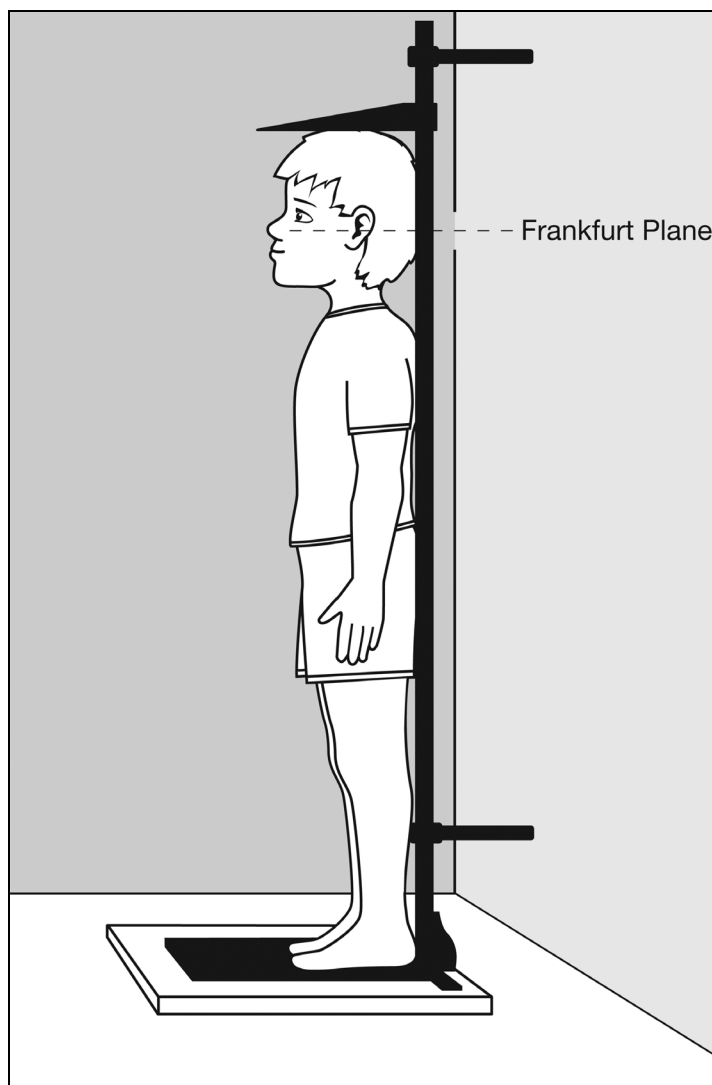
4.2.2 Measuring height

- Ask the child to remove their shoes and any heavy outdoor clothing, which might interfere with taking an accurate height measurement.
- Ask the child to stand on the height measure with their 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 touch the vertical measuring column.
- To obtain the most reproducible measurement, the child's head should be positioned so that the Frankfurt Plane is horizontal (figure). The head piece of the height measure should be lowered gently but firmly onto the head before the measurer positions the child's head in the Frankfurt Plane.
- Ideally, one staff member will ensure the child maintains the correct position while the other reads the measurement.

- Record the height measurement in centimetres to the first decimal place—ie, nearest millimetre (eg, 120.4cm) when standing without shoes.
- After recording the height and weight measurements, do not comment on the measurements. Neutral statements, such as ‘thank you’ and ‘would you now please step off’, are appropriate.
- Whenever possible, measurements should be repeated to ensure accuracy. Results should not be fed back directly to the school or to pupils and children should never be told the measurements of other children.

Figure: The Frankfurt Plane

The Frankfurt Plane is an imaginary horizontal line that passes through the inferior margin of the left orbit and the upper margin of the ear canal. This means that the ear hole should be lined up with the bottom of the eye socket. This position will allow the crown of the head to raise the measuring arm of the height measure to the child’s true height.



4.3 What to do with the collected data

- 4.3.1 Uploading data to the IC requires a degree of data manipulation and should be undertaken by someone in an analytical role with experience of Microsoft Excel. PHOs might be able to provide advice and assistance with data entry and cleaning.
- 4.3.2 Parents can request their child's height and weight results from their PCT within one month of the receiving the letter about the programme ([appendix 3](#)). A specimen letter for feeding back results to parents is provided in [appendix 4](#).
- 4.3.3 Feeding back results to parents, should be done in a way that ensures the data remain confidential—ie, children should not be given their results on a slip of paper to take home. This is so that there is no risk of the results getting into the hands of children's peers and resulting in comparisons of results and bullying.
- 4.3.4 Participating schools might wish to receive feedback from the exercise, but care needs to be taken to ensure that children's confidentiality is maintained. Detailed advice on what information should be fed back to schools is provided in [section 5.4](#) below.
- 4.3.5 Although identifiable data are not uploaded to the IC, the data can be held at PCT level in an identifiable form for as long as is reasonably necessary. PCTs should treat this information according to local information governance protocols for patient-level clinical information.

4.4 Storage of information on child health systems

- 4.4.1 Formal consent is not needed for the processing of information by health professionals, provided the processing is undertaken with a view to assessing risks to public health (such as obesity), recognising trends in those risks and controlling and preventing them.
- 4.4.2 Persons employed or engaged in the health service have wider powers to process information for public health purposes without consent. If health service staff are processing information for the purposes set out above, height and weight information can be recorded on individual patient records, including child health systems.

5 Guidance for uploading data

5.1 Data-capture tool

- 5.1.1 The Information Centre (IC) run the central collation of NCMP data.
- 5.1.2 You will need to send your NCMP data to the IC using the 2007–08 data-capture tool. The 2007–08 tool will be available to download, along with guidance on how to use it at www.icweb.nhs.uk/ncmp, from November 2007.
- 5.1.3 The tool is an improved version of the Excel spreadsheet used for the 2006–07 programme. Many of the improvements have been made following feedback from PCTs.
- 5.1.4 You can upload your data at any time throughout the 2007–08 academic year. The deadline for uploading data is September 5, 2008.
- 5.1.5 Once pupil data have been entered on the data-capture tool, a validation routine will enable PCTs to check and correct their data before uploading. During the upload, postcode will be automatically converted to lower super output area, date of birth converted to age in months, and pupil names removed, so that only anonymised information will be sent to the IC.
- 5.1.6 As with the 2006–07 NCMP, passwords and usernames will not be required to use the data-capture tool.
- 5.1.7 The full technical user guide for using the data-capture tool will be contained within the tool itself and available at www.icweb.nhs.uk/ncmp. Further details about the data-capture tool can be obtained from the IC contact centre on 0845 300 6016 or enquiries@ic.nhs.uk.

5.2 Analysis of the 2007–08 dataset: obtaining local data

- 5.2.1 The figures submitted to the IC will be centrally cleaned and validated. The IC will contact any PCTs for which concerns over data quality exist.
- 5.2.2 After cleaning the dataset, the IC will produce a national dataset of PCT statistics, which will be available in early 2009. Childhood obesity LDP lines will be populated with this information, so PCTs should check the summary figures shown in the data-capture tool before uploading their data to the IC.

5.3 Using data locally

- 5.3.1 PCTs should work with the Local Authority to use these data to identify where to target resources locally and track progress at a local level, by benchmarking against national, regional and neighbouring levels of obesity.
- 5.3.2 Guidance on the types of analyses that PHOs might want to undertake will be published in autumn 2007.

- 5.3.3 We hope to develop case examples of where local areas have made good use of NCMP data. These case studies will be available at www.dh.gov.uk/healthyliving. If you would like contribute a case study please contact us at ncmp@dh.gsi.gov.uk.

5.4 *Providing feedback to schools*

- 5.4.1 School-level feedback will not be provided in the national NCMP report produced by the IC. However, the national anonymised dataset will be made available to PHOs to enable them to undertake regional-level and local-level analysis.

- 5.4.2 Particular sensitivities exist around school-level data. Participating schools might want to receive feedback after the exercise, but any feedback must be based on robust data and not risk identification of results of individual children. PCTs must not feed raw results back to schools. The reasons for this are listed below:

- i. With small denominator populations, such as those for primary and middle schools, the numbers of overweight and obese children are likely to be small. Publication of these small number data might therefore allow identification of individual children from published results. This goes against disclosure rules and is not permissible.
- ii. School-level obesity prevalence is affected by the number of pupils in the school, and calculations of prevalence for individual schools would not necessarily be reliable. Therefore, such figures would not provide robust measures of obesity prevalence, even in schools with a 100% response rate.
- iii. Most schools will have less than a 100% response rate. This may bias the results at school level.

- 5.4.3 The following approach should be used for feeding results back to schools:

- i. Provide the response rates by year-group and sex.
- ii. Provide feedback for the PCT or region for each school year-group. For example, the mean prevalence of overweight or obesity for the PCT, or the region, for each school year-group could be provided. Data must not be combined for school year-groups in analyses, because prevalence of overweight and obesity varies by age.
- iii. School-level feedback for prevalence of overweight and obesity should be provided using the following four categories:
 - school prevalence by year-group is **significantly higher** than the comparator prevalence
 - school prevalence by year-group is **significantly lower** than the comparator prevalence
 - school prevalence by year group is **not significantly different** from the comparator prevalence
 - **Insufficient data** are available to make a meaningful comparison.
- iv. Examples of appropriate comparators that could be used are:
 - the national prevalence,

- the regional prevalence,
- the PCT prevalence.

5.4.4 This approach ensures respect for individual children’s privacy, and that any actions relating to differences between schools are based on statistically valid comparisons.

5.4.5 If PCTs or schools receive requests for school-level data under the Freedom of Information Act, the format outlined in 5.4.3 should be used to ensure that there is no risk of identification of individual children.

Appendix 1: Questions and Answers

1. What will the NCMP data be used for?

Every year children in Reception and Year 6 are weighed and measured through out the school year to:

- inform local planning and delivery of services for children; and
- gather population-level surveillance data to allow analysis of trends in growth patterns and obesity.

Additionally, the NCMP is a useful way to engage with children and families about healthy lifestyles and weight issues.

2. What should I do if a parent withdraws their child from the measurement process but the child wishes to participate?

In view of the age of the children involved in the NCMP, you should respect the parent's wishes, and sensitively explain to the child that their parent or carer has asked for them not to take part.

3. What should I do if a parent is happy for their child to participate in the NCMP but the child wishes to opt out?

Children's anxieties about being weighed and measured should be addressed sensitively, and children should be encouraged to take part. However, you should respect the child's wishes and under no circumstances should an unwilling child be made to participate.

4. What happens if my PCT already collects height and weight data for children in Reception or Year 6, or both, for an existing programme?

Providing the required data fields are collected and uploaded, PCTs can obtain data in any appropriate way they choose. However, where local arrangements do not follow this guidance, PCTs should ensure they have taken legal advice.

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

If a parent requests the information, the PCT should provide height and weight data confidentially to the parent. If a child asks for their results, they should be informed that their parents can request this information from their PCT, and be given the necessary contact details. Only raw height and weight data should be provided to parents, and BMI should not be calculated.

An information leaflet for parents called *Why your child's weight matters* is available at 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 (quoting the reference number, your name, postal address and how many copies you need).

An online height / weight tool is available to help parents interpret their child's results and provide appropriate information to help them to act on it if necessary. This tool is available at www.direct.gov.uk/childweight.

6. Will there be school league tables?

[Section 5.4](#) provides advice on how to feed back to schools. School league tables will not be published.

7. How can my PCT positively promote the NCMP to increase uptake?

Engagement with schools, parents, children and Healthy Schools coordinators will help raise awareness and promote the programme. Letters should be sent to the headteacher and board of governors of every school (appendix 2) and a sample parent information letter is included in this guidance (appendix 3). The letter for parents is available in languages other than English at www.dh.gov.uk/healthyliving.

8. What is the legal basis for the NCMP?

The arrangements for gathering of height and weight data as part of the NCMP should ensure that the following criteria are met.

- i. The privacy and dignity of the child is safeguarded at all times and the measurement is done sensitively in a private setting.
- ii. Height and weight information is gathered with minimal physical contact by health professionals.
- iii. PCTs make efforts to ensure that parents receive a letter explaining the purpose of the programme, and provide them with the opportunity to withdraw their child from it.

Regulation 3 of the Section 60, Health Service (Control of Patient Information) Regulations 2002 (No. 1438), provides for gathering and further processing information by persons employed or engaged for the purposes of the health service with a view to:

- i. diagnosing risks to public health;
- ii. recognising trends in risks to public health;
- iii. controlling and preventing risks to public health.

To satisfy the data protection requirement to process personal information fairly parents should be given an opportunity to withdraw their child from the programme. Persons employed or engaged in the health service have wider powers to process information for public health purposes without consent.

9. Should children with special needs be weighed and measured?

Only children who are able to stand on weighing scales and height measures unaided should be weighed and measured as part of the NCMP.

10. Why are postcode and ethnicity being collected?

Postcode and ethnicity are collected to enable richer analysis of trends in obesity by allowing analysis by ethnicity and deprivation. Postcode and ethnicity are not used to identify individual children, and safeguards are in place to protect against this.

11. How should I respond to a Freedom of Information request for NCMP data before they are published?

Although decisions about FOI requests are at the discretion of local areas, we would advise that NCMP data should not be disclosed before publication of the national report. This is because of the potential for misinterpretation of the data before they have been properly cleaned and validated by the Information Centre. Since the NCMP data are due for publication in a national report in early 2009, one could argue that they are exempt from disclosure under section 22 of the FOI Act, which states that:

Information intended for future publication

(1) Information is exempt information if—

- (a) the information is held by the public authority with a view to its publication, by the authority or any other person, at some future date (whether determined or not),*
- (b) the information was already held with a view to such publication at the time when the request for information was made, and*
- (c) it is reasonable in all the circumstances that the information should be withheld from disclosure until the date referred to in paragraph (a).*

12. How should I respond to a Freedom of Information request for NCMP data that could potentially lead to identification of individual?

We would advise that you provide the information following the format outlined in [section 5.4.3](#) of this guidance to ensure that there is no risk of identification of individual children. Section 40 of the Freedom of Information Act exempts personal information that is likely to lead to the identification of individual pupils.

Appendix 2: Specimen letter to Headteacher and board of governors

This letter should be sent out to headteachers in advance of starting the NCMP for the 2007–08 academic year.

An editable Word version of this letter is available [here](#).

Measuring height and weight in children in Reception and Year 6

The Department for Children, Schools and Families (DCSF) and the Department of Health (DH) have a shared programme of work to improve children's health and wellbeing. Promoting healthy weight in children is an important part of this programme. As part of this programme, the National Child Measurement Programme (NCMP) requires all children in Reception and Year 6 to be weighed and measured.

Many thanks to those of you whose schools participated in the NCMP last academic year. A national report on last year's findings will be available on the DH website at www.dh.gov.uk/healthyliving in early 2008. Your regional Public Health Observatory will undertake further local-level analysis.

The NCMP is essential to gather population-level surveillance data to allow analysis of trends in obesity, overweight and underweight in children and to inform local planning and delivery of services. The programme can also help to increase public and professional understanding of weight issues in children and be a useful vehicle for engaging with children and families about healthy lifestyles and weight issues.

Children will be measured with sensitivity and ensuring respect for their privacy and dignity. Health professionals from your PCT will oversee the measurements. Children will be asked to remove their shoes and any heavy outdoor clothing. They will be weighed in normal, light, indoor clothing.

No information about individual children's weights or heights will be disclosed to school staff, neither will such information be disclosed to pupils or parents, unless a parent specifically requests their child's information within a month of measurement. All data collected will be stored securely and will be anonymised before being shared confidentially within the NHS.

The NCMP is a priority programme for the DCSF and the DH and we are very keen that all schools support it. The weighing and measuring process will involve minimum disruption and very little extra work for school staff. To enable us to conduct this programme, we ask headteachers to assist us in the following areas:

A Sending of letters to parents to inform them about the NCMP

An example letter is enclosed, which should be sent to all parents of children in the relevant years. The letter explains the process and includes two forms:

- Form 1: to be sent to the PCT if parents want to receive feedback of their child's height and weight
- Form 2: to complete and return if parents do not want their child to take part.

B Provide lists of relevant year-group

We ask you to provide the PCT staff undertaking the NCMP with a list of children in Reception and Year 6, showing every pupil's:

- Name (first name and last name);
- sex;
- date of birth;
- home postcode;
- ethnicity (if available from school information management systems or from school health systems).

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

You will also need to provide the DCSF Unique Reference Number for the school.

NB: when the data are transferred from the PCT to the Department of Health, pupil names will not be sent, postcode will be converted to lower super output area (average population 1500) and date of birth converted to age in months, to increase confidentiality of the data.

C Identify a room or area where measurements can be taken privately

D Designate staff to help to bring children to and from the measurement area

E Provide of 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 undertake 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

Director of Children Services, XXX

Appendix 3: Specimen letter to parents with opt-out and feedback-request forms

This letter should be sent out to all parents and carers of children eligible for inclusion in the 2007–08 NCMP.

An editable Word version of this letter is available [here](#).

*Minor changes to the letter to suit local needs are permitted, however, **the wording shown in bold in the letter should be followed closely, since this sets out the legal requirements for the programme and the intended use of the data, which we must make due effort to inform parents of.***

The letter below has been translated into other languages, which can be found on the Department of Health website at www.dh.gov.uk/healthyliving. The languages are:

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

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

You might wish to enclose a copy of the parents leaflet “Why your child’s weight matters” when you sent out this letter.

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 them. As a result, a National Child Measurement Programme has been set up to weigh and measure children in England in Reception and Year 6. This important programme is now in its third year.

Your child's class will take part in this year's measurement programme. **The measurement will be supervised by trained healthcare staff from your local NHS Primary Care Trust (PCT). The measurements will be done in a private area away from other pupils. Children who take part will be asked to remove their shoes and any heavy outdoor clothing. They will be weighed in normal, light, indoor clothing.**

Routine data, such as your child's sex, postcode, ethnicity, and date of birth will also be collected to help the NHS plan services for families. All data and results 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 to help us understand and plan interventions for weight-related problems in children across the country.

You will be able to request your child's measurements from the PCT up to one month after the date on this letter. If you would like to receive your child's height and weight, please fill in **form 1** and return the attached form to your PCT.

If you do not want your child to take part fill in **form 2**. If you are happy for your child to be weighed and measured you do not need to return this form. Children will not be made to participate if they don't want to.

A leaflet called *Why your child's weight matters* is enclosed to provide more information about the National Child Measurement Programme and advice about healthy lifestyles.

Yours sincerely,

Director of Public Health XXXX PCT

Director of Children Services, XXX

Requesting your child's height and weight results

If you would like to receive your child's height and weight, please fill in 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: the PCT must receive this form within one month of the date on this letter.

✂-----

FORM 1: Results request form

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: _____

Please return to: [XXX to insert contact details here]

✂-----

Opting your child out of being weighed and measured

Only return this form if you **do not** want you child to participate.

FORM 2: Opt-out slip

I do not wish my child to be weighed and measured for the National Child Measurement Programme.

Child's name: _____ Year: _____ Class: _____

Child's School: _____

Parent's / Carer's name: _____

Parent's / Carer's signature: _____

Appendix 4: Specimen results letter for PCTs to send to parents

This letter should be sent to any parents who request their child's height and weight result. The letter can be adapted according to local needs, but the data fields shown below must be provided to enable proper interpretation of the data.

An editable Word version of this letter is available here.

BMI or an interpretation of the height and weight should not be provided.

The letter below has been translated into other languages, which can be found on the Department of Health website at www.dh.gov.uk/healthyliving.

Dear Parent/Carer

Your child's class has taken part in this year's National Child Measurement Programme – a programme that aims to measure the height and weight of all children in Reception and Year 6 in England to find out more about children's growth across England. You have asked to receive your child's measurements from this programme. This information is held by the Primary Care Trust (PCT), and your child's results will not be given to your child's school. Please find the results below.

Your child's results	
Name:	_____
Date of Measurement:	_____
School:	_____
Your child's height is:	_____ centimetres
(to first decimal place—ie, to the nearest millimetre)	
Your child's weight is:	_____ kilograms
(to the first decimal place—ie, to the nearest 100 grams)	

A leaflet called *Why your child's weight matters* contains more information about the National Child Measurement Programme, advice about healthy lifestyles and who to speak to if you are worried about your child's weight. For a copy of the leaflet call 08701 555 455, email dh@prolog.uk.com (reference number 277810), or download at www.dh.gov.uk/healthyliving. The leaflet is available in several languages online.

If you would like help understanding your child's height and weight or you have concerns about your child's weight please visit: www.direct.gov.uk/childweight.

Thank you for your interest and for taking part in this programme.
Yours sincerely

[Insert PCT Name and Address]

Appendix 5: Checklist for PCTs

Planning for the NCMP

- ☐ Contact schools in your PCT using the letter in appendix 2 to arrange a convenient time to go into schools to undertake the measurements.
- ☐ Ensure that staff undertaking the weighing and measuring have CRB clearance and that a health professional will take responsibility for the weighing and measuring.
- ☐ Ensure that staff undertaking the weighing and measuring have completed appropriate training on how to weigh and measure children accurately.
- ☐ Ensure appropriate weighing scales and height measures that have been appropriately calibrated are available to use.
- ☐ Liaise with schools to send out the letter in appendix 3 to parents. Follow up with the schools to check that the letters have been sent out before the day of the measurement.

Doing the weighing and measuring

- ☐ Contact the school a few days before the day you are visiting to confirm that the weighing and measuring will be taking place and to ensure that a separate room will be available for you to use.
- ☐ Get class lists containing the school name and reference number and name, sex, date of birth, postcode and ethnicity of all pupils in Reception and Year 6 from school or Local Authority. The list should also identify any children who have been opted out of the NCMP so that they are not measured.

Data entry

- ☐ Ensure that someone in an analytical role with experience of spreadsheets is available to upload your PCT's data to the IC.
- ☐ The dataset held at PCT level contains identifiable pupil-level information and should be treated according to local information governance protocols for patient-level clinical information.

Analysis and feedback

- ☐ For parents or carers who have requested feedback, height and weight results should be sent to parents using the letter provided in appendix 4.
- ☐ Establish processes for feeding back to schools using the approach described in [section 5.4](#).