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

Annexe 1: common queries and challenges

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

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Contents

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

Childs 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

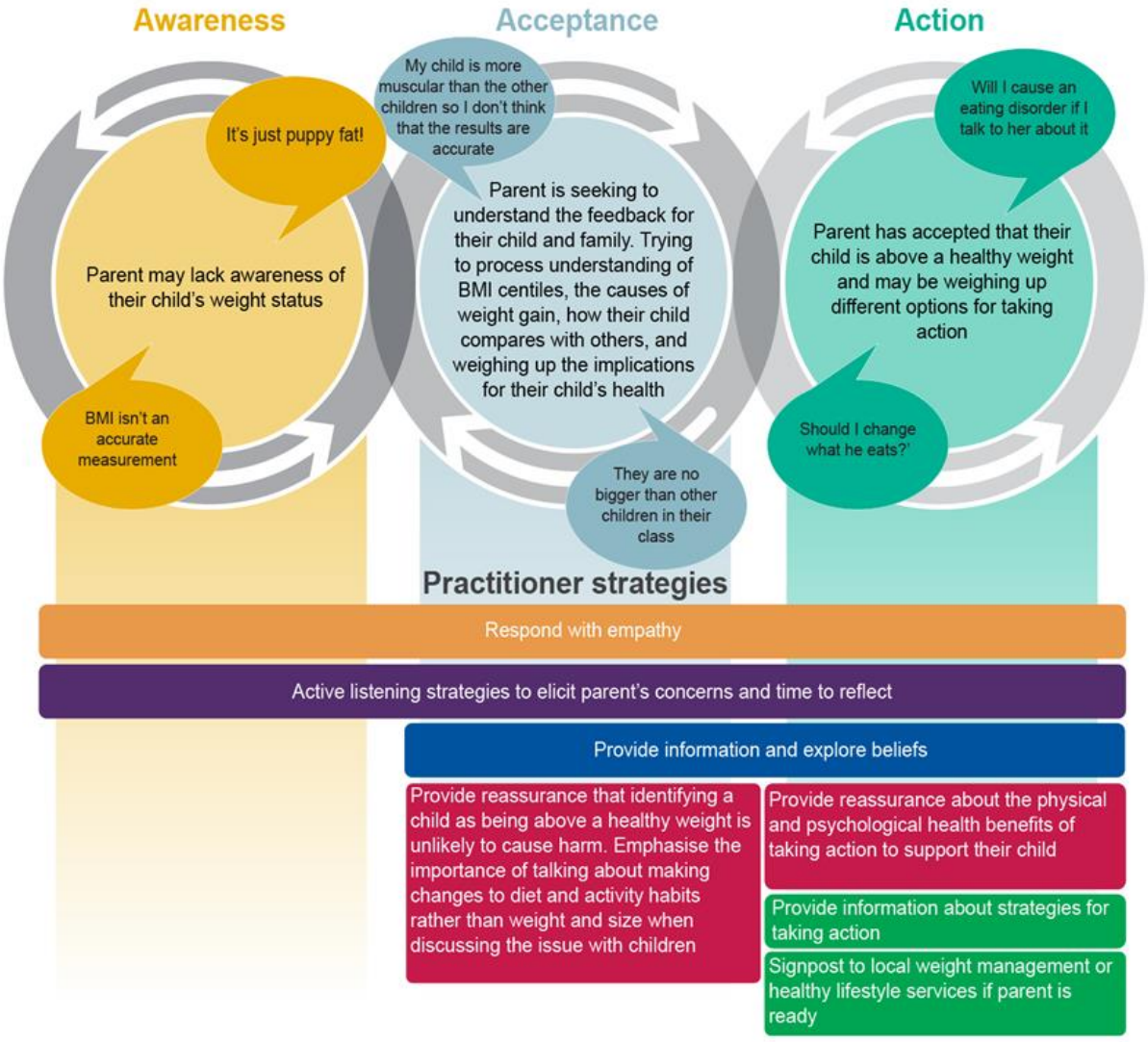
Practitioners: this guide is designed for school nurses, their teams and other professionals involved in the delivery of the NCMP. The term 'practitioners' will be used in this document to refer to this group collectively

Resources for responding to parents using the NCMP conversation framework

This annexe outlines how school nurses and their teams, and other professionals delivering the NCMP can use the NCMP conversation framework to respond to the most common issues raised by parents in response to receiving NCMP feedback. The issues are organised with reference to the Weight Awareness Continuum to illustrate how school nurses, their teams and other professionals delivering the NCMP can respond in ways that support the parent to move from awareness through acceptance to take positive action about their child's weight. Each common query is followed by an evidence-based rationale and a suggested helpful response that could be used when talking to parents.

This guide should be used in conjunction with the guidance outlined in the NCMP conversation framework for talking to parents. This is part of a series of resources being developed to have supportive conversations including; common queries and challenges (annexe 2 in development), audio conversations (in development) and an evidence summary (in development).

Figure 1: NCMP Conversation Framework: in practice



Common queries and challenges: awareness

‘My child’s results are because of puppy fat and she’ll/ he’ll grow out of it’

Rationale

‘Puppy fat’ is a commonly used term to refer to perceived changes in body composition as children move from childhood, through adolescence to adulthood. Parents of children in Year 6 may question the validity of the NCMP feedback on the basis that their child may be entering adolescence and others may think their child will naturally grow out of being overweight[1].

There is evidence to show that very overweight children and adolescents are around five times more likely to be very overweight in adulthood than those who were not very overweight [2]. This suggests that children don’t ‘grow out’ of carrying excess weight as they move from childhood to adulthood.

NCMP data on children’s weight trajectories suggests children *can* grow out of excess weight but mostly they don’t. A tracking study[3] of NCMP data looking at how children’s weight status changed from the first to final year of primary school found that:

- for children who are overweight in reception, around 27% will return to a healthy weight
- 30% will remain overweight
- almost 30% will become obese
- 13% will become severely obese by Year 6

Supporting a parent to recognise their child’s weight status and consider lifestyle changes for the whole family can support the child’s health and may help them become a healthier weight as they grow.

In order to help a child become a healthy weight as they grow, changes in lifestyle, such as physical activity levels, time spent being inactive, and what and how much they eat, may be required. However, it should not be assumed that parents who accept that their child is above a healthy weight will also accept their child is required to make changes and/or are ready to make changes. Practitioners should work with parents and give time for them to process the information and ask further questions.

Suggested helpful response

When responding, aim to correct misconceptions with neutral, non-blaming, factual language for example;

‘Some children do grow out of excess weight: around 1 in 3 children with overweight in reception return to a healthy weight by year 6. However, we know that most children who are overweight in reception don’t return to a healthy weight by the end of primary school. For example, 2 in 3 children with overweight in reception remain overweight or become very overweight by year 6’

‘My child isn’t overweight’

Rationale

Evidence shows that being overweight is becoming the norm:

- both parents and health and care professionals struggle to identify the weight of children by sight alone[4] with half (50.7%) to more than three quarters (>70%) of parents failing to accurately identify their child as being overweight or obese [56]
- parents have been found to use a variety of information when interpreting the size of their children’s bodies, including; assessment of their eating habits, levels of physical activity, the size of other children in the family and social network, and happiness [78]

These factors can make it difficult for parents to accept the NCMP feedback that their child is overweight. Where parents appear not to have accepted the NCMP feedback, it is unhelpful to directly contradict their views. Practitioners may find it useful to refer to the general principles of discussing weight with parents (refer to appendix 1 in National Child Measurement Programme conversation framework: a conversation framework for talking to parents) and gently address misconceptions or offer additional information where appropriate.

Suggested helpful response

Consider firstly responding with empathy to a parent’s emotional response and use open questions to understand why the parent doesn’t believe their child is overweight for example;

‘I can tell that you are angry about receiving this information and it doesn’t match how you understand your child’s size. Could I ask you why you think the information in the feedback letter is wrong?’

Once practitioners understand the precise reasons why the parent thinks that their child is not overweight they can then tailor their response to address specific misconceptions. It may also be helpful to normalise just how challenging it can be to identify a child's weight by sight alone for example;

'… there's lots of research showing that it's tricky for parents and nurses and doctors to tell if a child is overweight just by looking at them'

In some instances, offering to look at the height and weight measurements taken and having an opportunity to have these explained may help the parent to move into acceptance.

It is also helpful to ask permission before sharing information to address misconceptions. Use neutral, non-blaming, factual language when addressing misunderstandings for example;

'Calculating a child's weight using child BMI categories can help us gain a better understanding of this rather than just relying on what we can see. Would it be helpful if together we looked at how your child's weight category was calculated?'

'I find this offensive (I am really offended by the suggestion that my child is overweight). You are just panicking parents and labelling children.'

Rationale

When parents take offence at the feedback that their child is above a healthy weight it may be because they feel that they are being accused of being bad parents or failing to look after their child. Some parents object strongly to the idea that children should be classified and labelled according to their size. Others may believe that their child has been incorrectly labelled. In all of these cases the predominant emotions felt by the parent are anger and fear.

Suggested helpful response

If parents express anger then it is a helpful strategy to respond empathically by acknowledging the emotion and expressing that you are sorry for any distress that the NCMP feedback has caused. It can be helpful to explicitly state that there is no judgement implied in the NCMP feedback letter. For example;

'I can tell that you are angry about this and I just wanted to start by saying that we are sorry for the distress that this has caused you. Nothing in the NCMP feedback letter is

meant to criticise you as a parent or your parenting abilities – the feedback is a way of providing health information about your child highlighting that there might be a concern. It is up to you as a parent to decide what to do with that information, or even whether you agree with it or not'

Once you have responded empathically with parents' reactions you can then seek permission to provide information that might clarify any misunderstandings that may be contributing to a parent's distress. For example;

'Would it be helpful if I explained how we calculate a child's weight category?'

If you suspect that a parent's anger is related to fears that the NCMP feedback could cause harm to their child then it might be useful to ask the parent questions that help them to articulate their fears so that they can be directly addressed for example;

'Often parents who are angry about the contents of the letter are also worried about the impact of the letter on the child – is this the case for you?'

'It's due to genetics that my child is overweight.'/ 'Our whole family is big/overweight' / 'My child has big bones'

Rationale

Genes play a significant role in determining everyone's size and shape. Children who live in a family where at least one parent or carer is obese are more at risk of becoming obese themselves[9] [10]. However, it is not only genes which contribute to weight; behaviour, environment and culture all have a role to play. It is possible that children who are overweight come from families with a family history of overweight and obesity. In such circumstances, the size norms by which a family judges whether its members are healthy or unhealthy may be skewed towards accepting larger body sizes as being healthy. This means that children in the overweight range may be perceived to be a healthy weight through comparison to larger or heavier peers or other family members. Parents who have struggled with their own weight may also have less confidence that it is possible to achieve and maintain a healthy weight.

Whilst genetics certainly play a role in influencing a child's size it is also the case that lifestyle factors contribute. Children who are above a healthy weight who adopt healthy diets and do the recommended levels of physical activity for their age can become less overweight over time and can enter young adulthood with BMIs in the healthy range[11]

Suggested helpful response

Children who are identified as being above a healthy weight are likely to have a genetic predisposition to gaining excess weight but will only do so if their diet and physical activity levels allow this to happen. Analogies (described below) can be useful when explaining the dual role of genetics and environment.

Using analogy to help understanding

Some people find it useful to use analogies to help with understanding a complex issue. For example, the height of a sunflower is not only dictated by its genetic code.

Environmental factors such as the amount of food, light and water will have an impact on how tall the sunflower is able to grow. Similar comparisons may be used sensitively and effectively to help parents understand the interplay between genetics and the environment.

When it comes to trying to provide a healthy environment for their children, most parents strive to do the best they can with the resources and knowledge that are available to them. For this reason, some parents may respond negatively to any implied suggestion that they are not providing good quality nutrition or sufficient opportunities for physical activity for their children. If this is the case, practitioners could take the approach of acknowledging the powerful environmental and societal factors influencing food choice and activity levels such as; busy lives, lack of money resources, safety concern. For example;

‘It can be difficult for parents today to make sure that their children eat healthily and are as active as possible. There’s just so much unhealthy food out there and school pressures and social media means that they are not as active as we might like them to be.’

Acknowledging that some of these pressures may be outside of the parent’s control will communicate to parents that you understand the challenges that they face, and will help them to feel less blame. Once you have acknowledged the contributions of genetics and other factors outside of the parent’s control, it may be possible to help the parent consider some of the factors that are within their control. For example;

‘As parents we can’t always protect them from all the negative influences out there, but perhaps we can look at the things we do have control over and that we can do as a family that might help. Sometimes these small things can make a big difference. Can you think of anything, or I could make some suggestions based on what other families have found helpful.’

‘I don’t understand why Body Mass Index (BMI) centile is used as part of the NCMP.’/ ‘I don’t understand how a child’s result can be accurate when using BMI as they are still growing.’

Rationale

Some parents may believe that the measurement used to identify their child’s weight category is BMI rather than BMI centile. Understandably, parents who think that BMI is being used to categorise children’s weight category may be concerned that the measure does not capture the fact that their child is still growing. It can be helpful to acknowledge that whilst the use of BMI would lead to a misclassification, this is not the measure that is used in the NCMP. The concept of BMI centile is complex and can be difficult to understand. Therefore, it is unsurprising that many parents may misunderstand the relevance to their child.

BMI centile is the most reliable method we currently have to determine the measure of body fat in children.

There is currently no other practical and non-invasive method for determining a more accurate measure of body fat in children.

Instead of using fixed BMI thresholds to classify individuals (as used for adults) children’s BMI is categorised using variable thresholds that take into account the child’s age and sex. These thresholds are usually derived from a reference population, known as a child growth reference. They are calculated by weighing and measuring a large sample of children to identify how BMI varies by age and sex across the population. BMI thresholds are frequently defined in terms of a specific z score, or centile on a child growth reference

The NCMP uses the British 1990 child growth reference (UK90) to assign each child a BMI centile.

Use of the UK 90 Growth reference is recommended by the National Institute for Health and Care Excellence (NICE)[12,] and recognised as a relevant measure by Scientific Advisory Committee on Nutrition (SACN)/Royal College of Paediatrics and Child Health (RCPCH) [13] which advises that a child’s BMI centile is used to assess the weight of children.

If parents are interested in finding out more about the UK90 growth charts, they can be signposted to the RCPCH information Growth charts - information for parents/carers. The following link may also help school nurses and other professionals explain BMI centiles to parents: What is a BMI Centile?

The overall aim is to help children achieve a healthier weight as they grow and prevent further increase in BMI centile.

Suggested helpful response

Given that BMI and BMI centile are complex and difficult to understand, practitioners should make sure that they fully understand both measurements and can explain this using simple-to-understand language. Visual aids such as growth charts can help with explaining these concepts. The following script is an example of a simple explanation of the concept of BMI centile;

‘The NCMP uses the BMI centile as this is the most accurate way to tell whether a child’s weight is in the healthy range. Calculating BMI is different for children than adults as they are still growing and your child’s age, gender, height and weight are all taken into account as part of the calculation. Using the BMI centile is recommended by scientific experts and child health experts in the UK’

‘Some parents find it useful to have a look at the BMI growth charts used for children and plot their child’s results – we can talk through how to do this today for your child’

Where parents are concerned that the BMI centile doesn’t account for the fact that their child is still growing, or to help them understand changes in weight, ensure these factors have been explained. For example;

‘Because children are still growing, their BMI and weight category is likely to change over time and the BMI centile accounts for changes in a child’s age, gender, height and weight at any given time. Changes to eating habits and/or physical activity can also have an effect on a child’s BMI centile and weight status over time’

Where the child has fallen on a threshold, where a parent has moved into action, or where a parent continues to stay in the awareness stage, consider offering a follow up measurement at a future date, and/ or where appropriate, encourage the parent to monitor their child’s weight using the online NHS healthy weight calculator. For example;

‘We can monitor your child’s weight over time to see how this may be changing, for example, whether they are maintaining a healthy weight or moving away from it. It’s also possible for you to do this at home by using the online NHS healthy weight calculator’

Common queries and challenges: acceptance

‘My child is more muscular than the other children, so I don’t think that the results are accurate.’

Rationale

Parents often reference concepts from the adult diet and fitness industry when trying to understand the weight of their child. One commonly referenced idea is that muscle is heavier than fat and therefore one explanation for a child being overweight might be due to increased muscularity (often referred to as ‘stocky or strong build’). In most cases this explanation is unlikely to be valid, especially if the child is in reception year. Increases in muscular tissue usually do not occur until after puberty has started[14]. The sex hormones, particularly testosterone, are responsible for changes in body composition observed following puberty. Prior to puberty these hormones are not present in sufficient quantities to stimulate muscular development and create differences in body make-up, even in children who are very physically active. For further information on child growth and body composition refer to the European Childhood Obesity Group free eBook https://ebook.ecog-obesity.eu/chapter-growth-charts-body-composition/.

It is advisable to draw on clinical knowledge and judgement to respond to this type of enquiry. Getting further support from a school nurse or other clinician who has an understanding of puberty and child weight may be appropriate. Check whether the child has started puberty (for year 6 children) and if so, refer to the UK-WHO 2-18 Growth Charts (RCPCH).

Common queries and challenges: action

‘I’m unsure about the best way to tell my child about their weight’/ ‘I’m unsure on how to have a conversation with my child about weight’/ ‘I am worried that telling him about this will cause an eating disorder.’

Rationale

Children vary in the degree to which they are aware of, or are interested in, the results of the NCMP height and weight checks. Older children are more likely to be interested and want to talk about the results than younger children, although there will always be exceptions to this general observation. Given the increasing level of media attention to the issue of child obesity, and the high prevalence of weight-related teasing and bullying, it is likely that the issue of weight is already a matter for concern for many families.

Receipt of the NCMP letter can bring unexpected news that a child is overweight for some parents, but for others the feedback may simply bring into consciousness concerns that were present but previously unarticulated. For many families, particularly for those who are aware that their child is overweight, or where children have experienced weight-related teasing or bullying, the NCMP feedback letter is a call to action. However, parents may feel confused or uncertain about whether and how to talk to their child about the result and may seek guidance from NCMP practitioners.

At the moment there is a no evidence to give a definitive answer to the question of whether parents should talk to their child about the NCMP feedback or weight generally. However, research does suggest that there are more and less helpful ways to talk to children about their weight. Recent evidence[15] suggests that parental encouragement to improve weight , along with parental teasing or criticism of a child about their weight may be associated with children having poorer wellbeing and unhealthy eating behaviours, although there is no evidence that there is a causal link between such talk and poorer child outcomes.

On the other hand, evaluations of the psychological outcomes of child weight management programmes where weight is talked about openly in a sensitive and constructive manner are generally positive. This suggests that it is possible to talk openly about weight and weight-related issues without harming children, at least in the context of treatment programmes.[16] One often overlooked issue in research into talking about weight are the potential risks associated with not talking about the issue. Research suggests that many overweight children have received negative attention directed towards their size and one consequence of this is poor body image[17]. Whilst

negative in itself, this is also a risk factor for other forms of psychological distress such as depression and eating disorders[18].

Being overweight is a risk factor for the development of eating disorders and one mechanism by which this occurs is when the child starts to adopt restrictive and unhealthy eating practices. Children who participate in family-based weight management interventions have lower rates of eating disorders than would be expected on the basis of their risk profiles[19]. This suggests that timely and sensitive treatment can reduce the risk of eating disorders in children who are overweight. Put simply, there are risks associated with talking about weight with children, but there are also risks associated with not talking about weight.

Suggested helpful response

Given the sensitivity and complexity of this issue NCMP practitioners should respect parents' decisions about whether and how they should talk about the contents of the feedback letter with their children.

The following guidelines can be used by practitioners to inform their conversations with parents about talking about weight generally and the feedback letter specifically.

Children of all ages

Avoid talk that may make children feel ashamed of themselves, their eating habits or other behaviours, or their bodies. For example, 'of course you are going to get fat if you continue eating all that junk', 'you need to learn some self-control'

Focus on behaviours that can be linked to the goal of physical health, for example 'eating fruits and vegetables make you strong and help you be better at sports' and mental health and wellbeing, for example 'physical activity helps you feel good'
Avoid using the terms 'obese', 'overweight' or 'fat' in relation to the results of the feedback letter.

Younger children

It will not usually be necessary to talk directly about weight with younger children. Most younger children will not make the links between the experience of being overweight and the feedback letter unless the parent explicitly references this.

Older children

Older children may be actively interested in the results of the letter and may initiate conversations with parents about their size or the results.

In addition to the general guidance above, children of overweight parents can:

- talk about the importance of looking after their bodies and being as healthy as possible (weight can be talked about as a sign that the family is not being as healthy as it can be, rather than singling out the behaviours of the individual child)
- reassure their child that the feedback means nothing about their value as a person, but is a sign that everyone in the family could be healthier
- ask children if it would be helpful for parents to make changes together as a way of supporting each other
- make opportunities to point out all of the child's positive attributes such as their sense of humour, thoughtfulness, strength, kindness, cleverness, persistence, friendliness and that their weight doesn't change any of these

Given that weight is such a personal and sensitive topic it is not surprising that some children experience upset if they become aware of the NCMP feedback. It may be helpful to reassure parents that such distress is usually short-lived and rarely has a lasting impact on the child's wellbeing if the guidance above is followed. Some children may be aware they are overweight but feel isolated and unable to talk about their concerns with their parents. The NCMP feedback letter can be a way to help children articulate their worries thereby unlocking parental support.

For children who experience significant and lasting distress or discomfort about their size it may be helpful for parents to access a local weight management service, child mental health services, or an eating disorders service if parents suspect binge eating, highly restrictive eating (e.g. skipping meals), purging or use of laxatives.

Eating disorders arise from a complex combination of factors and not from one single cause. NCMP feedback alone is therefore unlikely to cause a child to develop an eating disorder.

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