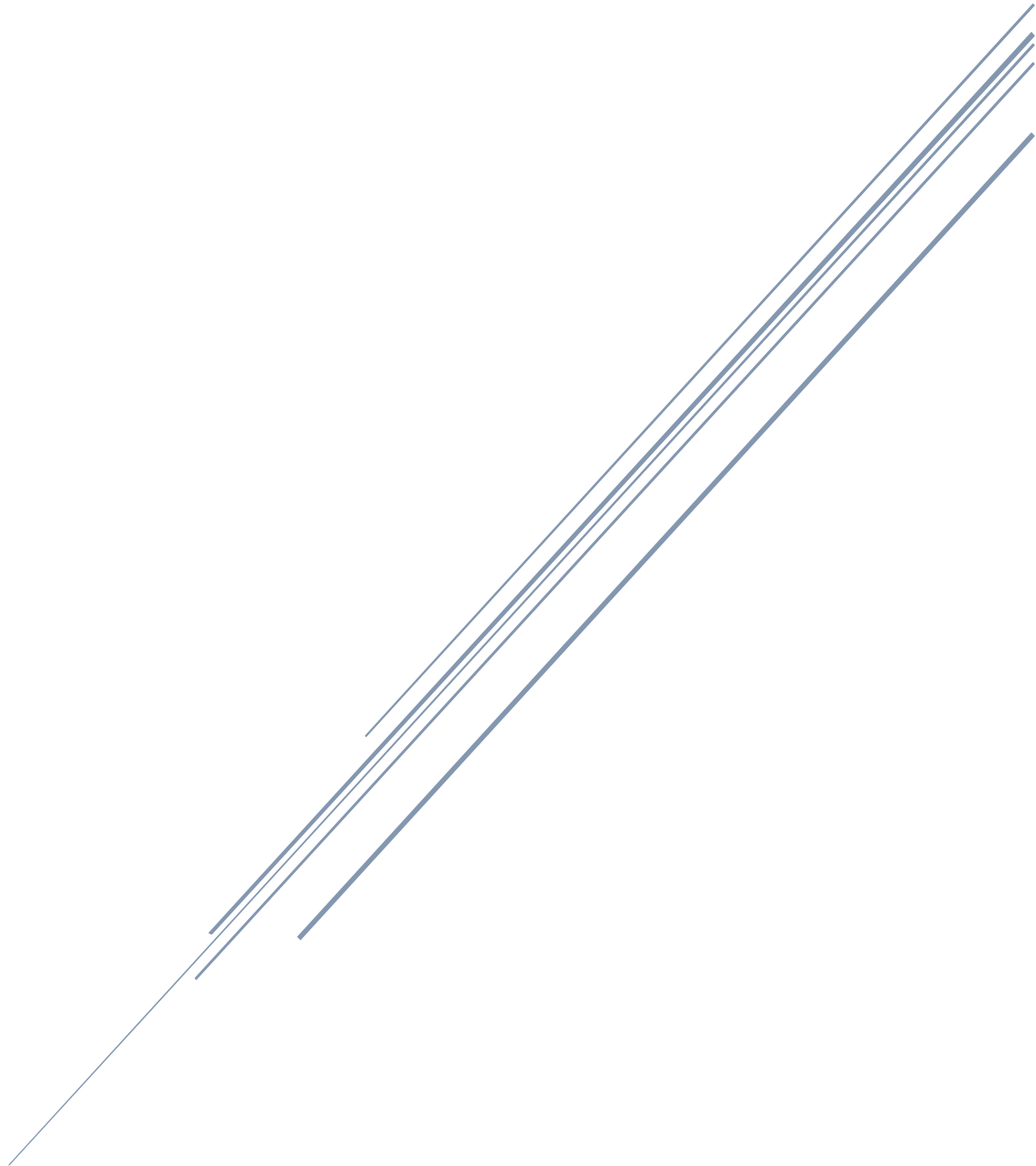


# National Child Measurement Programme (NCMP) Quality Improvement Project Evaluation Tower Hamlets 2022/23



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# 1. Introduction & Background

## The prevalence of excess weight in children

In the UK, childhood obesity is recognised as an important public health concern. Nationally, in 2022, 22.9% of reception-age children (4-5 years old), and 37.8% of year 6 children (10-11 years old) measured as part of the National Child Measurement Programme, also known as NCMP, were found to be overweight or obese.

Tower Hamlets figures differ slightly with 20.4% of reception-age children, and 45.4% of year 6 children measured as part of NCMP in 2021/22 were identified as overweight or obesity.

Nationally, since 2006/7, the prevalence for reception-age children has plateaued while the prevalence for year 6 children has increased by about 6%, as shown in Figures 1 and 2 (below).

In 2020/21, a sharp increase in the national prevalence was observed for both years groups as a result of the COVID-19 Pandemic. The 2021/22 data shows that the reception year has almost returned to pre-pandemic figures, while year 6 has remained 2% higher.

Large social and ethnic inequalities in NCMP data are also observed. Children living in the most deprived areas of England are more than twice as likely to live with excess weight when compared to those living in the least deprived areas (Figure 3). Children from Black, Asian, Mixed and Other Ethnic communities have a higher prevalence of excess weight compared to their White counterparts (Figure 4).

Living with excess weight can have short-term and/or long-term consequences on both the physical and emotional health and well-being of children and young people (Figure 5). It is also estimated that around 55% of obese children go on to become obese adolescents, and around 80% of obese adolescents will remain obese into adulthood (M. Simmonds, et al 2015).

Figure 1: Prevalence of excess weight in Reception-age children, 2006/07 to 2021/22  
(Source: NHS Digital)

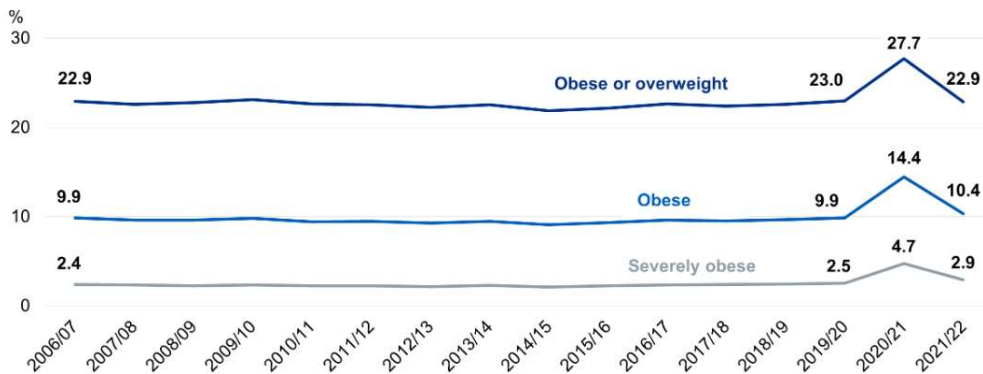
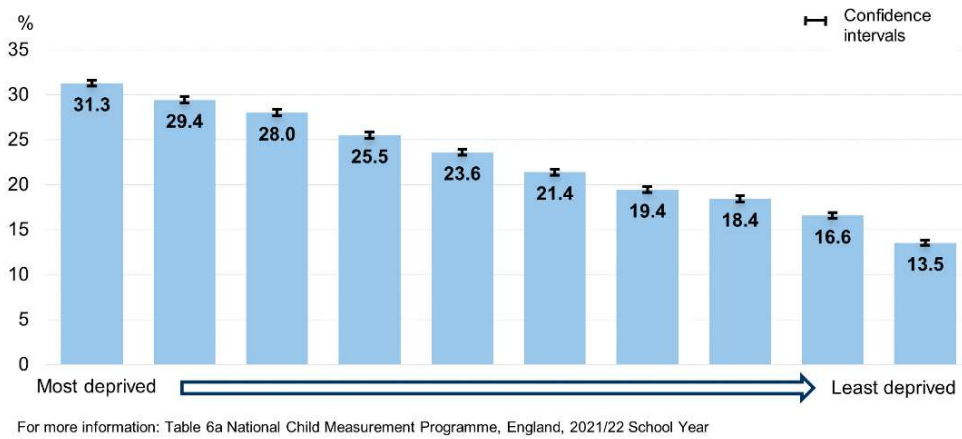


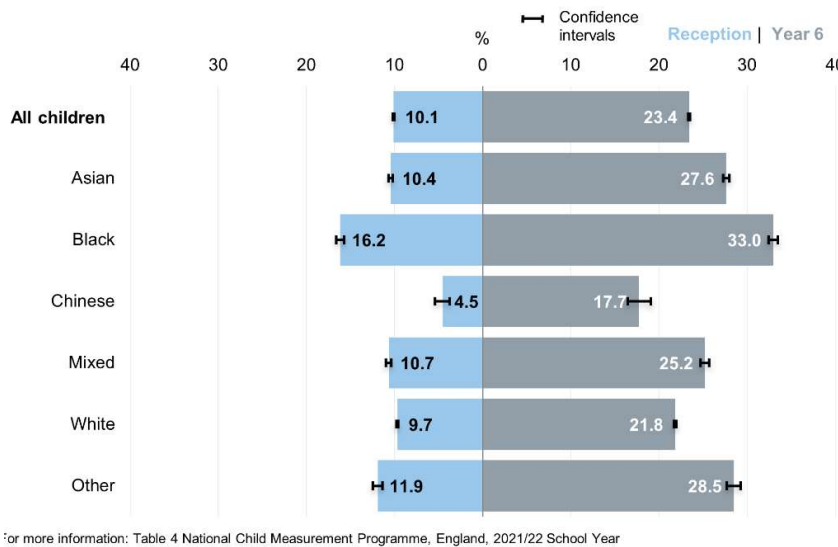
Figure 2: Prevalence of excess weight in Year 6 children, 2006/07 to 2021/22.  
(Source: NHS Digital)



**Figure 3: Prevalence of children living with obesity in Year 6 by IMD decile.**  
 (Source: NHS Digital 2021/22)



**Figure 4: Prevalence of children living with obesity, by school year, and upper-level ethnic group.**  
 (Source: NHS Digital 2021/22)



**Figure 5: Short and long-term consequences of obesity in children and young people (Source: OHID)**

### Obesity harms children and young people

**Emotional and behavioural**

- Stigmatisation
- bullying
- low self-esteem

**School absence**

- High cholesterol
- high blood pressure
- pre-diabetes
- bone & joint problems
- breathing difficulties

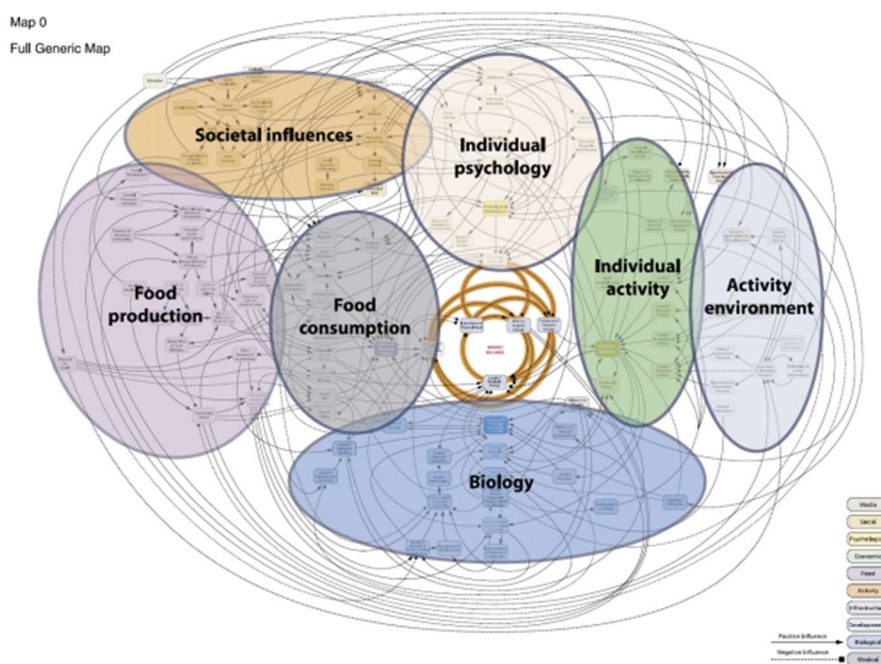
**Increased risk of becoming overweight adults**

Risk of ill-health and premature mortality in adult life

The causes of obesity are complex and multifactorial. In 2007, Foresight published a report called “Tackling Obesity: Future Choices,” detailing the concept of the “obesogenic environment” and the importance of taking a “whole systems approach” to improving weight outcomes. The Obesity System map reveals complex interactions between individuals and their environment as well as psycho-social and biological factors that impact people’s ability to achieve and maintain a healthy weight (Figure 6).

The report was a call to incorporate systems-based thinking as opposed to single initiatives when it comes to tackling obesity. However, a recent analysis of the government’s obesity policies and strategies over the last 30 years shows that the majority have been relying on individual behaviour change (D R.Z Theis and M White, 2021). We know those approaches tend to be less effective and less equitable, which might explain the government’s failure to successfully address obesity prevalence and health inequalities.

Figure 6: The Obesity System Map (Source: Foresight, 2007)



Due to the strong association between obesity and deprivation, it is important to mention the concerning rise of food insecurity in the UK. In 2020/21, 4.2 million people (6%) were estimated to be food insecure, including 9% of children (UK Parliament). In Tower Hamlets, in 2019/20, after taking housing cost into account, 56% of children were living in a low-income family. Access to healthy and nutritious food can be a real challenge for those families. It is estimated that the poorest fifth of UK households would need to spend 47% of their disposable income to meet the cost of following the government’s Eat Well Guide, compared to just 11% for the richest fifth (The Food Foundation, 2022). It

is also estimated that healthy foods are about three times more expensive per calorie than unhealthy foods healthy foods are about three times more expensive per calorie than unhealthy foods, making healthy eating unachievable for many families (The Food Foundation, 2022).

Finally, in recent years, the critical role of the first 1000 days of life (from conception to a child's second birthday) in laying the foundations for long-term good health has been established. We know that maternal health and nutrition, as well as optimum infant feeding practices, are essential for promoting healthy weight and growth in childhood. Policies and strategies aiming to address childhood obesity should therefore take a life course approach and specifically include preconception, pregnancy, and children's early years (The Food Foundation, 2023).

When considering research and best practice, ['Impact on Urban Health'](#) is running a ten-year programme to improve childhood obesity in urban settings by changing the food environment. Their focus is on three main areas: streets, schools, and homes to improve access to nutritious food and reduce inequalities.

## The National Child Measurement Programme

Since 2006, The National Child Measurement Programme (NCMP) has measured the height and weight of children in both reception year (aged 4 to 5) and year 6 (aged 10 to 11) in state-funded schools.

The NCMP is a mandated service, funded via the Public Health Grant for local authorities to conduct surveillance on children's weight status, and to monitor the progress of the government's Childhood Obesity Plan.

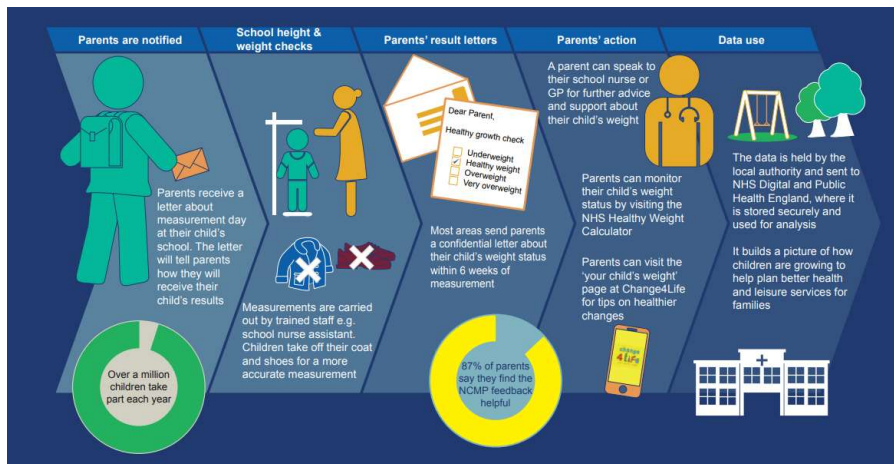
In 2009, elements of screening were introduced, and local authorities have been encouraged to notify parents of their child's results as an opportunity for early intervention. This is not a mandatory component of the programme.

To support the sharing of results with families, the government's Office for Health Improvement and Disparities (OHID) has developed sample letters for local authorities to use ([Appendix 1 and 2](#)). However, the content of any support materials and the process of delivering the overall programme is commissioned locally and varies widely across the country.

Figure 7 (below) describes the key steps of delivering NCMP, which include:

- Communicating with schools to arrange a date and space for the measurement to take place.
- Informing parents of the programme and giving them the opportunity to opt-out.
- Taking the measurements (*children are not told their results on the day*).
- Notifying parents of the results and following up as per local policies.
- Storing and sharing data appropriately.

Figure 7: National Child Measurement Programme key steps (Source: OHID)



The NCMP Operational Guidance mentions the importance of the programme to raise the profile of childhood obesity, and to inform the development and monitoring of local obesity strategies. They also suggest that providing feedback to parents is a valuable opportunity to engage children and families and offer early interventions.

The guidance states that most parents wish to receive their child's results and that 87% of them find the feedback helpful. They also mention that most parents report an intention to improve health behaviours, and that research doesn't show a negative impact of the programme on children's and families' emotional health and wellbeing. However, those findings are based on a longitudinal study using data from 2010/11 and would benefit from being updated (Viner, R et al. 2020).

Evidence from the wider literature reflects a much more nuanced picture of the potential impact of the programme on children and families. The screening element has been subject to considerable debate since its implementation in 2009. The NCMP does not meet the National Screening Programme Committee's (NSPC) criteria, as no effective early interventions are available. The cost-effectiveness, and the benefits and potential harms of the programme also remain uncertain (Ikeda, J. P et al 2006) (Jeffrey Lake, 2009). If simply used for surveillance, some argue that measuring a representative sample of the population would provide strong enough data, and also be less costly (Melissa Wake, 2009).

Many qualitative studies have explored the parental response to the programme. Findings report frequent negative emotional reactions from parents receiving an 'overweight' result letter, including shock, blame, anger etc. (Nnyanzi, L.A et al 2016) (Gainsbury and Dowling S, 2018) (Kovacs B et al. 2018). Studies looking at the impact of NCMP show that despite having a positive effect on parental perceptions and intentions to make lifestyle changes, this rarely translates into actual behaviour change (Falconer L C et al 2014) (Viner R M et all 2020). Interestingly, the main study cited in the NCMP Operational Guidance to stress the importance of the programme on prompting parental intention to change, concludes by saying that "interventions that aim to change intentions may have limited benefits" (Park MH et al, 2014). This suggests that the actual impact of NCMP on bringing about behaviour change in children and families is unlikely.

A meta-ethnography study published this year by researchers at Queen Mary University report that despite not being told their weight at the point of measurement, taking part in the NCMP was an emotionally significant moment for many children. The study found that some children reported anxiety and embarrassment, and for many, participation in the programme led to increased body awareness and an altered relationship with food (Hawking M KD et al, 2023). This is particularly concerning in the context of increased mental health issues in children and young people, from 12.1% in 2017 to 16.7% in 2020 (NHS Digital 2022). A recent systematic review on the global proportion of disordered eating also



found that 22% of children and adolescents report disordered eating, and the proportion increases with age and BMI (López-Gil JF et al, 2023).

Finally, there are concerns that NCMP could, in some ways, further exacerbate existing health inequalities. Researchers at Queen Mary University have published a study in 2020 questioning the appropriateness of using BMI centiles in children from ethnic minority backgrounds. Findings suggest that we currently misclassify weight status in about 20% of children by overestimating excess weight in Black ethnic groups and underestimating excess weight in South Asian groups (Firman N et al, 2020). There are also concerns about the simplistic narrative of the feedback letters, which essentially tell parents to *'move more and eat less'*. These types of messages fail to grasp the complexity of obesity and the wider determinants of health, and risk perpetuating weight stigma and individual responsibility (Hardy L, 2019).

## Why is this Quality Improvement project needed in Tower Hamlets?

A brief review of the literature shows that parents have preferences regarding the terminology used by healthcare professionals to describe their child's weight status. A large online cross-sectional survey showed the preferred terms were "unhealthy weight", "Body Mass Index", and "overweight", while the least preferred terms were "obese" and "fat" (Brown A, Flint SW, 2021). Research looking specifically at communicating weight-related topics with families showed that evidence-based best practice was largely absent from the literature, however including all stakeholders in discussion and emphasizing health rather than weight seemed important (McPherson AC et al, 2017). A mixed methods systematic review published in 2020 looking at effective communication of children's weight status concluded that "the format of feedback made little or no difference in parents attending further treatment or recognising their child as "overweight or obese" and that professionals should consider their local parents' preferences (Ames H, et al 2020).

The literature also suggests that parents might need support to have positive conversations with their children about weight. A qualitative survey conducted in southwest England found that parents were concerned about triggering eating disorders for their children and perceived the NCMP letter as a criticism of their parenting skills (Gillison F et al, 2013). However, children themselves may start a conversation about weight and avoiding the topic could cause children to worry and have concerns about their health. Bath University is currently undertaking a research project to test the impact of an evidence-based guide to support parents in having positive conversations with children about their weight. They suggest that open conversations about health and weight can support building trust, improve children's understanding, and help to reduce shame (Gillison F et al, 2023).

In 2019, the Mayor of London's Child Obesity Taskforce published "Every Child a Healthy Weight, 10 Ambitions for London". Their goal was to halve childhood obesity rates by 2030 and to transform London to ensure that children grow up in a healthy environment. Ambition 4 called for Boroughs to review and improve how they are delivering and communicating NCMP results to their families. They ask for resources to be co-developed and support parents with access to a wide range of support services.

In 2015, the Tower Hamlets Community Engagement Team collected the views of 102 local parents on the NCMP feedback letters. Overall, parents welcomed the insights but asked for a more holistic focus on child health and the removal of complex language from the materials.

In 2019, additional community insight on childhood obesity was conducted with local stakeholders (n=10), parents (n=24) and children and young people (6 focus groups). Findings suggested that parents had difficulties describing what a healthy weight looked like. Many parents were unaware of the local healthy lifestyle support services available and reported that time and money were the biggest barriers

to healthy eating and physical activity. Children and young people identified health professionals as the preferred communicator, as teachers, parents and friends were perceived as too personally involved.

In 2020, the COVID-19 pandemic severely impacted the delivery of the NCMP across the country. School closures and stay-at-home measures also meant that school-based health promotion and activities were severely reduced. During that time, the school health and wellbeing (SHWB) team in Tower Hamlets decided to move away from sending physical letters to parents in favour of using digital communication via a parent portal hosted by Thompson School Screener. All NCMP contact is now digital, aligning with schools' approach to move away from paper-based communication. This is the third year the SHWB team has used the online portal, therefore this evaluation offers an opportunity to hear about parental user-experience and to assess the utilisation and access of the online format.

Finally, this quality improvement project was utilised to better align the Tower Hamlets NCMP with the local child healthy weight strategy, and to engage various partners and stakeholders in this agenda as part of a whole systems approach to child healthy weight.

## **2. Aims & Objectives**

By running a one-year quality improvement project, we aimed to transform how we communicate to children, families, and schools about health in the context of NCMP via the following 3 objectives:

- 1) Improve, through co-production with families, the language and mechanisms used to communicate NCMP results. By developing accessible, culturally inclusive, and de-stigmatising material we hope to improve parental engagement and response with the programme.
- 2) Improve the support and signposting for families following the results by testing a range of support offers in 5 identified pilot schools from the programme in Tower Hamlets. The aim is to better understand what works and doesn't work, and to inform our Child Healthy Weight support offer going forward.
- 3) Improve engagement with schools and other partners, including the Healthy Lives team (Healthy Schools provider) and our Parent Engagement Team. We hope this will allow us to better align the NCMP with our wider Child Healthy Weight work.

To deliver this project, we recruited a 12-month programme manager within the council's Public Health team, and two Clinical Support Workers to increase capacity within the SHWB team.

## **3. Evaluation method**

This is a mixed-method evaluation which includes information from several sources, such as quantitative data from online surveys and outcome data from our SHWB team, as well as qualitative data from focus groups and interviews conducted with families and staff delivering the programme. In this report, the term "parent" is used to describe any significant carer (e.g., guardians, grandparents etc.) of children and young people.

The evaluation will report on each of the three objectives stated above. The project has been informed by the new Medical Research Council framework for developing and evaluating complex interventions (Skivington K et al, 2021). Throughout the project, we have been considering how the programme

interacts within the context children and families live in. The perspectives of Tower Hamlets' culturally diverse local communities have informed key decision-making and programme design throughout the pilot project. At the end of this evaluation, we will be making recommendations for the future delivery of the programme locally, and considerations for the national programme. These recommendations will be based on our findings from the project, and feedback from NCMP partners, young people and their parents.

While this project has been delivered in Tower Hamlets, many of the findings and recommendations could be relevant and used to inform NCMP implementation in other areas. Tower Hamlets is a great case study due to its diverse population and prevalence of child excess weight. We recognise that there may be budget implications to implementing the recommendations.

#### 4. The NCMP School Health and Wellbeing Team Structure

The NCMP programme is delivered by Tower Hamlets GP Care Group's SHWB team.

This includes **4.64 Full Time Equivalent Nursery Nurses (NHS Band 4)** and **2 Full Time Equivalent Clinical Support Workers (NHS Band 3)**. The team measures an estimated 6,583 children (NCMP 2021/22) across 70 primary schools each year (>95% participation).

In addition to weighing and measuring pupils as part of the NCMP, the team is responsible for all pre- and post-measurement activities, including engagement with schools, communication with parents, data recording and validation, as well as signposting and/or follow-up support.

The Nursery Nurses work within the wider SHWB team and collaborate with School Nurses and senior managers. It is important to note that currently the responsibility of the delivery of NCMP sits with a Band 4 Nursery Nurse with oversight from the service lead, with limited accountability from senior leadership in a systematic way.

As part of this pilot, 2 Clinical Support Workers were recruited from September 2022 to September 2023 to add capacity for the Nursery Nurses within the 5 pilot schools of the programme. While the additional capacity was beneficial, the time required to train new staff, especially given the time constraints of a 12-months project, was underestimated. The Clinical Support Workers started in September 2022, however, their competencies were not validated until January 2023. This ultimately limited the Nursery Nurses' capacity in the delivery of the pilot project.

#### 5. Commissioning & Budget

The budget for the pilot is in addition to and separate from the delivery budget for the main NCMP funded through the Public Health Grant. The Quality Improvement project was funded via a successful bid to the London Health and Care Partnership. The total budget awarded was £148,698:

- £57,600: allocated for the salary of a 12-month fixed term programme manager to deliver the project.
- £91,100: allocated for the salary of two 12-month fixed-term Clinical Support Workers to deliver the project.

The NCMP pilot programme sits across the London Borough of Tower Hamlets Council’s (LBTH) Public Health and the GP Care Group’s Child Healthy Weight team and SHWB team, both are commissioned by the Public Health Division.

The recruited Clinical Support Workers sit within the GP Care Group in the SHWB team, via a simple extension of existing commissioned services.

The Programme Manager worked in partnership with the GP Care Group and other teams throughout the LBTH’s Public Health Division. However, challenges in recruitment for this post meant that for an extended period of time, the project did not have a full-time programme manager. The GPCG Child Healthy Weight team provided additional support to bridge the gap, but this impacted on the delivery of certain activities.

## 6. Findings

### 6.1 Objective 1: Co production of NCMP materials

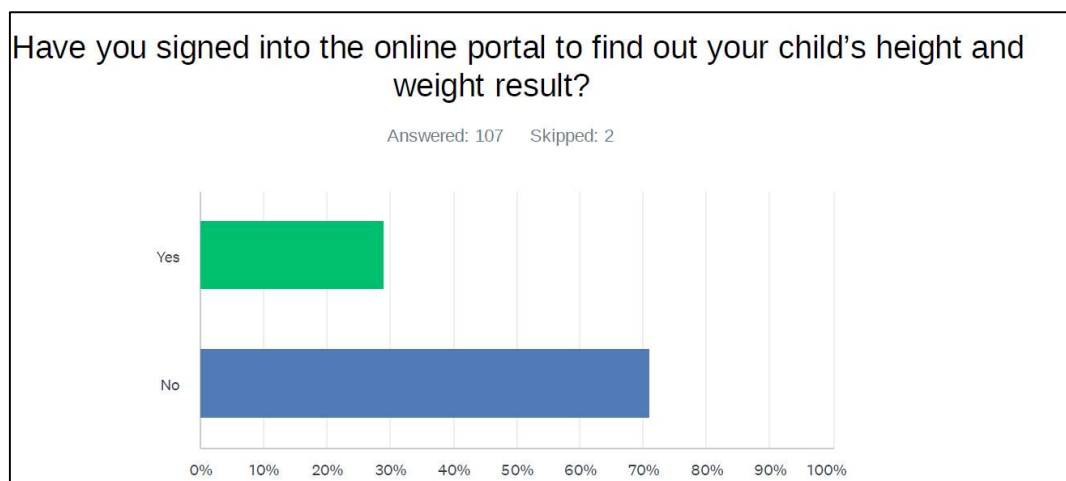
Baseline data were collected at the start of the project to ensure that the voices and experiences of local parents would inform our project priorities and next steps.

#### Baseline Digital Survey

A digital survey aimed at year 6 families was developed in collaboration with researchers at Queen’s Mary University, and schools were asked to distribute the survey to their year 6 parents who participated in the 2021/22 NCMP.

**107 families responded**, of which **62% were from Asian or Asian British ethnic backgrounds** (which is consistent with the demographics of Tower Hamlets). The main finding from the survey shows that **71% of respondents did not access the parent portal** to view their child’s results, either because they did not know about it, or they couldn’t log in.

Title: Baseline Digital Survey from year 6 parents (NCMP 2021/22)



### For the parents who did access the portal and fill in the survey (n=29):

- 7% had a child who was underweight, 52% had a child who was a healthy weight, 17% had a child who was overweight, no parents reported having a child who was very overweight, and 17% responded “preferred not to say”.
- 90% said the information was helpful and easy to understand, and they were happy with the support offer.
- 50% said they made some changes towards a healthy lifestyle – but no parents provided further information in the comment section.
- Over 60% did not discuss the results with anyone. For those who did, friends and family were the most common people respondents reached out to.

Respondents were asked to make suggestions about how the programme could be improved. Most requested better or improved communication and easier access to their child’s results and associated information. Presented below are some illustrative quotes from parents about the NCMP, reflecting their frustration with the programme’s lack of effective support post measurement and concerns about potential damage on children’s emotional health.

*This check-up has no outcome. It’s not even clear, what to do next etc. If anything it’s annoying that u have to read. Letter that states your child is overweight... and what shall I do??? Nothing so why do the check? I would rather attend a healthy family’s workshop from the parental engagement team which gives more advise and ideas to help have a healthy life. (Parent of year 6 child)*

*The whole process is unnecessary, costly and potentially damaging for children’s mental health. The programme should be abolished. (Parent of year 6 child)*

*Yes, stop measuring children under a figure that is generalising, rather than looking at their background, bones and development. Height and weight aren’t always as important especially if the child eating lots, and body refuses to put on any weight. Makes other children feel rubbish. Stop doing this in schools and keep it where its supposed to be, at the docs. You create body shaming. (Parent of year 6 child)*

### Survey limitations

One limitation is that we were unable to calculate the response rate as we had no way of knowing how many schools forwarded the survey and how many parents received it. Another limitation comes from the fact that most parents had not logged onto the portal and therefore could not provide comments or feedback on the letter.

Despite having a sample that is representative of Tower Hamlets ethnicity, we did not collect any other demographic data, and due to the nature of the survey, responses were limited to English speaking and digitally literate families.

It is also important to note that most survey respondents had a child who was a healthy weight (52%) meaning they did not personally experience receiving an “overweight letter” which is likely to impact their view and perception of the programme.

Finally, the survey only reflects the view of year 6 parents, as reception parents were not invited to take part.

## Co-production sessions in schools

To complement the findings from the survey, two co-production sessions within schools were organised in July 2022. To maximise attendance, promotion materials were developed, and with the support of the parental engagement team, the sessions were advertised to all parents in two schools in the boroughs. We also liaised with Dr Cyril Eshareturi (Tower Hamlets Public Health Programme Lead | BAME Commission) for guidance on culturally appropriate communications and engagement.

Across the two sessions, a total of **22 parents (17 mothers and 5 fathers)** participated. Following a brief introduction of the programme, parents were asked about their views and experience of NCMP, the feedback letter, the follow-up, and the current support offer.

A summary of the findings is presented below.

- **Experience of the Programme**

Most of the parents did not have personal experience with the programme but confirmed they would want to know their child's results. The preferred method of contact was a physical letter, but parents were also open to digital communication (e.g., emails, text messages).

1 mum had a personal experience of receiving an overweight letter and a follow-up call from the SHWB team, which she found very upsetting and judgmental. She did not think her child was overweight and said she disregarded the feedback.

*my son practices kick boxing 3 times a week and has a big build like his dad. Those comments can trigger eating disorders in children – (Mother of a Year 6 categorised as excess weight)*

- **Feedback Letter and Preferred Language**

Since most parents did not have personal experience of receiving a feedback letter, we showed them the current "overweight letter" ([Appendix 3](#)) and asked how the letter would make them feel and whether the language needed to be improved.

- 'Overweight' and 'very overweight' were the preferred terms. There were concerns that not all parents would understand the terms "unhealthy weight" or "above a healthy weight range".
- Most parents recognised the graph from the Red Book but found it difficult to understand the results against the graph.
- There were significant language barriers for a few parents, who said they would welcome having access to audio translation of the materials.
- Some parents found the language insensitive, while others were happy with the language used. It is worth reinforcing here that most parents did not experience receiving an overweight letter which can impact their perception of the programme and the results.

- **Follow-up and Support Offer**

- The current support services featured in the feedback letter were seen as inappropriate. “Time” and “Money” were the two biggest barriers to engaging in a healthy lifestyle.
- Many parents said they would like support for how to discuss the results with their children.
- As part of the NCMP intervention, the SHWB team calls families of children identified as having underweight and overweight to explain the results and offer additional support. This “cold calling” from the SHWB team wasn’t well received and could be upsetting.
- Most parents said they would want the opportunity to have a 1-1 conversation with a GP or a school nurse following as a personal and confidential matter. However, findings from this project suggests a low take up of the support offer when available (See Objective 2 below).

*It is not realistic to attend a 6-week programme when having to juggle work and caring for multiple children of different ages. (Mother of primary aged school children )*

## Actions from the survey and co-production sessions

Findings from the survey and co-production sessions led to the following actions:

- Redesign of the content of the pre-measurement letter with plain language, user-friendly visuals, and simple steps to register on the Thompson parent portal, as well as audio translation in Bengali and Somali ([Appendix 4](#)).
- Work with Thompson, the school portal provider, to simplify the registration process.
- Redesign of the feedback letter with sensitive language, holistic sources of support, guidance for having a positive conversation about results with children, as well as planning for audio translation in Bengali and Somali ([Appendix 5](#)).
- Trial coffee mornings within the pilot schools to improve parental awareness and access to the portal (see Objective 2 below).
- Trial an enhanced support offer within the pilot schools to improve parental engagement and access to follow-up support (see Objective 2 below).

## 6.2 Objective 2: Improved support for children and families

### Evaluation of the current follow-up offer

The NCMP operational guidance recommends that households with children above a healthy weight range receive a follow-up phone call, letter, or email to support parental understanding of the impact of unhealthy weight on their child and to encourage take-up of relevant support services.

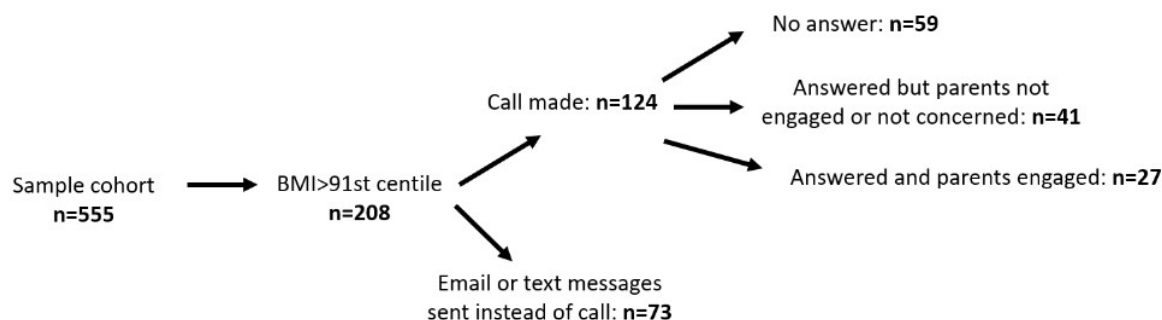
In Tower Hamlets, the SHWB team aims to proactively call the parents of all children with a BMI>91st centile (overweight and very overweight).

In 2021/22, this resulted in **1,676 families requiring a follow-up phone call**.

A sample of 555 Year 6 children was analysed to evaluate the current follow-up model. The team reports that time and capacity are a challenge, and they are not able to call all families on their follow up list. As shown in Figure 8 (below), only 60% of families received a call and out of them, only about 20% were

engaged in the conversation.

Figure 8: Sample evaluation of the current school health support offer



As this is a time-consuming activity with limited result, it was decided that the team would now follow up via text message or email (see template below) giving parents the opportunity to book a phone call appointment to discuss their child's results if they wish. Currently the text message is only sent out in English but families are informed they can book an interpreter for language support if necessary.

*Dear Parent, your child had their height and weight measured at school recently as part of the National Child Measurement Programme (NCMP). If you haven't yet accessed these results, you can do so by registering here <https://app.schoolscreener.com/Portal/#/Towerhamlets/p/THh188/100898> Our team can support you with any questions or concerns you may have following the screening, if you wish to talk with us, you can attend our drop in at school on Monday 6<sup>th</sup> March or request a phone appointment by calling 0204 551 1414 or emailing [thgpcg.schoolnurses@nhs.net](mailto:thgpcg.schoolnurses@nhs.net) Interpreters are available on request.*

## Evaluation of the digital Parent Portal

Understanding the level of access to the digital parent portal was an important aspect of this evaluation. Findings from the digital surveys with year 6 parents suggested that around 70% of parents do not access their child's results. We tried to confirm this finding with Thompson, our portal provider. Unfortunately, despite numerous requests asking for our percentage of parental access, Thompson has not been able to provide a clear response.

So, we calculated an approximate percentage of access, estimated to be around **14.4% in 2021/22** using the information below:

- 6120 children were measured by the SHWB team in 2021/22.
- 884 parents (617 in Reception and 267 in year 6) have logged onto the digital portal in 2021/22.

Despite being an approximate evaluation, we can confidently say that the vast majority of parents do not access the digital portal, confirming findings from the year 6 surveys.

For parents who did log onto the portal, 70% had a child in Reception, not year 6. Understanding the reasons year 6 parents are less engaged would be helpful in informing further NCMP planning. Anecdotally, the SHWB team reports that year 6 parents tend to be generally less engaged in health promoting activities (e.g. school assemblies, coffee morning etc.) than parents of younger children.

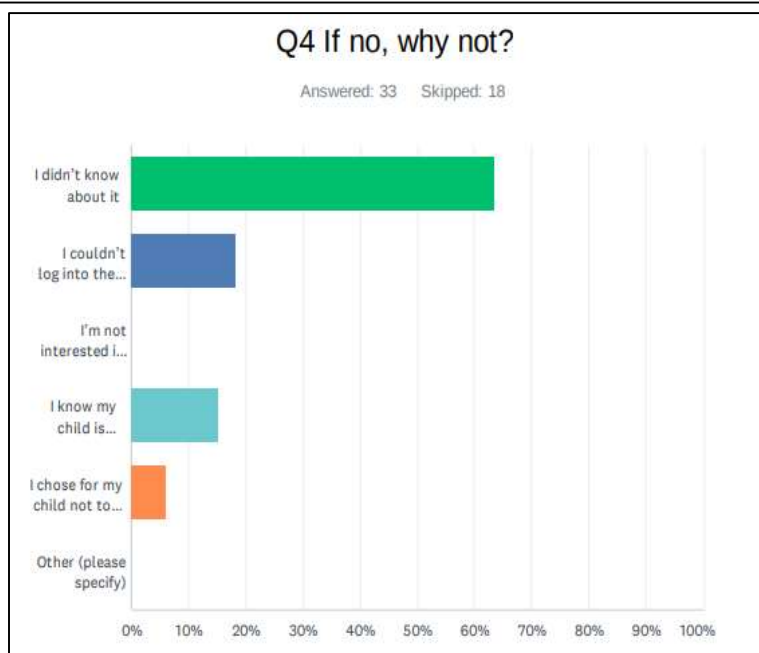
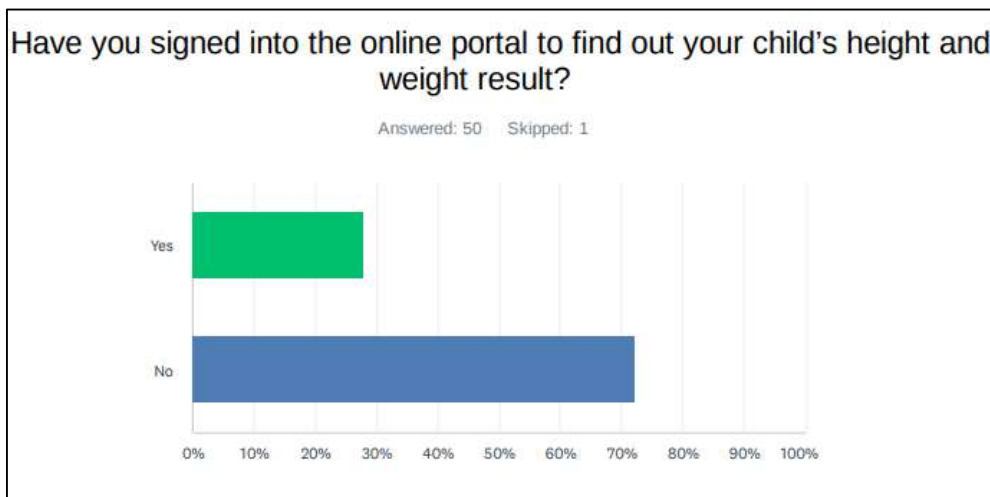


## Post Intervention Digital Survey

In February 2023, we re-issued our digital survey to year 6 parents in the 5 Pilot Schools. The aim was to understand whether the additional presence of the SHWB team (through coffee mornings) and the enhanced support offer improved parental awareness and access to the portal.

50 parents responded, and despite the additional work delivered by our SHWB team, findings from the survey were similar to the previous year, with over 70% of respondents not accessing the portal, either because they did not know about it, or they couldn't log in.

### Post Intervention Digital Survey from year 6 parents (NCMP 2022/23)



ANSWER CHOICES	RESPONSES
I didn't know about it	63.64%
I couldn't log into the portal	18.18%
I'm not interested in the results	0.00%
I know my child is healthy	15.15%
I chose for my child not to be measured	6.06%
Other (please specify)	0.00%
Total Respondents: 33	

These are concerning findings, most parents are still not accessing their child's results via the portal, 3 years since its implementation, and despite additional promotion and support from the SHWB team. Also, if parents who are able to respond in English to a digital survey are still not accessing the portal, it is reasonable to assume that access might be even lower among more vulnerable groups (e.g. language barriers, digital access issues etc).

## Evaluation of the enhanced support offer

- **Coffee mornings**

To support parental awareness of the programme, and parental access to the portal, the SHWB team delivered pre-measurement coffee mornings within each of the 5 pilot schools.

Promotion materials were developed, including a QR code for the digital portal ([Appendix 6](#)). Schools were asked to actively promote the flyer and coffee morning sessions to their parents.

A total of **49 parents attended across 9 mornings**. A summary is presented in the table below. Overall, parents wanted to discuss health and weight holistically, and conversations included topics like mental health and wellbeing, food culture, as well as general family lifestyle.

Attendance was very heterogeneous, varying from only 1 parent attending, up to 16 parents joining. There is no direct reason for the variance in attendance. Some schools seemed to have better parental engagement than others, and sessions held as part of existing coffee mornings (rather than a specific one to discuss the NCMP) were more likely to be well attended. However, these weren't guaranteed to target the parents that would benefit most from attending the session.

The coffee mornings were also useful in identifying some risks with the current programme processes. In one school, the NCMP pre-measurement letter hadn't been cascaded by the school to parents, so they were unaware of the programme. This raised the risk of a child being measured without a parent being aware of the NCMP or having the option to opt-out, understand why their child was being measured, or how the data was going to be used. In relation to accessing the parent portal, some parents who had signed up were stuck in the sign-up process due to the confirmation email being sent to their junk box.

Anonymised Schools	Year 6	Reception	Session's notes
School A	1	2	<p>The school said they have low parental engagement with year 6 parents: "very few turn up for anything". They have been working on improving this.</p> <p>The year 6 parent who attended was able to use the QR code and signed up onto the portal.</p>
School B	6 combined		<p>Bike-it and Parental Engagement team were present too. Less engagement than expected as the school promoted the session widely.</p> <p>Parents who attended were able to use the QR code and signed up onto the portal and a few expressed interest in attending the future drop-ins.</p>
School C	5	5	<p>Parents were engaged in conversation but said they didn't receive communication about the sessions and thought that more families would have joined if they had known.</p> <p>Pre NCMP letter had also not been sent out to parents which is a risk as parents would not have had the opportunity to opt-out.</p> <p>The session helped a couple of parents who were stuck in the signup process due to confirmation emails being sent to junk mail.</p>
School D	4	7	<p>Parents engaged, used to QR code to sign up on the portal and expressed interest in attending the future drop-ins.</p>
School E	16	3	<p>Really well attended but held on regular coffee morning and advertised only 2 days before the session.</p> <p>Parents were actively engaged and discuss a range of health issue and shared personal experience.</p>

- **School Health Drop-ins**

The school health drop-ins were implemented in all 5 pilot schools between January and June 2023 to provide families with regular opportunities to have a one-to-one conversation with a member of the SHWB team. Dates and times were agreed upon with the schools, and promotional materials were developed and shared with families ([Appendix 7](#)). To maximise attendance, the drop-ins were open to all parents in the schools, but additional communication was provided to reception and year 6 parents.

The sessions were advertised as "Healthy Lifestyle" drop-ins, and parents were informed they could come to discuss any lifestyle issues, including eating, physical activity, emotional health and well-being, oral health etc.

A summary of attendance per school is presented below. Unfortunately, except for one school, parental engagement has been low. This could be due to a range of reasons, including a lack of promotion or awareness. Because of the team's capacity, only one drop-in per half term could be offered within each school. This might not have been regular enough for parental awareness and access.

Following a project review meeting in April 2023, the team agreed to move some of the remaining sessions to a community centre as part of the Family Hubs initiative. The aim is to increase parental reach and access by providing this service outside of schools. This is also an opportunity to further develop collaborative working by providing an offer for older children as part of the Family Hubs initiative. Finally, this is also a more realistic approach if we think about scaling up this offer in the future. The SHWB team won't have the capacity to offer regular drop in within each of the 70 schools. However, a regular drop-in in each of the four boroughs' localities (North West, North East, South West, South East) could be feasible.

The following dates and locations have been agreed with the Southwest Family hubs for the community drop ins. Outcomes will be reported outside of this evaluation:

- Monday 22nd May – 9h30-11h30am
- Monday 12th June – 9h30-11h30am
- Monday 10th July – 9h30-11h30am
- Monday 21<sup>st</sup> August - – 9h30-11h30am

### **School A**

Dates	Number of parents attending	Year group	Reason for attendance
17/01/23	1	Year 4	Healthy lifestyle advice
7/03/23	0	N/A	N/A
02/05/23	Cancelled due to school industrial actions		
20/06/23	TBC		

### **School B**

Dates	Number of parents attending	Year group of children	Reason for attendance
06/02/23	0	N/A	N/A
06/03/23	0	N/A	N/A
22/05/23	Cancelled to redirect capacity to Family Hubs drop-ins		
19/06/23	Cancelled to redirect capacity to Family Hubs drop-ins		

⇒ Communication with this school has been particularly challenging. Our team has attempted to engage via different channels with limited success. These challenges were shared by other initiatives including the Parental Engagement team and the Bike-It programme. The remaining two drop-ins were cancelled for redirecting capacity to the Family Hubs drop-ins.

### **School C**

In this school, the drop-ins were scheduled alongside existing coffee mornings which explain higher attendance. The Nursery Nurse delivered a brief presentation to all parents attending the coffee morning and then offered a private conversation at the drop-in if they wish.

Dates	Number of parents attending	Year group of children	Reason for attendance
06/01/23	5 of which 3 attended the drop-ins	Reception, Year 6 and Year 5	Help with parent portal, results of NCMP
24/02/23	4 of which 2 attended the drop-ins	Year 1 and Year 7	Food allergy, faltering growth, child limping, healthy lifestyle
28/04/23	12 of which 2 attended the drop-ins	Year 2 and Year 5	Oral Health, Healthy Eating
09/06/23	38 of which 2 attended the drop-ins	Reception	NCMP results, Food allergy

### School D

Dates	Number of parents attending	Year group of children	Reason for attendance
09/01/23	0	N/A	N/A
27/02/23	0	N/A	N/A
24/04/23	School cancelled the session due to Eid celebration		
12/06/23	Cancelled to redirect capacity to Family Hubs drop-ins		

⇒ Mixed engagement with the school. The school cancelled the session on the 24<sup>th</sup> of April due to Eid celebration and it was decided that the last session would also be cancelled to redirect capacity to the Family Hubs drop-ins.

### School E

Dates	Number of parents attending	Year group of children	Reason for attendance
06/01/23	1	Year 6	NCNP results and weight concern and portal access
24/02/23	0	N/A	N/A
21/04/23	Cancelled to redirect capacity to Family Hubs drop-ins		
09/06/23	Cancelled to redirect capacity to Family Hubs drop-ins		

⇒ Despite good school engagement, attendance has been low and so the remaining two drop-ins were cancelled to redirect capacity to Family Hubs drop-ins. See feedback from the school.

*That's absolutely fine, it's a shame that parents did not access your services at the school, but we did everything we could :) Lovely working with you! (School Lead)*

- **Healthy Families Programme**

The Healthy Families Programme is a 6-weeks programme delivered by the Tower Hamlets Parental Engagement Team (PET) to promote healthy lifestyles. Sessions are delivered weekly in a fun and interactive way and cover information around healthy eating, portion sizes, physical activity etc.

As part of the enhanced support offer, the Parental Engagement Team agreed to deliver one Healthy Families Programme within each of the 5-pilot schools and coordinated the delivery of the programme with the NCMP timeframe.

The objective was for families to easily access the programme once the NCMP results were received.

As for the School Health drop-ins, the Healthy Families Programme was open to all parents in the school, but additional communication was provided to reception and year 6 families.

The table below summarises the programme outcomes within each pilot school. Unfortunately, despite additional communication and outreach through coffee mornings and playground walks, attendance was lower than expected, and 4 out of the 5-programmes had to be cancelled before the end of the six weeks due to low take up. This means that only 12 out of 30 sessions were delivered. Where sessions were cancelled, parents who were attending were offered an alternative programme in another school or setting.

The PET report that low participation could be a result of a lack of awareness of the pilot and lack of coordination with NCMP activities despite additional engagement and collaboration with the school and the School Health and Wellbeing Service.

Where NCMP school sessions were cancelled, parents who were attending were offered an alternative programme in other schools/settings.

School	Dates of session	Numbers of parents	Programme promotion
School A	12/1/23 – 9/2/23	- 8 parents attended 1 <sup>st</sup> session and 3 completed programme.	- Publicity sent to school to promote - PET attended coffee morning
School B	30/01/23 – 13/03/23	0 attended 1 <sup>st</sup> session <b>Programme cancelled.</b>	- Publicity sent to school to promote - PET attended coffee morning School unaware of HFP taking place.
School C	16/01/23	5 parents attended 1 <sup>st</sup> session 0 parent attended 2 <sup>nd</sup> session 4 parents attended 3 <sup>rd</sup> session  <b>Programme cancelled on 4<sup>th</sup> session as low take-up.</b>	- PET attended coffee morning - School reported that no parents turned up for year 6 NCMP meeting
School D	11/01/23- 08/02/23	1 parent attended 1 <sup>st</sup> session <b>Programme cancelled</b>	- PET staff provided leaflets and talked to parents at the gate - School posted event on newsletter
School E	21/11/22 – 19/12/23	11 booked but 0 attended first session <b>Programme cancelled</b>	- Publicity was sent to school to promote - PET attended school playground and coffee morning

			-School staff reported no knowledge of the joined work with school nurse, and NCMP pilot
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- Year 6 Children Feedback**

In our recent Tower Hamlets Pupil Attitude Survey (2022), young people reported a decline in happiness from 65% in 2017 to 43% in 2022. Unhealthy weight was also reported as one of the top 3 reasons for poor mental health and young people have concerns about the unhealthy environment in the borough.

A short feedback form was developed and distributed to a cohort of 390 year 6 children taking part in the NCMP in the 5 pilot schools to give children an opportunity to share their feeling and experience about the programme ([Appendix 8](#)).

The team received 227 feedback forms (58% response rate), and over 70% rated the programme 4 stars using the emoji scale below.



When we asked children to tell us about how they felt being measured, the following 4 themes emerged:

**1. Children who had a good experience and didn't mind the process.**

<i>I feel comfortable being weighed. (Year 6 child)</i>	<i>I am OK with my height and weight - (Year 6 child)</i>	<i>It wasn't that bad - (Year 6 child)</i>
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**2. Children who wanted to know their results.**

<i>I was okay, would like to know my data - (Year 6 child)</i>	<i>I felt excited because I wanted to know my height and weight - (Year 6 child)</i>	<i>Can you tell me my height and weight - (Year 6 child)</i>
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**3. Children who didn't understand why they were measured and/or worried about their data.**

<i>I wasn't very sure why we were measuring ourselves, so I was a bit confused - (Year 6 child)</i>	<i>I felt weird and want to know why you need this data - (Year 6 child)</i>	<i>I didn't really understand, I just did what she said - (Year 6 child)</i>
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#### 4. Children who felt insecure, uncomfortable, or scared.

*I was scared if I was overweight and if I will be laughed at - (Year 6 child)*

*I feel insecure about my Height and my Body - (Year 6 child)*

*I felt nervous because I thought I weighed a lot - (Year 6 child)*

The heterogeneity of the responses suggests that children have different views and experiences of the programme. While the majority reported positive or neutral feelings about the process, a significant minority provided some distressing feedback, and feelings of insecurity with their bodies and weight. The responses were anonymous, but we can speculate that children living with excess weight are more likely to feel insecure, and we can therefore question whether the programme perpetuates weight stigma and body image issues.

When children were asked what topics, they would like to know more about, body image, healthy lifestyle, and healthy eating were the most frequent responses.

*Body image and people being kind to others no matter their body shape/size - (Year 6 child)*

These findings suggest that the programme is not emotionally neutral for all children and the current NCMP operational guidance might be providing false reassurance on the potential impact of the programme on children.

Many children reported wanting to know their results and are likely to ask their parents. This reinforces the need to equip parents to have positive and supportive conversations about weight and health.

It is also important to note that many children provided positive feedback about our school nursing team, reporting that staff were kind, helpful, and reassuring. Our team is made of experienced nursery nurses who have been working in the borough for over many years and receive regular training to support children and families holistically. This is likely to have contributed to the positive experience of children and might not be the same in all areas.

### 6.3 Objective 3: Improved whole school approach

The aim of this objective was to further improve school engagement with the NCMP by supporting schools to access their individual school-level data and by enabling whole-school approaches to health and wellbeing. In September 2022, induction sessions were arranged with the 5 pilot schools to discuss the implementation of the pilot including any potential activities that could support a whole school approach to healthy weight. Findings for this objective are reported below.

#### Access to school-level NCMP results

Some schools shared that they used to receive their school level NCMP results which had not happened for the last couple of years. The Healthy Lives team who are leading on the Healthy Schools Award in the borough also requested for individual school data to be shared so additional support could be prioritised in schools with greater needs.

The NCMP national team confirmed that the school level feedback letter used to be produced by OHID population health analysts ([Appendix 9](#)). Each year they would provide the accumulated prevalence



levels of excess weight based on 3 years aggregated data. For the letter to be produced, the data for the 3 years must be comparable in terms of representativeness. Due to the impact of COVID-19 on data collection, the 2019/20 and 2020/21 data for most schools was not representative compared to previous years and so those letters have not been issued since February 2020.

The national team is looking to publish them again by the end of the summer 2023.

It is worth noting that some stakeholders within the NCMP Qi team were concerned about how these might be inappropriately used to compare schools of different sizes, as well as the potential detrimental utilisation of this information. For example, schools with 'better' results could use it to promote their settings, while school with 'worse' results could gain a negative reputation from it.

## Whole-school approaches to health and wellbeing

During their induction session, schools shared various interest in health promotion activities. One school already involved in the Sugar Smart campaign was interested in further building on those messages, while another school delivering weekly fruits and vegetable stall was more interested in activities to overcome fussy eating in children. It became clear through those discussions that a "one size fits all" approach to health promotion would not be appropriate and a tailored and flexible way to implementing and delivering any interventions would be required.

the NCMP Qi team met with the Healthy Lives team who already work closely with schools around health and wellbeing. The Healthy Lives team suggested they could offer some additional support to the pilot schools to help them implement the interventions of their choice. A range of existing resources were reviewed and discussed including "Food a Fact for Life", "Veg Power" and "TasteEd".

Unfortunately, due to recruitment issue with the NCMP programme manager, and the absence of additional resources for the Healthy Lives team to deliver the extra support within the pilot schools, no additional health promotion activities were conducted as part of this pilot. However, engagement with the Charity TasteEd has been fruitful, and the Healthy Lives team has been able to deliver Taste Education sessions to schools involved in our local food improvement pilot. Despite some implementation challenges (e.g. purchasing materials), the team reports positive feedback and many children trying some fruits and vegetables for the first time.

It is also important to note that many schools are already involved in a range of activities that align with a whole school approach to healthy weight. For example, most schools in the borough hold at least one healthy schools' award, many are involved in the delivery of the daily mile and/or are engaged with different physical activity project like "Bike it plus". Finally, in Tower Hamlets all primary schools offer universal free school meals, supporting children to access healthy and nutritious food.

In our recommendations we suggest that any future NCMP interventions align with the whole systems approach and address both prevention and support of excess weight.

## School Health and Wellbeing Team experience

Finally, as part of the evaluation we captured the views and experience of the School Health and Wellbeing team who have been working frontline on NCMP and delivered the pilot enhanced support offer.

Presented below are some key responses from the questions asked. A full interview transcript can be found in [Appendix 10](#).

*Parents regularly reported that taking care of our health is important for everyone regardless of weight status and families having different approaches and priorities within their own families. It was also mentioned a few times that parents had experienced a poor interaction with other health professionals in the past (this ranged from previous school nurses, GPs to the doctors at the obesity clinic) These interactions seemed to have stuck with parents. (School Health Practitioner)*

**Any general observation about the findings? What worked and would be continued?**

*How the year 6 are affected by the measurements, how they feel about health in general and that they would like to have a say in these programmes. We have always given a brief explanation of the NCMP to the year 6 children before measurements take place and we ask them if they have questions to ask. But maybe we need to look more at expanding our offer to year 6 children, especially as we have found that engagement with parents in year 6 is poor across all schools and this is something the schools have also reported. (School Health Practitioner)*

**Any general observation about the findings? What worked and would be continued?**

*Our change from proactive follow up calls to text messaging has meant that we have been able to offer support to parents in a timely manner and we have been able to leave it up to parents to contact us if they would like support by appointment at a time which suits them, by phone, video call, face to face, email and via an interpreter if needed. Again, we haven't had the level of engagement that we thought we might, but we think being able to offer that and be available to parents in a way that would be convenient to them is important. This is the first year we have been able to offer that support to everyone as we don't usually have time or capacity to finish proactive calls. (School Health Practitioner)*

## NCMP interface with Primary Care

While work with GPs was out of scope for this project, it is however noteworthy to acknowledge their role and responsibilities on this agenda. A child healthy weight pathway is in development in Tower Hamlets, where the role of primary care (as well as the wider system) is being explored.

The role of GPs has been largely debated due to the limited capacity and resources within primary care, whereby automatic referral of all children identified as very overweight (BMI>98th) to the GP will not be feasible. Additionally, the current NCMP data doesn't differentiate children who are very overweight (>98th) from those who are severely overweight (>99,6th and above), making it logistically challenging to identify and refer those with the highest risk of complications to primary care.

## 7. Discussion

### Summary of findings using the Maxwell Quality Assessment Framework

A summary of our findings can be found in the table below. Maxwell Quality Assessment Framework (1992) was used to discuss our local NCMP performance against the following 6 dimensions of quality: Effectiveness, Efficiency, Equity, Access, Acceptability, and Relevance to need in relation to behaviour change & health outcomes. Those outcomes have been chosen as they are directly relevant to our quality improvement project, which aims to improve how we communicate and support children and families as part of the programme. Findings have been drawn from this project, as well as relevant information identified in the literature.

It is important to mention that we are not evaluating the surveillance aspect of NCMP as this is outside of the scope of this project. Further information on surveillance performance can be found on the NCMP operational guidance page (OHID, 2022).

Maxwell framework	Behaviour Change and Health outcomes
<b>Effectiveness</b>	<ul style="list-style-type: none"> <li>- We have not identified evidence of the effectiveness or the cost-effectiveness of the programme. The opportunity cost of delivering NCMP and providing individual feedback also need to be considered.</li> <li>- In Tower Hamlets the current delivery of the School Health and Wellbeing Service does not seem to allow for effective follow-up support due to budget constraints, challenges in recruitment and reduced capacity within the team.</li> </ul>
<b>Efficiency</b>	<ul style="list-style-type: none"> <li>- There is some evidence that the NCMP supports parental recognition of excess weight but there is no evidence that this translates into behaviour change, or results in any other positive health outcome.</li> <li>- The school health team shared that time and capacity are an issue for the team and despite their effort, most parents do not engage in the support offer.</li> </ul>
<b>Equity</b>	<ul style="list-style-type: none"> <li>- Research from QMUL suggests that we could be misclassifying up to 20% of children from ethnic minority backgrounds.</li> <li>- Not all parents seem able to understand the programme or access the resources and the support.</li> <li>- The individual feedback might lead to further inequalities as the programme does not address the psycho-social determinants of health and weight.</li> <li>- Not all year 6 children seem to be impacted equitably by the programme with concerns around body image and emotional health.</li> </ul>
<b>Access / Reach</b>	<ul style="list-style-type: none"> <li>- In Tower Hamlets, most parents do not access their child's results and do not access support following measurement. This is particularly the case for parents of year 6 children.</li> <li>- Evaluation from the pilot schools show that the enhanced support has been poorly attended despite increased communication and a proactive approach from the SHWB team and other partners.</li> </ul>
<b>Acceptability</b>	<ul style="list-style-type: none"> <li>- Weight is not a morally neutral topic, parents of healthy-weight children tend to view the programme positively, while parents of overweight children tend to respond more negatively.</li> <li>- There is concern that some year 6 children find NCMP participation emotionally challenging, and little guidance or support is currently available to mitigate this.</li> </ul>
<b>Relevance to need.</b>	<ul style="list-style-type: none"> <li>- By focusing on individual behaviour change and by not addressing barriers like "time" and "money" which have been identified as being the biggest challenge to a healthy lifestyle, the programme is unlikely to have an impact on health behaviour and outcomes.</li> </ul>

## Strengths and Limitations of this Evaluation

This evaluation and subsequent findings and recommendations within this report are based on both an academic literature review, and local stakeholders' feedback in Tower Hamlets.

### Strengths

- Recommendations are based on both local stakeholders' feedback and academic review. While this pilot took place in a sample of 5 schools, we backed up emerging themes with reference to evidence in the wider literature.
- Regular reporting to the Healthy London Partnership throughout the pilot helped to ensure close and consistent monitoring of the pilot project.

- The ongoing partnership between Tower Hamlets, the GP Care Group, and Queen Marys University of London to share insight about this pilot project and other programmes aimed at healthy child weight and support evaluation efficacy.

## Limitations

- While this sample gives us a good indication of what parents would find supportive to help them respond meaningfully to receiving a result letter that informed them their child was not a healthy weight, it has not been compared to other schools in Tower Hamlets or other areas in England performing the same type of enhanced offer pilot.
- Local families have been consulted throughout the project, however there is a risk of response bias as we might not have heard from people directly impacted by the programme or those with lived experience of excess weight.
- The parental engagement in schools illustrate what the struggles in accessing the parent portal may be, however, we are unable to evaluate the overall success of the switch to digital because there isn't a comparative figure for the use of and engagement with a physical letter. A work package to explore the reasons for lack of sign up or use of the parent portal could be a useful follow on from this pilot project to assess whether the issues lie within the current software or the programme is exacerbating digital inequalities as seen in other health improvement projects.

## 8. Recommendations

### • Communicating NCMP results

As a local area, first and foremost, we need **to discuss and agree whether it is beneficial to continue communicating the results with parents**. Doing so is **not mandatory** and was only added to the national programme in 2009/10. Local areas have the agency to make this decision.

This is a fundamental question which will influence whether Tower Hamlets continues to support individual behaviour change following NCMP or move towards a whole-systems approach with a focus on population health.

The table below summaries some of the main arguments and counter arguments for not providing individual feedback to families.

Arguments	Counter arguments
<ul style="list-style-type: none"> <li>• In last 13 years, since the introduction of sharing individual results with families, there has been no positive impact on healthy weight outcomes.</li> <li>• Individual behaviour change approach does not align with OHID Whole Systems Approach - NCMP is a surveillance programme, not a screening tool, and ought to be used to inform population level intervention not individual targeting.</li> <li>• When results are shared with families, there is a lack of cost-effective individual intervention available.</li> </ul>	<ul style="list-style-type: none"> <li>• Local and national findings reveal that many parents want to know their child's results. <b>However</b>, there is a risk of bias, that parents with children of a healthy weight will respond more positively to this question than those with children living with excess weight.</li> <li>• Is there an ethical consideration for collecting data and not reporting it back to families? <b>However</b>, is there also an ethical consideration of reporting results when there is limited effective interventions available to support families?</li> </ul>

<p>What do we expect families to do with this knowledge?</p> <ul style="list-style-type: none"> <li>• Concern that individual feedback perpetuates unhelpful narratives around individual responsibilities and weight stigma. The concept of “eat less, move more”, and for individuals to hold this responsibility undermines the evidence that obesity is a complex and multifactorial condition.</li> <li>• Recent national and local research has highlighted concerns about negative emotional response for both parents and children. Potential risks include: body image issues, disordered eating, and parental blame.</li> <li>• Misclassification of BMI centile for children from an ethnic minority background by over-estimating excess weight in Black and ethnic groups and underestimating excess weight in South Asian groups.</li> <li>• How can staffing and financial resources currently being spent on generating letters and communicating results be better used for effective health improvement activities (e.g. more health promotion in schools)?</li> <li>• In Tower Hamlets, with the current communication of results to parent, around 80-90% do not access the results (digital format)</li> </ul>	<ul style="list-style-type: none"> <li>• There is some existing evidence that providing feedback to parents improves awareness and <u>intention</u> to change. <b>However</b>, there is limited evidence this translates to actual behaviour change.</li> <li>• Not providing feedback can be seen as a missed opportunity for early intervention. <b>However</b>, is it early intervention when children are identified as already living with excess weight? Early intervention would seek to identify healthy weight children with risk of excess weight and preventing this. <b>Additionally</b>, there is limited evidence that individualised intervention at the point of identification of excess weight has led to any improvement in prevalence rates.</li> </ul>
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In light of the above arguments, the NCMP Qi team, along with research partners, propose that for a period of time with a minimum of 2 NCMP years, that automatic communication of results is halted, except for children who are identified as being underweight. Over the next year, we will seek local insight of the experiences of children and families with excess weight who have received an overweight NCMP result letter, to better inform this decision.

Underweight children represent a minority of the population, and unlike obesity, there are clear referral pathways in place for children with faltering growth, including access to the paediatric dietetic department.

We propose utilising excess weight NCMP data to inform population level interventions and redirect staffing and financial resources to test holistic health improvement approaches as stated in recommendation 2.

If the recommendation to halt automatic communication of results is not taken forward, a decision will need to be made about the best method of communication, digital vs. paper letter. The table below summaries some of the main arguments and counter arguments for continuing with the digital portal which was introduced in 2020 during the COVID-19 pandemic.

Arguments	Counter arguments
<ul style="list-style-type: none"> <li>• Minimisation of human errors around data protection (there has been cases of letter going to the wrong/old address).</li> <li>• Immediate access to the result letter. Letters are now generated automatically on the portal after screening.</li> <li>• Digitalisation has maximised team capacity and efficiencies as they no longer have to manually collect, scan, and upload screening results onto a child health record and then prepare letter for postage.</li> <li>• Digital letters enabled the team to add links to other information, websites, and support services for families to access swiftly.</li> <li>• Culturally sensitive communication: the team is also exploring ways to translate parts of the portal to meet different language needs.</li> <li>• The portal is also used to distribute our local health questionnaire which improves efficiencies and allows the team to give immediate health promotion messages.</li> </ul>	<ul style="list-style-type: none"> <li>• Parental access and therefore reach to the portal is low and estimated at around 10-20%. This has been consistent pre and post pilot despite increased support and intervention from both the portal provider and the school health service to assist with the registration process.</li> </ul>

### Views from School Health Practitioners

The school health service feels there is more value in continuing to build on the transfer to digital communication, aligning with schools, rather than causing confusion by reverting back to paper letters. The team reports that paper letters do not a guarantee that families receive, read, understand, or acknowledge the information. Many of the NCMP staff members have worked on NCMP since its inception in 2006/7 and have a very thorough understanding of the programme. The team acknowledge that when physical letters were sent home, some parents still regularly reported they did not receive the result letter and did not know about the programme when contacted for their follow up call.

Further feedback from the school health team on the digital portal can be found in [Appendix 10](#).

- **Continue a ‘test & learn’ approach to build up our local intelligence for child healthy weight support.**

Due to the lack of evidence around cost-effective interventions to support children and families around healthy weight, we recommend **continuing a “test and learn” approach over the next 3-4 years** to build up our local intelligence and understanding of “what works” for our community.

This recommendation is independent of the decision around whether to communicate individual results to families or not.

We suggest that any new intervention should be universal and align with the whole systems approach to tackling obesity, aiming to address both the prevention of excess weight, while providing support for children and families living with excess weight. This approach rightly frames obesity as a psycho-socio-environmental issue, by taking into consideration the wider determinants of health.

The following areas have been identified by the QI project as requiring further exploration:

- **Integrate School Health drop-ins as part of the Family Hubs offer** which aim to extend support for children and families up until the age of 19 years old (or 25 with SEND) outside of school settings. This could be an opportunity to trial an holistic extended brief intervention service in the community aligning with our wider work around Child Healthy Weight.
- **Additional support for Year 6 children** should be considered to ensure that the risk of potential harm of NCMP is minimised. Holistic health promotion sessions around the topics of physical and emotional health, growth, and body image could be developed in **collaboration with Year 6 children** and delivered by the NCMP team. This can be tested and evaluated as a potential “test and learn” project.
- **Research recommendation:** to better understand the potential long-term impact of NCMP on children’s social and emotional health, a research study **exploring the lived experience of children who have participated in NCMP** and are now in secondary school should be considered.

- **Reframing the narrative around excess weight**

At a local borough level, systematic work is needed to reframe how we think and talk about excess weight. The way we talk about weight and obesity influences how people think, act and how we commission support services. If we continue to share simplistic narratives (e.g., “eat less, move more”) as solutions to address childhood obesity, people will continue to think that living with excess weight is an individual choice, and purely the results of a lack of willpower and parental failure. Best practice from ‘Impact on Urban Health’ suggests that shifting this narrative to support wider environmental changes so all children (and adults) have the opportunity to be healthy is essential to reduce weight stigma, discrimination, and inequalities.

We recommend that NCMP aligns with this approach, which supports the argument of halting individual feedback to families and use NCMP data to inform population level intervention instead. The process of reframing could be achieved through a communication strategy, service improvement (e.g. how NCMP is delivered), continued training for staff, commissioning decisions, and service design etc.

This approach is supported by recent research undertaken in Tower Hamlets which found that parents are *“invested in resisting the NCMP results (which frame childhood obesity as an individual responsibility) because to do so otherwise risks them accepting personal responsibility (as ‘bad parents’) and social and moral censure from their peers and society.”* Reframing obesity to a more systematic approach may have social impact on how parents engage with the issue.

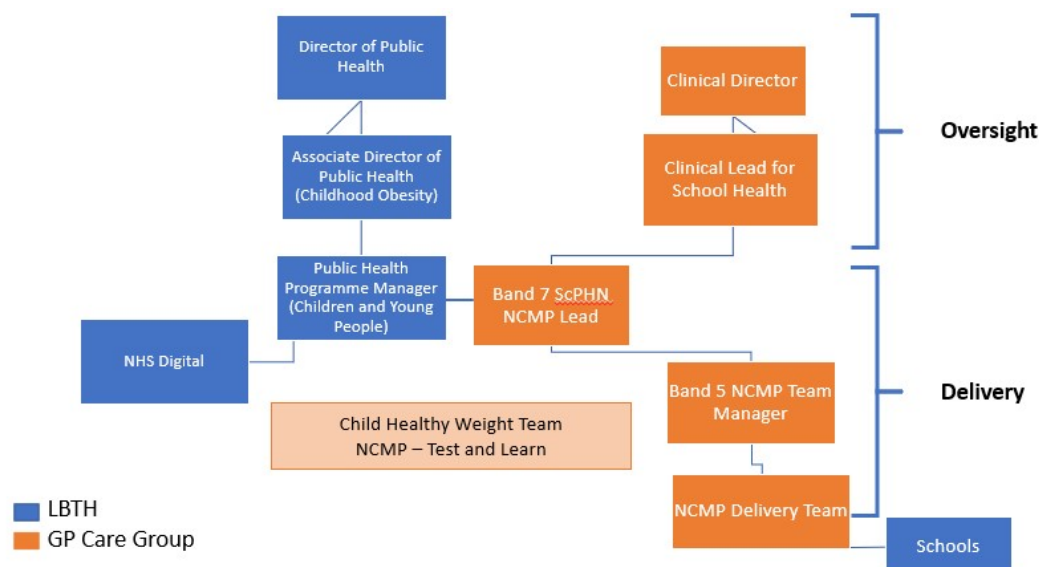
- **NCMP Leadership and accountability**

As noted above, responsibility currently for the delivery of NCMP at the GPCG sits with a Band 4 Nursery Nurse with oversight from the service lead, but with limited senior leadership. Strong leadership will be needed for the effective delivery of the programme going forward, this will include the ability to raise issues and risks promptly. We therefore recommend that a **Band 7 School Health team lead takes overall**



**responsibility for NCMP** as part of the School Health contract, and is a point of contact with the local authority and NHS digital.

Additionally, confirmed leadership and point of contact of NCMP within the London Borough of Tower Hamlets Public Health team is required. A proposed NCMP staff structure is suggested below.



## 9. Conclusion

This 12-months quality improvement project has provided a unique opportunity to review, and to test new approaches, to the delivery of the NCMP in Tower Hamlets. Local stakeholders, including children and families and staff working in the school health and wellbeing team, have been involved throughout the project resulting in the co-development of new NCMP resources ([Appendix 4 and 5](#)).

However, a range of challenges have been identified, particularly linked to the automatic communication of individual results to parents, and the support offer for children and families.

Findings from this evaluation have informed the project recommendations. The recommendations were shared with the Tower Hamlets Public Health Senior Leadership Team (SLT), and the following next steps have been agreed:

- To conduct a 12-months follow-up project to gather more insight from children and families with lived experience of excess weight. This should also help further clarify the role of the NCMP in supporting Child Healthy Weight in the borough (e.g., surveillance vs screening). Findings will support decision making about whether automatic individual feedback should be continued or paused.
- To continue a “test and learn” approach to child healthy weight interventions to build local intelligence and evidence.
- To reframe unhelpful narratives around excess weight and personal responsibility to address issues of weight stigma and discrimination.

- To implement strong NCMP Leadership and accountability across both the Local Authorities Public Health Team and the Tower Hamlets GP Care group to ensure seamless delivery of the programme locally.

National recommendations based on a critical review of the literature on the impact of NCMP on children and families have also been made and can be found in [Appendix 11](#).

## **10. Acknowledgements**

Thank you to the following people and organisations for their contributions to this project:

Tower Hamlets GP Care Group (Child Healthy Weight Team and School Health and Wellbeing Service)

All participants (children and parents) who participated in the focus group sessions and interviews.

The five participating pilot schools in Tower Hamlets

Christiana Torricelli, Public Health Programme Manager, London Borough of Tower Hamlets

Katy Scammell, Associate Director of Public Health, London Borough of Tower Hamlets

Meridith Hawkins, NIHR School of Primary Care Post-doctoral Research Fellow, Queen Mary University of London

Emma Ford, Public Health Programme Manager, London Borough of Tower Hamlets

London Health and Care Partnership

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## 12. Appendices

### Appendix 1: OHID Specimen pre-measurement letter to parents

#### Height and weight checks for children in Reception and Year 6

Every year in England, school children in Reception and Year 6 have their height and weight checked at school as part of the National Child Measurement Programme. Height and weight measurements are used to calculate weight status. We collect this information because it is in the public interest to understand how many children are overweight, healthy weight or underweight and **offer support to parents where required [ LA to amend as appropriate]**. Your child's class will take part in this year's programme.

**The checks are carried out by registered school nurses or trained health care providers. Children are measured fully clothed, except for their coats and shoes, in a private space away from other pupils.** The programme will be delivered in a COVID-safe way, in line with the school and local authority's safety control measures and national guidance for schools and healthcare. **[ LA to amend as appropriate]**

#### **Maintaining the well-being of children in the NCMP**

The wellbeing of children and families is very important. Measurements are conducted in a sensitive way, in private and away from other children. Individual results are not shared with your child or their school. The weight and height information is shared only with you in the parent or carer feedback letter. It is your choice if you share the information with your child **[LA to amend as appropriate]**.

The emotional impact of the NCMP has been researched and studies show that body image, self-esteem, weight-related teasing and restrictive eating behaviours do not change as a result of being measured or receiving feedback. If you are concerned about your child's growth, weight, body image or eating patterns, seek further support from a school nurse or General Practitioner **[LA to amend as appropriate]**.

*The information we collect and what it is used for is listed below:*

- **your child's date of measurement, sex and date of birth are used to calculate your child's weight category**
- **your child's name, date of birth and NHS Number are used to link your child's measurements in Reception and Year 6. Other data sets held by NHS Digital and Department of Health and Social Care, may also be linked as this would let us add information from health and education records, where lawful to do so, to understand how and why the weight of children is changing, and how this affects children's health and education and how we can improve the care children receive.**

**This includes your child's health data relating to;**

- **their birth, hospital care (including time in hospital and out-patient appointments and diagnosis of medical conditions)**
- **mental health**
- **social care**

- **primary care - includes all healthcare outside of hospital such as GP and dental appointments,**
- **public health - including data relating to preventing ill health such as immunisation records**
- **records for when and the reason why people pass away**
- **medical conditions such as cancer, diabetes**
- **health, lifestyle and wellbeing surveys that your child has participated in**
- **your child's ethnicity and address are used to help understand some of the reasons for the difference and changes in child weight across England**
- your address is required to send you your child's feedback letter. This will include your child's measurements together with information about healthy eating, being active and related activities available in your area. [LA to amend as appropriate].
- your email address and telephone number are required as we may contact you by email or telephone to discuss your child's feedback/ send you your child's feedback letter by email/ offer you further support following your child's height and weight measurement. [LA to amend as appropriate].

**All the data collected is also used for improving health, care and services through research and planning.**

**All this information is treated confidentially and held securely. No individual measurements will be given to school staff or other children.**

How the data is used

**The information collected from all schools in the area will be gathered together and held securely by LA name. We will store your child's information as part of their local child health record on the NHS's child health information database and share it with their GP. [LA to amend as appropriate].**

**All the information collected about your child will be sent by us to NHS Digital. NHS Digital is responsible for collecting data and information about health and care so that this can be used to monitor and improve the care provided to people across England.**

**The information collected about your child will also be shared by NHS Digital with the Office for Health Improvement and Disparities (OHID) which is part of the Department of Health and Social Care (DHSC) but in a de-personalised form only. This means OHID will not be able to identify your child. OHID focuses on improving the nation's health so that everyone can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospects for a healthy life.**

**Both NHS Digital and the Office for Health Improvement and Disparities (DHSC) will use the information from the National Child Measurement Programme to better understand numbers and trends in child weight and body mass index (BMI). This helps with the planning of services to support healthy lifestyles in your area. No information will ever be published by NHS Digital or the Office for Health Improvement and Disparities (DHSC) that identifies your child.**

**De-personalised information from the National Child Measurement Programme may also be shared by NHS Digital with other organisations, such as universities. This is to help improve health, care and**

services through research and planning. This information cannot be used to identify your child, and NHS Digital only ever shares information for research through formal assurance and approvals processes, seeking advice from experts as necessary.

### *Withdrawing your child from the National Child Measurement Programme*

If you are happy for your child to be measured, you do not need to do anything.

If you do not want your child's height and weight to be measured, or your child has a medical condition that affects their height or weight please let us know using the contact details provided below [LA to insert NCMP provider or local authority contact details for parents].

Children will not be made to take part on the day if they do not want to.

### *Further information*

Further information about the National Child Measurement Programme can be found at <https://www.nhs.uk/live-well/healthy-weight/national-child-measurement-programme>

Information and fun ideas to help your kids stay healthy can be found at <https://www.nhs.uk/healthier-families/>

Information about how we [insert local authority and/or NCMP provider] collect and use information can be found at [insert link to local authority and/or NCMP provider privacy notice]

Information about how NHS Digital and Office for Health Improvement and Disparities collect and use information can be found at <https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe/how-we-look-after-your-health-and-care-information> and <https://www.gov.uk/government/organisations/department-of-health-and-social-care/about/personal-information-charter>

Information about the organisations NHS Digital has shared information from the National Child Measurement Programme can be found at <https://digital.nhs.uk/services/national-child-measurement-programme>

Yours faithfully,

[Insert name]  
Director of Public Health]

[Insert name]  
[Director of Children's Services]

## Appendix 2: OHID Specimen letter for children with a weight status of overweight

Dear Parent/Carer of «FirstName» «LastName»,

We recently wrote to you about measuring «FirstName»'s height and weight as part of the National Child Measurement Programme. Here are «FirstName»'s measurements.

<p>«FirstName» «LastName»</p> <p><b>Height (cm)</b> «Height»      <b>Weight (kg)</b> «Weight»</p> <p><b>Weight Status: overweight</b></p> <p><b>Date of measurement</b> «DateOfMeasurement»</p>
---

When compared to the national growth charts, which show whether a child is growing as expected for their age, sex and height, «FirstName» would be considered to be overweight.

It is important to be aware that when a child is a higher weight for their age it can lead to health problems like high blood pressure and early signs of type 2 diabetes as they grow up. Being overweight can also lead to low self-esteem and poor confidence.

### **What should I do now?**

«FirstName» could come to the [LA to insert name of local child and family weight management service] which is a free and fun after school club to help children and their families achieve and maintain a healthier weight. See the enclosed leaflet or call [LA to insert contact number for local family weight management service].

or email [LA to insert email address for local family weight management service]

{Delete lines above if there are no local child and family weight management services available, include the following line}:

Contact your school nurse or doctor for further advice and support on how to help your child achieve and maintain a healthier weight.

A good diet and physical activity are important to ensure «FirstName» is a healthy weight as they grow up. Visit <https://www.nhs.uk/healthier-families/childrens-weight/#overweight> for lots of handy tips.

The Chief Medical Officer has advised that most children need at least 60 minutes of physical activity per day. This should be a mix of moderate activity like brisk walking and vigorous activity like running or fast cycling that make your heart beat faster. We have provided a leaflet on activities in your area [LA to include leaflet or remove this sentence].

You can find out how «FirstName»'s result was calculated, and check how «FirstName» is growing over time, by going to [www.nhs.uk/bmi](http://www.nhs.uk/bmi).

This information has not been shared with «FirstName», other children or school staff. Locally, this information is held by your [local NHS/local authority public health team] and is treated confidentially.



The results are sent to you, so the decision of whether to talk to your child about them is entirely yours. More information is available at <https://www.nhs.uk/healthier-families/childrens-weight/#overweight>.

Some medical conditions or treatment that your child is receiving may mean that BMI centile is not the best way to measure your child. Your GP or other health professional caring for your child will be able to discuss this with you.

If you wish to discuss these results please contact the **NCMP Team** on [**local authority to insert team and contact number**].

Yours sincerely,  
[**Sender name and job**]

Appendix 3: Tower Hamlets original feedback letter for children with a weight status of overweight



Tower Hamlets School Health Team  
 St Peters Centre  
 Reardon Street Wapping  
 London  
 E1 W 2QH  
 Tel: 0203 950 7176  
 21/10/2020

**PRIVATE & CONFIDENTIAL**  
 Parent or Carer of: [REDACTED]

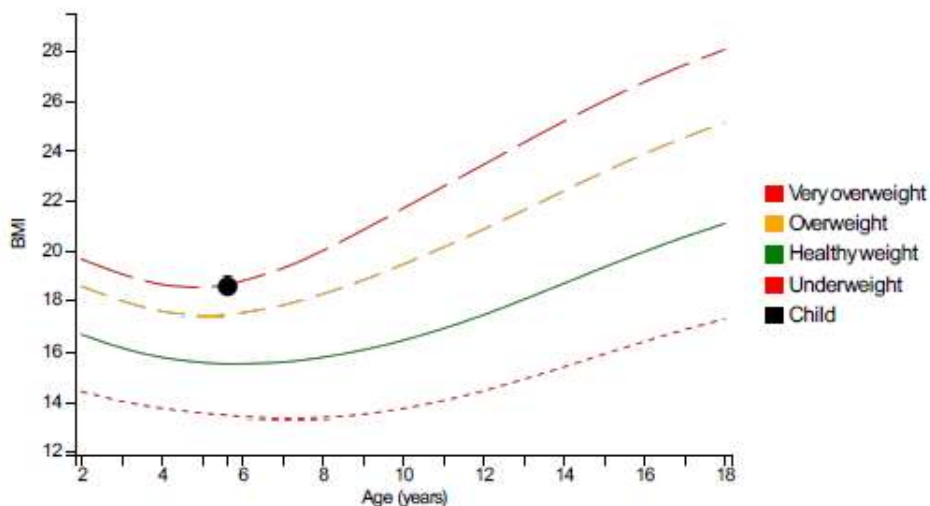
Dear Parent/Carer of Usman [REDACTED]

NCMP: 2019-20 School: [REDACTED] NHS No: [REDACTED]

We recently sent you a letter about measuring Usman's height and weight in school as part of the National Child Measurement Programme. We measured Usman's class in 13/05/2019.

The purpose of these measurements is to find out if your child is within a healthy weight range for his age, sex and height using a Body Mass Index (BMI) measurement. Usman's results have been plotted in the chart below and this shows that he is overweight for his age, sex and height.

Date of Birth	Date Measured	Height	Weight
[REDACTED]	[REDACTED]	111.7 cm	23.2 kg



Being overweight can lead to health problems such as high blood pressure, type 2 diabetes and can contribute to low self-confidence. You can help your child to be a healthy weight by making small changes towards being more active and eating more healthily. These changes can also bring additional benefits such as growing healthily, strong bones and better concentration at school.

If you would like to talk to us regarding Usman's measurements please call school health on 0203 950 7176. You can also:

- take a look at the tips [on the next page / in the enclosed leaflet]
- go online for practical advice at: [www.nhs.uk/change4life](http://www.nhs.uk/change4life) and [www.nhs.uk/ncmp4](http://www.nhs.uk/ncmp4)
- look at the BMI calculator at [www.nhs.uk/bmi](http://www.nhs.uk/bmi) if you would like to check your child's weight again in the future.

**Please note there are occasions when BMI centile may not be the best way to measure your child.**

Reasons for this can include the body characteristics of the child, genetics and medical conditions including treatments that your child may be receiving. If you are concerned about your child's results, you can contact your GP who will be able to do a detailed analysis.

Usman's information has not been shared with other children or school staff. This information is held by Tower Hamlets Public Health team and is treated confidentially.

Thank you for reading this letter, we hope this information was useful to you. A member of the school health team will contact you.

If you have any concerns regarding your child's weight or eating habits, you can either contact the school health team through the school or call us on the number above, alternatively you can speak to your GP.

Yours sincerely,

Nitu Pasricha  
**Child Health Nursery Nurse**

## Appendix 4: Tower Hamlets updated pre-measurement letter to parents



Tower Hamlets GP Care Group CIC  
Island Health  
145 East Ferry Road  
E14 3BQ

 **বাংলা** [Listen to this letter in Bengali](#)  
Soomaaliga [Listen to this letter in Somali](#)

Re: Register on the School Health Portal

Tel: 0204 551 1414

Dear Parent/ Carer,

We would like to re-introduce ourselves as your School Health and Wellbeing team. We are here to support children and young people around healthy lifestyle, immunisation, emotional health and wellbeing, as well as additional support for children with long-term health conditions.

- 1** Please register on our **online School Health portal** so we can safely share information on your child's health and wellbeing with you. Follow the steps below or watch this [helpful video](#).
- 2** Register by clicking on the following link using your email address, name, and phone number, and then click "register now".  
<https://app.schoolscreener.com/Portal/#/Towerhamlets/p/THh99/100907>
- 3** You will then receive an email from [no-reply@schoolscreener.com](mailto:no-reply@schoolscreener.com) (check your junk) please click on the "confirm my account".
- 4** Choose a password. Please remember to keep this safe so you can log into your account in the future.

You can register on a smart phone or computer at home, school, or your local idea store. When using a computer, please use chrome, not internet explorer. For help, contact the School Health portal helpline on 020 395 84181.

Tower Hamlets GP Care Group CIC | No: 09233816 | Registered Office Island Health, 145 East Ferry Road, E14 3BQ.

This year your child will take part in the National Child Measurement Programme (NCMP) which is when children in England in *Reception* and *Year 6* are weighed and measured each year at school. These measurements are taken to provide information about children's growth and development. Please login to the school Health portal to:

1. Read more about the NCMP programme
2. Opt-out of the NCMP programme if you do not want your child to take part. If you do not opt-out your child will be measured as part of the programme.
3. Complete a Health Questionnaire with your child to help us understand if you need any support

If you have any questions, please contact the School Health Team on the details below who will be happy to help:



0204 551 1414 (free interpreter available)



[thqpcq.schoolnurses@nhs.net](mailto:thqpcq.schoolnurses@nhs.net)



To find out more about what's on offer for children, families and young people in your area visit the [Local Offer](#). If you need help with the Local Offer, call 020 7364 6495 or email [fis@towerhamlets.gov.uk](mailto:fis@towerhamlets.gov.uk).

All information held by the School Health Team will only be shared with your consent or where there is another legal basis for sharing. More information is available in the Privacy Notice which can be accessed via the [Tower Hamlets GP Care Group](#) website.

Yours sincerely,

**ADD SCHOOL SPECIFIC NURSERY NURSE NAME / JOB TITLE**

Appendix 5: Tower Hamlets updated letter for children with a weight status of overweight.



**PRIVATE & CONFIDENTIAL**  
Parent address

Tower Hamlets GP Care Group CIC  
Island Health  
145 East Ferry Road  
E14 3BQ

Re: National Child Measurement Programme (NCMP) results

Tel: 0204 551 1414

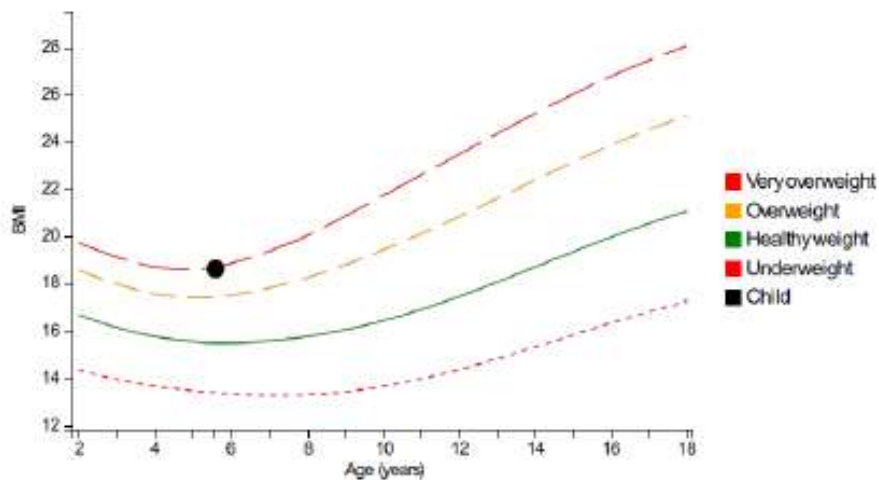
Dear Parents/Carers,

We are getting in touch from the Tower Hamlets School Health and Wellbeing team. Every year children in Reception and Year 6 are weighed and measured at school as part of the National Child Measurement Programme (NCMP).

These measurements are taken to give some information about children's growth and development.

Usman was measured on 29/06/2022 and his results have been plotted on the growth chart below. The results show that Usman is overweight for his age, sex, and height. Usman's information has not been shared with the school and is treated confidentially.


Date of Birth	Date Measured	Height	Weight
[REDACTED]	[REDACTED]	111.7 cm	23.2 kg



This may be something you were already aware of, or this might be new information. It is important to know that you are not alone, we live in an environment that makes it difficult to be a healthy weight and there are many factors that can affect a child's weight.

If you would like to discuss Usman's results and get some support, please call our School Health and Wellbeing team on the details below who will be happy to answer any questions you may have:

 0204 551 1414 (free interpreter available)

 [thapca.schoolnurses@nhs.net](mailto:thapca.schoolnurses@nhs.net)

For more information about healthy lifestyle support services and resources available in Tower Hamlets, please see the list below:



Browse the [Local Offer](#) to access a range of activities and events near you. If you need help to find a specific service, please contact 020 7364 6495 or [fis@towerhamlets.gov.uk](mailto:fis@towerhamlets.gov.uk).



Contact our [Parenting Team](#) if you need support around healthy lifestyles, positive relationship building, or dealing with challenging behaviour. You can call 020 7364 6398 or email [parenting@towerhamlets.gov.uk](mailto:parenting@towerhamlets.gov.uk).



Visit the [NHS Better Health page](#) for plenty of new recipe ideas and some healthy food and drinks swaps.



Children are recommended to do 60 minutes of physical activities a day. Have a look at [local sports and activities opportunities](#) near you. For young people, find out your nearest [youth centre](#) as they offer a range of fun activities for young people.



Children aged 11-25 years old can sign up to ['Kooth'](#), a free online counselling and emotional well-being support. Parents and carers can find out about adult emotional health support on the ['Tower Hamlets Connect'](#) page.



Download our ['Tower Hamlets Food Support Guide'](#) to access a list of local food markets, food pantries, food banks, and information about free school meals.



Download our ['worried about money leaflet'](#) to find out about local money support. This leaflet is also available in [Bengali](#). You can also complete their [online form](#).



If you need extra support to deal with a difficult situation, you can call the children services hotline on 020 7364 5006 or visit the [Early Help webpage](#).



### How are my child's results calculated?

We plot your child's height and weight on a Body Mass Index (BMI) centile chart. Calculating BMI is different for children than adults as children are still growing and their age, gender, height, and weight are all used as part of the calculation.

Use this [BMI calculator](#) to check your own or your child's BMI in the future.

BMI centile is not always the best way to measure a child, particularly children with certain medical conditions or treatments. If you are not sure, please discuss with your GP or Paediatrician.

### Should I share the results with my child?

This is your decision, there is no right and wrong answers. More information is available on the [NHS website](#). If you do choose to discuss the results with your child, please:

- Avoid criticism and unkind language that might make your child feel bad about themselves
- Reassure them, the result is only one aspect of their health at this moment in-time, it means nothing about their value as a person
- Focus on health and family goal instead of weight and body image
- Ask how they feel and what help and support they would find useful

If your child would like to get free and confidential support about their health, they can contact the following services:



- Visit [HealthSpot](#) for friendly and confidential medical appointments with a GP experienced in supporting young people.



- Sign up to [Knorth](#), an online counselling and emotional well-being support for 11-25 years old.



- Children can visit [Young Mind Body Image](#) for support around body image.

Signature



Appendix 6: Example of a Coffee Morning Flyer as part of the enhanced support offer



**Coffee Morning**

**Parents of Year 6 children**

The School Health Team will talk about:

- The National Child Measurement Programme
- Their new online Parent Portal
- Support available near you

**Where** [Redacted]

**Date** Friday 2nd  
December 2022

**Time** 9 am

Scan me to Register on the Parent Portal



For support with the Parent Portal email [support@schoolscreeener.com](mailto:support@schoolscreeener.com)

Follow us   @THGPCareGroup | [www.gpcaregroup.org](http://www.gpcaregroup.org)

**TOWER HAMLETS GPCARE GROUP**  
LOCAL PEOPLE. LOCAL HEALTH



Appendix 7: Example of a School Health Healthy Lifestyle Drop-ins Flyer as part of the enhanced support offer.

# School Health Healthy Lifestyle Drop-ins

TOUCH. HANDLE. LEAD.  
**GP CARE  
GROUP** GP  
TOO. PEOPLE. GOOD. HEALTH.


The team can provide support and guidance around healthy lifestyle, nutrition, physical activities, emotional health, oral health and more!


**Where:** [REDACTED]


**When:**



- Tuesday 17th January at 9-11 am
- Tuesday 7th March at 9-11 am
- Tuesday 2nd May at 9-11 am
- Tuesday 20th June at 9-11 am


➔ Please report to the main reception

The team is **NOT** able to support with medical queries. Please contact your GP if you have any medical concerns. 

 Everyone is welcome but priority will be given to parents of **Reception** and **Year 6** children who have received a feedback letter following the NCMP measurements.

To contact the school health team please call **0204 551 1414** or email [thgpcg.schoolnurses@nhs.net](mailto:thgpcg.schoolnurses@nhs.net). 

Follow us   @THGPCareGroup | [www.gpcaregroup.org](http://www.gpcaregroup.org)



Appendix 8: Year 6 children post NCMP measurement feedback form

**Yr. 6 National Child Measurement Programme feedback**

1.  Are you: **A boy**    **A girl**    **Prefer not to say**



2. How did you feel about having your height and weight measured today? (Please circle the emoji)

Please tell us more: -----  
-----  
-----

3. Was the nurse able to answer any questions you had?

Yes    No    I had no questions

4. Is there any topic that you would like to know more about and that could be covered in class (for example healthy eating, body image etc.)?

-----  
-----  
-----

5. If there is anything personal you would like to speak to the school health team about?

Yes    No    I had no questions

If yes, please leave your name so we can get back to you: -----

**Many thanks for your feedback!**

## Appendix 9: Previous NCMP School Level Feedback Letter Template



Public Health  
England

Protecting and improving the nation's health

# National Child Measurement Programme

## 2020 summary of results for 123456 - Example Primary School

These results combine data from 2016/17, 2017/18 and 2018/19 (where available) to give a sample large enough to produce reliable estimates of overweight and obesity for your school.

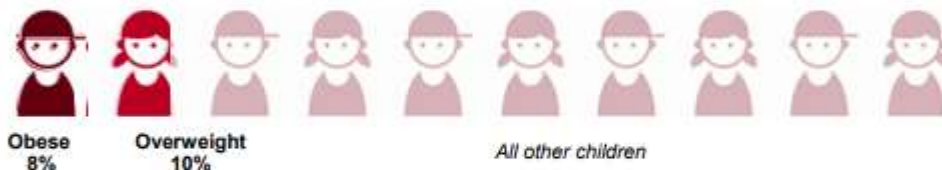
Nationally, schools achieve an average participation rate of 95% in Reception and 94% in Year 6.

In your school **98% of children in Reception** and **97% of children in Year 6** were measured.

High participation rates (over 90%) ensure that the estimates of overweight or obese children in your school are reliable. Participation rates below 90% may result in unreliable estimates.

### Proportion of Reception children in your school who were overweight or obese

NCMP 2016/17, 2017/18, and 2018/19 combined



The proportion of Reception children who were overweight or obese (18%) is statistically similar to other schools across England (22%). 20% of Reception children were overweight or obese in Example local authority.

### Proportion of Year 6 children in your school who were overweight or obese

NCMP 2016/17, 2017/18, and 2018/19 combined



The proportion of Year 6 children who were overweight or obese (29%) is statistically similar to other schools across England (34%). 30% of Year 6 children were overweight or obese in Example local authority.

**In any population of children of all ages, it would be expected that 10% would be overweight and a further 5% obese. However current levels across England are far higher.**

Due to rounding, figures for overweight and obesity in the text may not add up to exactly the same number shown in the chart.

## Appendix 10: School Health Team view and experience interview transcript.

### **1. Any positive changes to outcomes or relationships with parents with the universal, enhanced offer.**

Our best contacts with parents over the course of this pilot have come when we have joined in with regular coffee mornings already established within a school. Parents at these type of coffee mornings are with other parents they already know and seem to feel more at ease raising subjects, asking questions and expanding on things that are important to them.

Types of conversations we've had with parents at these coffee mornings have included

- Physical activity and barriers to this (gaming, cost of activities etc), nutrition.
- The impact of the pandemic on physical and mental health of the whole family
- Services that are available to help with different health topics
- The different aspects of health, that these are important for everyone regardless of weight status and families having different approaches and priorities within their own families.
- Cultural impact on weight, healthy living, and mental health

When we have run coffee mornings just for Rec or Yr 6 parents we don't get a high turnout or much interaction from the parents attending the session. They tend to listen to the information, sign up with the QR code and leave. A couple have stayed to speak to us afterwards.

Parents who have accessed the Drop-ins have appreciated it and have wanted to come back.

### **2. Parent feedback – please highlight any consistent themes or pieces of feedback**

It was a common theme that parents thought taking care of our health is important for everyone regardless of weight status and families having different approaches and priorities within their own families.

It was also mentioned a few times that parents had experienced a poor interaction with other health professionals in the past (this ranged from previous school nurses, GP's to the doctors at the obesity clinic) These interactions seemed to have stuck with parents.

### **3. Your opinion on the effectiveness or usefulness of the online portal**

For us the portal has many current benefits and potential for many more.

We simply could not link parents up with information and support through a paper letter in the same way as we do digitally.

The portal was launched during lockdown a lot faster than we anticipated due to the circumstances at the time, this meant that we hadn't had the time to prepare for it properly and have since had a steep learning curve with it over the last couple of years.

Changes and improvements we and Thomson have made along the way have meant that our reception uptake especially has been going up year on year although we are aware that it's still not at a level of interaction we would want and varies from school to school.

Our Health needs questionnaire especially has potential to provide so much useful health information to parents and young people instantly.

Using the Instant health promotion messages, we could put parents in touch with support services and give them information on health issues they are facing at the touch of a button.

Through the portal we can also potentially give information and/or feedback to parents in their first language. This is something that we have already started through this pilot.

The problem (and benefit) with the portal is that it's completely transparent. We know exactly how many parents have signed up to the portal and read their letter. We do not and could not know that by sending out paper letters. How many received the letter in the post? How many read it? How many understood it? These are things we don't and can't have an answer for.

All we do know is that even before we switched to using the parent portal, we would regularly speak to parents during our proactive follow up calls who said they didn't receive a letter and didn't know anything about the NCMP despite all of our communications.

We think it would be a huge waste of potential to stop using the portal, but that during this time of change parents could have the option of requesting a direct email copy or paper copy of their children's results if they wish.

This is actually something we already do and we regularly explain results over the phone and send copies by email at parents request.

There is still room for more improvement from Thomson and also from our service.

The questionnaire could be reviewed, and smarter health questions and support service links chosen.

But some of the changes we've already made are making a difference. For example, QR codes seem to be an easier way for parents to access the website for portal sign up, this is something we have only started doing this year. Also this year we have made it possible for parents to bypass the health questionnaire if they want to so they can just get the results letter and parents are using this function.

Thomson have also added social sign up to the system this year so that parents can sign up for an account using their social media accounts or google account.

#### **4. Any challenges you may face in trying to encourage co-design (follow up on requests or plan activities)**

Schools have generally carried out anything asked of them, some schools are more involved than others and have really tried. School staff are busy though and this project might not be top of the list for everyone.

Again, parents in already established Coffee mornings are very happy to share their views on things, The children have also been really helpful and honest about how they feel and what they think.

**General observations about the enhanced offer – what worked and what should be shifted if it's rolled out to other schools.**

This project has been such an interesting one. For a long time we have been needing a change in the way we communicate with families and the support we can offer but this project has felt like more than that.

There are parts we have trialled before such as the PRE NCMP coffee mornings and that has confirmed what we found previously that the turnout for those is low and that parents don't ask the questions that we thought they might. We also expected a bigger turnout for the school drop-ins, but perhaps in a school environment that's just not the way to go.

What we have found is how the children year 6 especially are affected by the measurements, how they feel about health in general and that they would like to have a say in these programmes.

We have also had parents ask us separately how the children will be involved and if the children will also be getting a pre NCMP meeting before the measurements.

We have always given a brief explanation of the NCMP to the yr 6 children before measurements take place and we ask them if they have questions to ask. But maybe we need to look more at expanding our offer to year 6 children, especially as we have found that engagement with parents in year 6 is poor across all schools and this is something the schools have also reported and can't solve either.

Our change from proactive follow up calls to text messaging has meant that we have been able to offer support to parents in a timely manner and we have been able to leave it up to parents to contact us if they would like support by appointment at a time which suits them, by phone, video call, face to face, email and via an interpreter if needed. Again, we haven't had the level of engagement that we thought we might, but we think being able to offer that and be available to parents in a way that would be convenient to them is important. This is the first year we have been able to offer that support to everyone as we don't usually have time or capacity to finish proactive calls.

## Appendix 11: National Recommendations for the delivery of the NCMP

- **Independent review of the national NCMP programme**

In light of the NCMP QI pilot findings, as well as recently published studies, an **independent review of the national NCMP programme** is recommended. Key areas to include in this review are as follows:

- Evidence of the social and emotional impact of the programme on children and families, including any links to weight stigma, discrimination, and inequalities.
- Economic Evaluation. Consider the opportunity cost for delivering NCMP at national level and support local authority areas to do so at a local level.
- While the availability of granular NCMP data is valued by academics and policy makers, further assessment is needed to understand whether data collection at this level (90% coverage vs. a representative sample) equally benefits children and families, and whether current approaches translate to improved practice.
- Explore the potential long-term impact of NCMP on children's social and emotional health at a national level. This may include a research study exploring the lived experience of children who have participated in NCMP and are now in secondary school.

- **Align the NCMP Operational Guidance with the OHID Whole Systems Approach to Obesity**

This should include recommendations for place-based interventions (as opposed to individual interventions), and a reframing of the narrative around excess weight, to support local commissioning. For example, utilising NCMP data to target universal free school meals in areas of greatest need.

- **Effective shared learning mechanisms**

Explore the most effective mechanism for **shared learning** and collaborative working between local authority areas on NCMP in order to build stronger guidance, best practice, and support for children and families.