

# **Guidelines for Implementing Child Measurement Programme for Wales**

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Publication/Distribution: These Guidelines are intended for all involved in delivering or supporting the Child Measurement Programme for Wales, including nursing, child health and managerial staff

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Purpose and Summary of Document:

This document is intended as a detailed practical guide to the management of the Child Measurement Programme for Wales (CMP) and should be read in conjunction with the Regulations [1], the Key CMP Standards.

**NOTE:** The italicised numbers (1) in brackets refer to the equivalent point in the Standards document, these do not necessarily appear in numerical order in this document.

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The Child Measurement Programme (CMP) standardise the taking of height and weight measurements of school children across Wales. This enables the reporting of prevalence trends of underweight, overweight and obesity across Wales and in comparison with other countries. The programme is a surveillance programme, with any clinical or pro-active follow up remaining a Local Health Board (LHB) decision.

#### 1. PROGRAMME OPERATION

(1). The Regulations for The Child Measurement Programme for Wales (CMP) came into effect on 1<sup>st</sup> August 2011. Each of the seven Health Boards has incorporated the CMP programme into the routine service provided by their local school health and child health records teams.

These guidelines encompass the operational processes by which children are offered appointments, given the opportunity to opt out, are physically measured, the recording of the results, use of data, as well as reporting at a local and national level.

#### 2. MAKING THE ARRANGEMENTS

(4 & 13) The Regulations state that the arrangements for measuring should be managed by a relevant healthcare professional or a person approved by the Welsh Government Minister. The relevant person in most cases will be the school nurse team-lead.

To arrange the CMP measurements, the school nurses should obtain the reception class lists from schools to identify children who are to be included in the CMP. An appropriate data sharing agreement between the local Health Board and Local Education Authorities will be beneficial as it will reduce the time spent collecting class lists from schools.

School lists are passed to child health records staff to upload to the National Child Health Database. (22) A correct school code is required and this will enable the National Child Health Database CMP module to produce schedule lists, address labels and reports. These may be used for planning as well as production of printed schedules.

(2&3) The cohort is identified by selecting all reception year children who have their  $5^{th}$  birthday within the school year between  $1^{st}$  September and  $31^{st}$  August of the relevant year.

#### 3. TIMING OF MEASUREMENT

- (5) Children should be measured between 1<sup>st</sup> September and 31<sup>st</sup> July of the year they attend reception. Good practice is to aim to complete measuring two weeks before the end of the summer term as attendance may decrease, and the school calendar is very busy immediately before the summer holidays.
- (10)The School nursing team makes arrangements for measuring with the school, and informs the child health department of the planned date for the measuring exercise so that the CMP schedule forms can be printed.

#### 4. PARTICIPATION AND WITHDRAWAL FROM THE PROGRAMME

(6) All parents must be offered reasonable opportunity to opt their child out of the CMP. This should be done via information contained in a letter to parents sent out at least two weeks prior to the planned date of measurement.

#### All Health Boards should:

- Provide opportunity for parents to request their child's results. As minimum LHBs should provide feedback of results to any parents who request results, however LHBs may chose to feedback results to all parents.
- (8) Set expectations according to local HB policy concerning parents who wish to be present as the Regulations allow for a familiar adult to be present if the child wants this. In practice, unless a child is especially nervous, or a full medical (that requires parents to be in attendance) is also being carried out, it is most likely that the majority of children will continue to be measured in school without parents present.
- Provide parents with relevant school nurse & CMP contact details.
- Provide the CMP parents leaflet.
- Use the CMP posters in communal areas in schools to remind parents of the planned measurements.
- Encourage schools to use their own local methods for helping ensuring information reaches parents e.g. text messaging, the school's social media accounts, school newsletters etc.
- (7) Children are NOT included in the CMP weighing and measuring exercise if their parents withdraw them or if the children are unwilling or unable to participate. Children who have been withdrawn from the CMP may have their heights and weights measured for other purposes, as long as appropriate consent arrangements for those purposes (e.g. routine health assessment) are in place. This needs to be recorded on the CMP form and then on the child health records system (see section on recording results).

If no refusal has been received by the school or the school health team the child should be weighed and measured along with their peers.

## Reassurance of anonymity and encouragement to participate

Staff are encouraged to promote participation by contacting parents who withdraw consent, to discuss their choice.

(9, 14 &15)Staff should be aware that children may be sensitive about their height and/or weight and the measurements should be carried out sensitively and if possible in private. Any anxieties should be appropriately addressed, with dignity and cultural needs respected at all times. Under no circumstances should a child be coerced into taking part. Weighing children in front of class mates or keeping children together in a 'holding area' should be avoided where possible.

Confidentiality must be maintained. Individual results should not be fed back directly to the school and children should never be told the measurements of other children.

# 5. COMMUNICATION WITH LOCAL EDUCATION AUTHORITIES AND SCHOOLS

Schools and staff from Local Education Authorities can be directed to the CMP pages on the Public Health Wales website, for information about the programme, including video information.

# 6. EQUIPMENT AND CALIBRATION

Equipment used for the CMP must be in good working order and meet the required standards as below.

# Weighing scales

(11) Weighing scales should be medical class 3 or above and must comply with EU Directive 90/384/EEC. Scales should be calibrated annually. If at any time there is reason to believe that the weighing equipment may be inaccurate, it should be recalibrated.

#### **Stadiometer**

(12) Height should be measured with an approved portable stand-on height measure (stadiometer) that shows height in centimetres and millimetres. Approved stadiometers include the Leicester Height Measure and the SECA 213. Wall-mounted, sonic or digital height measures should not be used.

Stadiometers should be set up correctly according to the manufacturer's instructions. Stabilisers that enable the upright to rest against a wall are required for accurate measurements. The SECA stadiometer has a single stabiliser, whilst the Leicester has two. These should be clipped into the end of the upright sections to keep them safe when stored. The correct number of stabilisers should always be used.

**NOTE**: When ordering replacement arms for Leicester height measures ensure that the correct part is selected as significant errors may occur if new model arms (blue box) are used with older models (black box).

#### 7. METHOD FOR MEASURING

Children should remove their shoes and any outdoor or heavy clothing (e.g. sweater) that might interfere with taking an accurate height or weight measurement.

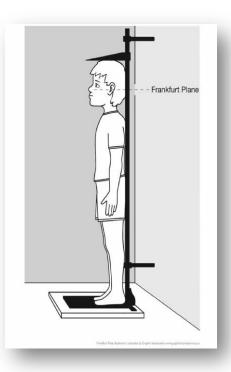
#### Weight

- Ask the child to stand still with both feet in the centre of the scales.
- Record the weight in kilograms to the nearest 100 grams (e.g. 20.6kg) and not be rounded to the nearest whole or half kilogram.

#### Height

To obtain the most accurate measurement, the child's head should be
positioned so that the Frankfurt Plane is horizontal (see Figure). Gently ease
head into correct plane i.e. eyes looking very slightly down so that centre of
the ear hole is level with the lower border of the eye socket.

- The measuring arm of the height measure should be lowered gently but firmly on to the head, ensuring good contact, before the measurer positions the child's head in the Frankfurt Plane.
- Ideally, two members of staff are required to measure height - one staff member will ensure that the child maintains the correct position while the other reads and records the measurement.
- Read instrument at eye level.
- Record the height in centimetres to the first decimal place – (e.g.120.4cm).
- Measurements should not be rounded to the nearest whole or half centimetre.



#### 8. MEDICAL AND OTHER CONDITIONS INFLUENCING MEASUREMENT

Some children may be able to stand unaided on scales or the stadiometer, but have medical conditions that mean accurate results cannot be taken. The results of children measured but for whom an accurate BMI Centile cannot be calculated should NOT be included in the data analysis, but staff are encouraged to include these children in the measurement process so that they do not feel excluded.

To ensure that inaccurate results are not included in the analysis, staff need to enter code 2 in the 'Reasons to exclude from CMP' field on the CMP data capture form (see recording results below). In the case of fractures, arrangements should be made for a catch up weighing after any plaster cast has been removed.

**NOTE**: If a parent of a disabled child has withdrawn them from the CMP, then the reason to exclude should be recorded as "1" withdrawn, though if measurements were taken and it wasn't possible to get accurate enough measurements for BMI then this also should be noted.

## Measuring children with Headwear

Some children may wear head coverings for religious / cultural reasons. For example younger Sikh boys may have topknots.. For children with topknots, the measuring arm can be put down just to one side of the topknot to obtain a reading. Most children in the age group relevant to the CMP will not have head coverings for religious reasons, however girls wearing hijab or boys with kippah should still be measured over the headwear. Because this will not give an accurate BMI, nurses should enter the results as normal, then also enter code "2" in the 'Reasons to exclude from CMP' field on the new CMP scheduled/unscheduled data capture form.

#### 9. RECORDING RESULTS FOR SCHOOL NURSES

(17-19)All the height and weight measurements should be recorded at the time of the measuring directly onto the relevant section of the CMP form. There are two forms (See appendix 1 and 2);

- **CMP Scheduled Form** pre printed names /address /past results of eligible children provided by Child Health Records department.
- **CMP Unscheduled Form** to be used for children whose details are not on the pre printed form. These are available for download in PDF format on the CMP website.

**IMPORTANT:** CMP height and weight surveillance must ALWAYS be recorded on the correct CMP forms. If they are recorded anywhere else on the Child Health Records system, and not on the CMP module (e.g. on a vision or medical form) then the results will not be available and will not be included in the CMP and it will appear that the children were not measured. Double entry of the same result on different forms is strongly discouraged.

BMI Centile calculations require the exact date the child was measured so it is essential to record the exact date of the session in the blank box labelled "Actual Appointment Date".

**NOTE:** Please do not delay returning the forms to child health any longer than two weeks – for those children missing measurements record the reason not measured and use another form at next visit.

#### **Results section**

For each child, staff should record the following: (21)

Weight	Result recorded to the nearest 0.1 kg.
Height	Result recorded to the nearest 0.1 cm.
Parents Requests Feedback	(Yes/No) Have parents requested results feedback this information will be supplied by parents in response to parent's letter.
Date (if different)	Complete this if an individual child is measured on a different day form the rest of his/her class - e.g. if absent one day but there the following week.
Reason to Exclude (the results) from CMP	Field will either be Blank or null (majority will not need any action)
	<b>Code 1 =</b> Withdrawals from the programme - used to Record that the parents have withdrawn their child.
	<b>Code 2</b> = where accurate measurements are unobtainable. This is used to record situations where if it is not possible to measure height & weight accurately enough to produce a reliable BMI Centile calculation.
Reason not measured	If a child has not been measured, one of the six reasons why not must be selected:

	Code 1 = Opted Out of Measuring
	Code 2 = Uncooperative child
	Code 3 = Unwell
	Code 4 = Left School
	Code 5 = Session Cancelled
	Code 6 = Absent
	When the above codes are entered, the following actions will follow:
	"1" Child will be excluded from appearing on future schedule forms for Reception CMP.
	"2", "3" & "6" Child will be included on any new schedule list requested from child health for catch up purposes.
	<b>"4"</b> Transfer out procedure will be triggered; child removed from denominator and won't be recalled on future schedules.
	<b>"5"</b> is unlikely to be used in practice as if the whole session is cancelled it is better to change the Actual Appointment date as opposed to printing out a new set of forms.
Clothing	For reception the two most common clothing fields used will be 1 or 5.
	Code 1- Light clothing is the CMP for Wales standard of either dress or skirt/ trousers and socks without sweatshirt/ jumper or shoes
	Code 2 - Underwear only= Lighter Standard (unlikely in the UK)
	Code 3- Gym Clothes= shorts & T-shirt lighter than standard (not full tracksuit/sweatshirt)
	Code 4- Heavy Clothes = Heavier than Standard – winter or outdoor clothes or heavy sports kit.
	Code 5 - Other= Child wearing items that cannot be removed e.g. Ethnic headwear, plaster cast etc

The CMP data capture forms should be returned to Child Health within two weeks of measuring. This will enable timely production of:

- 1. New schedule lists: lists of children with outstanding appointments.
- 2. Results and other reports: e.g. list of children in each school ordered by BMI Centile, then by reasons not measured.

Once the information has been recorded, any paper copies of information received from parents requesting their child opts out, or to receive results should be filed in the child's record according to local policy i.e. any tear off slips/opt out letters with parents signatures.

#### 10. DATA ENTRY OF RESULTS

It is essential that the CMP specific "Exam 80" results screens are used.

(20)Results should be entered as soon as possible, ideally no later than two weeks after measurements have taken place. All results for the year need to be entered by the 31st of August in the academic year of measurement or they will not be included in the CMP analysis.

**NOTE:** For more detailed information relevant to Child Health staff see the National Child Health Database User Guide relating to "Exam 80".

#### 11. REPORTING

(24&25) The Child Measurement Programme is governed by a Statutory Instrument<sup>1</sup> the "Child Measurement Programme (Wales) Regulations 2011" which was made under the National Health Service (Wales) Act 2006. This regulation governs the reporting requirements. Annual reports for the CMP will be published during the following academic year, once the data download and analysis has taken place.

#### 12. FEEDBACK OF RESULTS

(26) Any decision to provide feedback to parents on children's measurements is for Local Health Board determination, and the responsibility and accountability for this decision is with the LHB.

The CMP was established as a population surveillance programme, and not as an individual screening programme. However any concerns that health professionals have relating to individual children should be addressed in line with good clinical practice, local Health Board Policy and in line with the local obesity pathway implementation.

(27)Whilst there is no expectation that results from the CMP should be given automatically to all parents, parents who do request the results of measurement for their own child should receive them. Template feedback letters are available on the CMP website in both Welsh and English.

### 13. TRAINING AND SUPERVISION OF STAFF

(16, 28-31)School nursing and child health records staff involved in the programme should receive appropriate training from local trainers. This can be supplemented by use of the CMP training videos for staff, available on the CMP website, and through use of the NHS Wales e-learning package.

### Guidance on what the training should include;

School Nurse Team Training is designed for all members of the school nursing team whose role is to make the arrangements, supervise and conduct the measuring exercise. Training should cover how to;

- Identify the children who are to be measured.
- Provide reasonable opportunity to parents to withdraw.

<sup>&</sup>lt;sup>1</sup> 2011 No. 985 (W. 142) National Health Service, Wales. The Child Measurement Programme (Wales) Regulations 2011, available at <a href="http://www.legislation.gov.uk/wsi/2011/985/regulation/1/made">http://www.legislation.gov.uk/wsi/2011/985/regulation/1/made</a>

- Make the arrangements with the school.
- Set up the equipment correctly.
- Ensure privacy and how to communicate with children,
- Measure Weight & Height including children with medical conditions.
- Ensure safeguarding polices are followed.
- Record and submitting the results,
- Understand BMI Centiles
- Feedback results to parents

**Child Health Training** is aimed at members of the Child Health Team responsible for the entry of CMP information onto the National Child Health Database system. Training should cover;

- Identifying those attending a reception class
- Uploading class lists to the National Child Health Database and printing of CMP schedule forms.
- Data Entry of results via the CMP module
- Results; Consent; Updating of school, name and address fields
- Information Governance
- Maintaining Data Quality (- accuracy, completeness, avoiding duplicates)
- Confidentiality & Caldecott
- Information Security & Data Protection
- Reporting Local and National

Both staff groups should understand the Regulations, Standards and Guidelines produced by the programme

#### 14. REFERENCES

**Regulations**; 2011 No. 985 (W. 142) NATIONAL HEALTH SERVICE, WALES The Child Measurement Programme (Wales) Regulations 2011, available at <a href="http://www.legislation.gov.uk/wsi/2011/985/regulation/1/made">http://www.legislation.gov.uk/wsi/2011/985/regulation/1/made</a>

All Wales Guidelines for Delegation September 2010 available at <a href="http://www.wales.nhs.uk/sitesplus/documents/829/All%20Wales%20Guidelines%20for%20Delegation.pdf">http://www.wales.nhs.uk/sitesplus/documents/829/All%20Wales%20Guidelines%20for%20Delegation.pdf</a>

#### 15. ABBREVIATIONS

**CMP -** Child Measurement Programme or Wales

LHB - Health Board

**MEND** - Mind Exercise Nutrition Do It (Government scheme to help promote a healthy lifestyle aimed at families and children) <u>www.mendprogramme.org</u>

**NCCHD** - National Community Child Health Database

NICE - National Institute of Health and Clinical Excellence

#### 16. RESOURCES AVALIABLE ON THE CMP WEBSITE

#### www.publichealthwales.org/childmeasurement

- Template parent's information letter
- Parents information leaflet available in 6 languages, Welsh and English
- Template results letters
- CMP Standards, Guidelines and Regulations
- Training video for staff
- Parent's information video
- Printable unscheduled forms
- CMP Posters

# **APPENDIX 1**

SECTO SECTO	III TATALA	118PL	2928 HIGHGI WEST S NORTH	STREET TOWN CF831NE	Examiner Name Examiner Code	ool No 2001	— Actua	Page 1 Date of Run 25/06/2 Planned Appointment Date 01/10/2 al Appointment Date (# different)	
Line No	Serial No	Name	Address	HEIC	SHT WEIGHT				
1		WESTERN GLENDA 03/01/2008 637 389 1291	CROWS NEST AMBLESIDE DRIVE SOUTH TOWN EAST GLAMORGAN AK4 N69	Date         Height         Centile           04/03/2011         92.7         <25	Weight         Centile         BMI         Cent           14.64         >50         17.0         >7.           10.46         <50	Healthy Weight	Centile	Parent Requested Feedback  Date (if different)  Reason To Excl From CMP  Reason not Measured	
	TIME		BREAKFAST Y/N	LUNCH Y/N	HIP CIRC cm	WAIST	cm	CLOTHING	
2		PHILIPPOU ALEXANDER 11/01/2008 637 289 2308	8 SOUTH STREET WEST TOWN EAST GLAMORGAN AK4 N69	Date         Height         Centile           13/04/2011         103         >91           01/02/2010         97         >98	weight Centile BMI Centils 18.9 >91 17.8 >78 16 >98 17.0 >56	5 Healthy Weight	Centile	Parent Requested Feedback  Date (if different)  Reason To Excl From CMP  Reason not Measured	
	TIME		BREAKFAST Y/N	LUNCH Y/N	HIP CIRC cm	WAIST	cm	CLOTHING	
3	1692499 Female DoB: NHS No:	WEST AMANDA 14/01/2008 601 304 6611	48 WESTERN STREET WESTERN TOWN EAST GLAMORGAN AK4 N69	Date         Height         Centile           07/02/2011         95         <50	Weight         Centile         BMI         Centile           13.32         <50	Healthy Weight	Centile	Parent Requested Feedback  Date (if different)  Reason To Excl From CMP  Reason not Measured	
	TIME	:	BREAKFAST Y/N	LUNCH Y/N	HIP CIRC cm	WAIST	cm	CLOTHING	
4	1692640 Male DoB: NHS No:	STORK HENRY 15/01/2008 854 322 3458	14 LOW STREET NORTH TOWN EAST GLAMORGAN AK4 N69	Date         Height         Centile           13/03/2012         101         <50	Weight Centile BMI Cent 15.6 <50 15.3 <5 13 >50 16.0 <5	Healthy Weight	Centile	Parent Requested Feedback  Date (if different)  Reason To Excl From CMP  Reason not Measured	
	TIME	i i	BREAKFAST Y/N	LUNCH Y/N	HIP CIRC cm	WAIST	cm	CLOTHING	
5	1695399 Male DoB: NHS No:	BRINDLE MARTIN 28/01/2008 317 333 3713	201 SOUTH STREET WESTERN TOWN EAST GLAMORGAN AK4 N69	Date         Height         Centile           21/06/2012         82         <2	Cm		Centile	Parent Requested Feedback  Date (if different)  Reason To Excl From CMP  Reason not Measured	
	TIME	1	BREAKFAST Y/N	LUNCH Y/N	HIP CIRC cm	WAIST	cm	CLOTHING	
1-0	ON TO EXCLUDE FR pted Out of CMP Dat ccurate Measuremen	a inclusion	REASON NOT MEASURED  1 - Opted Out of Measur  2 - Uncooperative Child	3 - Unwell ing 4 - Left School 5 - Session Canc	6 - Absent (still a	ittending school)	CL	OTHING TYPES 1 - Light Clothing 2 - Underwear Only 3 - Gym Clothes 4 - Heavy Clothing 5 - Other	

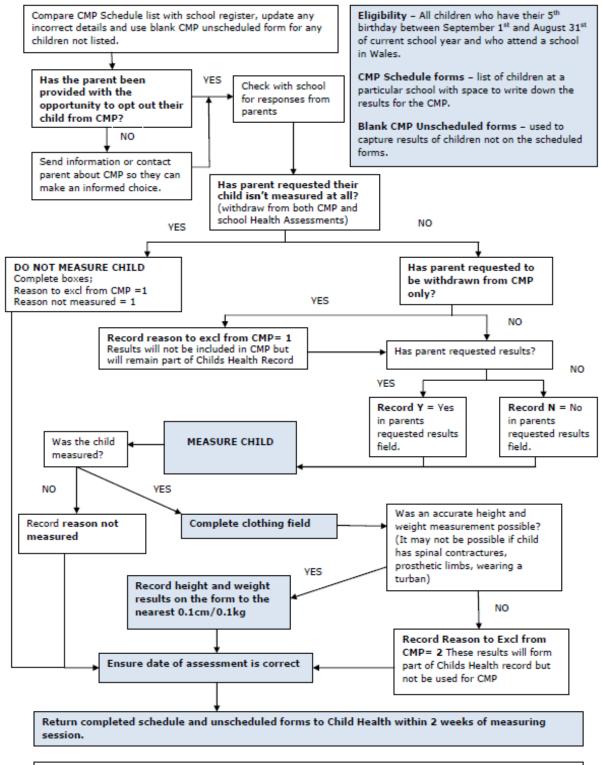
Child Measurement Programme for Wales	Last updated 18/09/14

# **APPENDIX 2**

			UNSCHEDULED CHILD	MEASUREMENT FORM	
Health	Board:	School:		School No: School Year	APPOINTMENT DATE:  EXAMINER NAME  EXAMINER CODE
1	Surname:	DoB:	Address:	HEIGHT WEIGHT I	PARENT REQUESTED FEEDBACK  DATE Fidificient REASON TO EXCL FROM CMP REASON NOT MEASURED  WAIST Cm CLOTHING
2	Surname: Forename: Gender: NHS No:		Address:	HEIGHT WEIGHT HIP CIRC CM	PARENT REQUESTED FEEDBACK  DATE  Jefferent  REASON TO EXCL FROM CMP  REASON NOT MEASURED  WAIST CM CLOTHING
3	Surname: Forename: Gender: NHS No:	DoB:	Address:	HEIGHT WEIGHT I	PARENT REQUESTED FEEDBACK  DATE Fidificient REASON TO EXCL FROM CMP REASON NOT MEASURED  WAIST Cm CLOTHING
4	Surname: Forename: Gender: NHS No:	DoB:	Address:	HEIGHT WEIGHT HIP CIRC cm	PARENT REQUESTED FEEDBACK DATE
	Surname: Forename: Gender: NHS No: TIME : EASON TO EXCLUDE FROM 1 Opted Out of CMP Data inclusi	DoB:  BREAKFAST Y/  CMP REASON NOT	MEASURED 3 Unwell	HEIGHT WEIGHT HIP CIRC cm  6 Absent (still attending school)	PARENT REQUESTED FEEDBACK  DATE Fulfrent REASON TO EXCL FROM CMP REASON NOT MEASURED  WAIST Cm CLOTHING  CLOTHING TYPES: 1- Light Clothing 2 - Underwear Only 3 - Gym Clothes
	2 Accurate Measurements Unob	tainable 2 Uncooperal -	ve Child 5 Session Cancelled		4 - Heavy Clothing 5 - Other

# **APPENDIX 3**

#### Process for completing Child Measurement Programme (CMP) for Wales



After first session, Child Health will be able to run results and uptake reports and a new CMP schedule form for the catch up session.

#### APPENDIX 4 CALCULATING BMI

Body Mass Index (BMI) is a ratio between height and weight. The formula for calculating BMI is the same regardless of age, race or gender.

# Body Mass Index (BMI) = Weight in kilograms divided by height in meters squared, BMI = (weight (kg) / [height (m)]<sup>2</sup>)

BMI is not a direct measure of body fat, but may be an indicator of obesity, however it should be taken into consideration alongside other measurements such as body fat, or waist measurements.

# Clinical and epidemiological definitions of overweight

There is a difference between the Clinical and the Epidemiological thresholds of child BMI relating to assessing normal growth. For clinical assessment, the clinical ranges and definitions of overweight/ obesity must always be used.

**Clinical Ranges** – Used by clinicians for clinical assessment.

**Epidemiological Ranges** are used for population reporting.

CLINICAL Child BMI Centile Classifications	BMI Centile Range
Underweight	Below 2nd BMI Centile (children may be healthy at this Centile)
Healthy Weight	Between 2nd and <b>90th</b> BMI Centiles
Overweight	Between <b>91st and 97th</b> BMI Centiles
Very Overweight (Obese)	At or <b>above 98th</b> BMI Centile (doctors call this clinically obese)
	· · ·
EPIDEMIOLOGICAL BMI Centile Classifications	BMI centile range
	BMI centile range  Below 2nd BMI Centile (children may be healthy at this Centile)
<b>Centile Classifications</b>	Below 2nd BMI Centile (children may be
Centile Classifications Underweight	Below 2nd BMI Centile (children may be healthy at this Centile)

Due to differences in clinical and epidemiological BMI Centile classification, there is a risk that parents of children who have a healthy weight may be told their children are overweight or obese. For example a child with a BMI on the 89<sup>th</sup> Centile for their age and gender is within the healthy clinical weight range, but would be classed as overweight according to the epidemiological classification.

Inaccurate results letters can cause distress to parents, and create negative publicity around the CMP.

To reduce this risk, the National Child Health Database uses look up tables for the UK 1990 children's BMI Centile thresholds to determine BMI Centile. All reports run from National Child Health Database, including the template feedback letters, are based on the clinical classifications for children's BMI Centile.

**BMI CENTILE THRESHOLDS** for intervention vary with age and gender. Please read the guidance on the centile charts, and follow the instructions printed on the reverse. The Centile charts recommended for use are those provided by the Royal College of Paediatrics and Child Health and for this age group, are based on the UK90 reference range.