



Centre for Exercise & Nutrition  
Science

**MSc, Diploma, Certificate in  
Weight Management**

**East Sussex School Nurses' experiences of the  
National Child Measurement Programme in 2008/09 and their  
views on the role of school nurses in tackling childhood obesity.**

Dissertation submitted in accordance with the requirements of  
The University of Chester for the degree of Master of Science

**Module code**

XNM210

**Student name**

Caroline Bunker

**Date submitted**

8<sup>th</sup> November 2009

## **Acknowledgements**

I would like to offer my sincere thanks to Dr Stephen Fallows, for his guidance, encouragement and support.

I would also like to thank to the 15 school nurses who agreed to being interviewed for this study.

## **ABSTRACT**

The National Child Measurement Programme (NCMP) is one element of the government's Healthy Weight, Healthy Lives strategy. It aims to gather population level data to analyse trends in childhood obesity, inform local planning and engage with families about healthy lifestyles and weight issues. Routine feedback of NCMP results has recently been introduced in order to inform parents if their child's weight is unhealthy. Moreover, Primary Care Trusts are being encouraged to proactively follow up children with unhealthy weights and offer parents appropriate advice and referral.

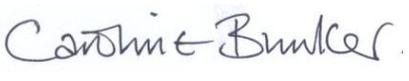
School nurses are instrumental in weighing and measuring reception and year 6 aged children for the NCMP on an annual basis. As health professionals working in an educational setting, they also have a unique position in schools and are viewed as playing a pivotal role in tackling childhood obesity, often being the first point of contact for parents who are concerned about their child's weight. Yet there is a dearth of studies into their experiences of how the NCMP is working in practice, how they perceive their role in the routine feedback of results and how they view their wider role in tackling childhood obesity in school settings.

This study undertook one-to-one interviews with a sample of 15 school nurses working in East Sussex primary schools. It aimed to find out their experiences of the NCMP in 2008/09, how the programme is working in practice and their views of the role of school nurses in tackling childhood obesity, particularly when routine feedback of results is introduced in the county in 2010. Findings

suggest that measuring children has impacts on school nurse workloads and is often viewed as an inappropriate use of time. Moreover, it is not always easy to adhere to some of the NCMP guidance for measuring children. The findings also suggest that issues such as a lack of training provision and care pathways for childhood obesity undermine the competence and confidence of school nurses to tackle childhood obesity in East Sussex. Recommendations are made as to how this might be addressed.

## Declaration

This work is original and has not been previously submitted in support of a Degree, qualification or other course.

Signed 

Date 8<sup>TH</sup> November 2009

# CONTENTS

	<b>Page</b>
<b>ACKNOWLEDGEMENTS</b>	1
<b>ABSTRACT</b>	2
<b>1. INTRODUCTION</b>	7
1.1 Overview	7
1.2 Childhood obesity – the size of the problem	9
1.3 Childhood obesity in East Sussex	11
1.4 Determinants of childhood obesity	11
1.5 Tackling childhood obesity	13
1.6 Government strategy to tackle childhood obesity	15
1.7 Childhood obesity strategy in East Sussex	17
1.8 The role of schools in tackling childhood obesity	18
1.9 The role of school nurses in tackling childhood obesity	19
1.9.1 The school nurse remit	19
1.9.2 School nursing in East Sussex	20
1.9.3 Childhood obesity strategy relating to school nurses	23
1.10 The National Child Measurement Programme	23
1.10.1 Routine feedback of NCMP results	24
1.10.2 The role of school nurses in the NCMP	25
1.10.3 The NCMP in East Sussex	26
<b>2. CURRENT STUDY</b>	27
2.1 Research aims	27
2.2 Methodology	27
2.2.1 Literature searches	27
2.2.2 Subjects	28
2.2.3 Study design	28
2.2.4 Interviews	29
2.2.5 Analysis	29
2.2.6 Request for additional information	30
2.2.7 Additional interviews	31

<b>3. RESULTS</b>	<b>31</b>
<b>3.1</b> How school nurses perceive their work loads	31
<b>3.2</b> School nurses experience of delivering the NCMP in 2008/09	33
<b>3.3</b> How school nurses perceive their role in tackling childhood obesity in school settings	53
<b>3.4</b> Summary of Recommendations	76
<b>4. FINAL DISCUSSION AND CONCLUDING REMARKS</b>	<b>78</b>
<b>5. LIMITATIONS OF THIS STUDY</b>	<b>82</b>
<b>6. REFERENCES</b>	<b>84</b>
<b>7. APPENDICES</b>	
<b>(i)</b> Letter of invitation	91
<b>(ii)</b> Participant information sheet	92
<b>(iii)</b> Informed consent form	95
<b>(iv)</b> Interview schedule	96
<b>(v)</b> Interview transcripts	97
<b>8. FIGURES</b>	
<b>Fig 1.</b> East Sussex: Outline map and numbers of Local Partnerships for Children, school rolls, school nurses and children eligible for measurement for NCMP in 2008/09	22

## **1. Introduction**

### **1.1 Overview**

Childhood obesity is a major health challenge in England, with a relentless rise in prevalence since the mid 1970s and an estimated 1.5 million children currently overweight or obese (Health and Social Care Information Centre, 2008). Publication of the Foresight report (Foresight, 2007), which predicted worsening levels of childhood obesity in the future if no action is taken, was followed by a flow policy and strategy. In 2008 the government launched *Healthy Weight Healthy Lives: A Cross Government Strategy for England* (Department of Health, 2008a) along with a new Public Service Agreement (PSA) with a target to reduce the proportion of overweight and obese children to 2000 levels by the year 2020 (HM Treasury, 2007).

Healthy Weight Healthy Lives sets out the government's plans for meeting these targets, specifying five key areas of focus, including the healthy growth and development of children, with associated actions including the identification of families at risk of obesity, investment in the Healthy Schools Programme and information and support for parents around healthy weight in children.

The National Child Measurement Programme (NCMP) is one element of the Healthy Weight, Healthy Lives strategy. Introduced in 2005, it gathers population level data in order to analyse trends in childhood obesity and monitor progress against the PSA target, inform local planning and delivery of services for children and engage with families about healthy lifestyles and

weight issues. Primary Care Trusts (PCTs) lead the NCMP by collecting annual height and weight data of children in Reception (aged 4–5 years) and Year 6 (aged 10–11 years). In most parts of the country, school nurses are responsible for measuring eligible children and for meeting annual participation targets.

During the first 3 years of the NCMP, parents were able to request their child's NCMP result from their local PCT but were not advised as to whether this was a cause for concern. However, research by the Department of Health (Department of Health, 2007a) suggested that most parents would welcome feedback about their child's weight. It also led to the view that routine feedback of NCMP results was a useful way of informing parents if their child's weight was unhealthy and providing an opportunity to encourage positive lifestyle behaviours to help children achieve and maintain a healthy weight. In 2008/09, the Government introduced the option for PCTs to routinely feedback NCMP results to all parents (Department of Health, 2009a). Although not yet a mandatory requirement, PCTs are now being encouraged to introduce routine feedback, proactively follow up children with unhealthy weights and put in place systems to provide localised advice, support and weight management services for those children who need them.

Concerns have been raised about the impact of measuring children for the NCMP on school nurse workloads (Gosdon, 2008). Moreover, the routine feedback of NCMP results to all parents and proactive follow up of children with unhealthy weights is anticipated to increase numbers of parents seeking advice from health professionals, including school nurses which may further

impact on their work loads (Royal College of Nursing, 2009). Yet, there is a dearth of research investigating the views and experiences of school nurses regarding the NCMP or their wider role in tackling childhood obesity. What little evidence does exist suggests that measuring children for the NCMP in relation to guidance not only involves considerable amounts of time but can also pose practical difficulties (Unite/CPHVA, 2007). Moreover, some studies suggest that school nurses do not always feel competent or confident to give advice to children and parents about unhealthy weight or weight management (Braisby & Waddel, 2009). Anecdotal evidence from local school nurse forums, suggests these views may be shared by school nurses within East Sussex, however their views have never been formally sought. This study therefore set out to ask school nurses about their experiences of the 2008/09 National Child Measurement Programme and their views on the wider role of school nurses in tackling childhood obesity in East Sussex, particularly when routine feedback of results is introduced in 2010.

## **1.2 Childhood obesity - the size of the problem**

The two main sources of data on childhood obesity are the Health Survey for England (HSE) and National Child Measurement Programme. The latest England-wide measurement of children in primary school estimated that 9.6% of children aged 4-5, and 18% of children aged 10-11 were obese. A further 13.0% and 14.3% respectively of these same age-groups of children were overweight (Health and Social Care Information Centre, 2008).

The government's Foresight report predicted that, without action, the problem of childhood obesity would worsen, estimating that by 2050 almost

two-thirds of children could be overweight or obese (Foresight, 2007). A more recent report based on HSE data up to 2007 suggests that the rise in childhood obesity levels in England may have started to flatten out (National Heart Forum, 2009). This current estimates suggest that by 2020 there will be 30% boys and 27% of girls aged 2-11 years overweight or obese. Further data is needed to confirm whether the upward trend in childhood obesity is slowing, but regardless of this the report points out that the current momentum to tackle childhood obesity should be maintained.

Numerous reports have highlighted obesity as a serious challenge for children, linking it to a number of poor physical, social and psychological outcomes (Department for Children, Schools and Families, 2007). Childhood obesity is associated with the development of hypertension, dyslipidaemia and hyperinsulinaemia (which together constitute the metabolic syndrome), physical health problems including type 2 diabetes and psychological consequences including low self esteem, depression and risk of being bullied (The Information Centre for Health and Social Care, 2008; British Medical Association, 2005; Rees, 2009). Obesity in childhood is also likely to persist into adulthood increasing the risk of the early appearance of conditions such as cardiovascular disease and type 2 diabetes and greater risk of osteoarthritis and certain cancers later in life (Pietrobelli, Espinoza & De Cristoforo, 2008). This means that obese children will potentially have to cope with chronic illness for an unusually extended period of their lives (British Medical Association, 2005). Not only do these health conditions affect life expectancy and quality of life, they also create significant financial consequences and social burdens for the NHS and wider economy (National

Audit Office, Healthcare Commission & Audit Commission, 2006; Foresight 2007)

### **1.3 Childhood obesity in East Sussex**

While rates of childhood overweight and obesity are lower for East Sussex than the national average they are still a cause for concern. The most recent NCMP data for East Sussex showed that 12.1% of 4-5 year olds were overweight and 7.7% were obese in 2007/08. For 10-11 year olds this figure increases to 13% of children classified as overweight and 15.4% as obese, with rates of obesity in boys significantly higher than for girls (South East Public Health Observatory, 2009). Data also shows a strong link between obesity and deprivation and ethnicity with levels of obesity in both reception and year 6 significantly higher for the most income deprived children and for children from Asian and black minority ethnic groups.

### **1.4 Determinants of childhood obesity**

In simple terms, the development of overweight and obesity can be ascribed to long term positive energy balance where excess weight gain is caused by an imbalance between energy input (what is consumed) and energy expenditure (energy used by the body). Individual biology (genetics) and behaviour (eating and physical activity) influence energy balance and body weight, however these primary determinants are influenced by a complex range of psychological, social and environmental factors. Both the World Health Organisation (WHO, 2007a) and the UK government's Foresight report

(Foresight, 2007) have attributed increasing levels of childhood obesity to contemporary trends in the social, cultural, economic and physical environment which simultaneously influence children's dietary and exercise habits. 'System maps' or models have been constructed in an attempt to describe the complex and multi-levelled pathways which influence body weight. These models represent the interplay between biological and genetic factors, individual behaviour and social and environmental influences to provide an understanding of an 'obesogenic environment' which favours the development of childhood obesity (Foresight, 2007; Swinburn, Egger & Raza 1999).

Food preferences and eating habits develop early in life and for most young children the family environment exerts the major influence, with parents acting as role models and influencing their children's eating and physical activity patterns through food selection, meal structures and general parenting styles (Cooke, 2007). Not all children become overweight or obese, but the likelihood is influenced from birth by a range of factors. Findings from longitudinal studies indicate that childhood obesity is linked to a range of individual and family-level factors including ethnicity, birth weight, whether they had been breastfed or weaned early, parental weight and socioeconomic circumstances (Hawkins, Cole & Law, 2009; WHO, 2007a; Barker, 2007). Parental obesity is a key predictor for childhood obesity, with children 10-12 times more likely to be obese if they have obese parents (Jotangia, Moody, Stamatakis & Wardle, 2005). Childhood obesity is also highest in areas of high social deprivation (National Obesity Observatory, 2009) which has been attributed to inequalities such as poorer diet, lower rates of physical activity and social, economic or

psychological barriers to healthy lifestyles (Royal College of Physicians, 2004; WHO, 2007b; Duffey & Gordon-Larsen, 2005; Jebb, Steer & Holmes, 2007).

As children grow up they become subject to a widening range of influences, from school environments to advertising and media which impact on food choices and activity levels. Children are particularly vulnerable to these influences, since they have no control over the environments in which they live, learn, and play and only limited capacity to make informed choices about what they eat and how active they are. They are also highly susceptible to external influences, such as food marketing and advertising (Jebb, Steer & Holmes, 2009).

### **1.5 Tackling childhood obesity**

Despite much previous research effort, it is still not clear what strategies and interventions work most effectively to promote healthy body weights in children. Evidence to date suggests the best long-term approach to tackling current levels of overweight and obesity is prevention (Department of Health, 2008a; NICE, 2006; Health Development Agency, 2003) with a life course approach, particularly through healthy diet and physical activity. In strategic terms, evidence points to strategies that include early years interventions (aimed at increasing breastfeeding rates, promoting healthy feeding practices and physical activity and appropriate maternal nutrition), whole school multi-component interventions (aimed at improving diet and increasing physical activity) with interventions targeted at high risk groups including children from

deprived backgrounds, those with overweight parents and certain black and minority ethnic groups (Brown, Kelly & Summerbell, 2007; Doak, Visscher, Renders & Seidell, 2006; NICE, 2006; Foresight, 2007; Barker, 2007; Singhal & Lanigan, 2007, Brown & Summerbell 2009).

Preventing childhood obesity is not just about changing the behaviour of children but also of the adults and society who influence them. At family level it is widely acknowledged that behaviour change is difficult to achieve, resource intensive and time consuming (Foresight, 2007), with a range of factors acting as barriers. These include limited parental awareness of the weight status of their children, lack of awareness of the associated health risks of obesity, parental beliefs that healthy lifestyles are too challenging and pressure on parents that undermine healthy food choices and reduce opportunities for active lifestyles (Department of Health, 2008; Jebb, Steer & Holmes, 2007). Changing the behaviour of families in order to support the healthy weight of children is more likely to succeed within supportive environments that encourage healthy choices along with consistent messages and targeted behaviour change interventions focused on high risk groups (Foresight, 2007).

Prevention of childhood obesity has a primary focus within government strategy because, once established, overweight and obesity in children is difficult to treat (Wilding, 2007; NICE, 2006; Health Development Agency, 2003). Never-the-less, current levels of childhood obesity mean there is also an imperative to act in order to help children achieve and maintain a healthy weight. While there is no set model of weight management for children, recent reviews of evidence and current guidance for treating childhood obesity

advocate multi-component lifestyle change interventions with emphasis on a family-focused approaches involving parents (NICE, 2006; Oude Luttikhuis, Baur, Janssen, Shrewsbury, O'Malley, Stolk & Summerbell, 2009; National Heart Forum, 2007).

## **1.6 Government strategy to tackle childhood obesity**

Strategy relating to childhood obesity has progressed rapidly in the last two years, with a flow of policy and guidance emanating from the Foresight report. Gaps remain in the evidence base, but there is a widespread consensus that a portfolio of measures is needed, both at a national and local level to address the determinants of obesity (Foresight, 2007).

In 2008 *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England* laid out the government's ambition "to be the first major nation to reverse the rising tide of obesity and overweight in the population, by enabling everyone to achieve and maintain a healthy weight" (Department of Health, 2008a). This strategy sets out initial steps to meeting the challenge of excess weight in the population and supporting people to maintain a healthy weight. Proposed action is split into five themes: the healthy growth and development of children, promoting healthier food choices, building physical activity into lives, creating incentives for better health, and personalised advice and support. Each theme sets out action needed both at central government and local level.

The initial focus of the strategy is on children and supports the Public Service Agreement on child health and well-being which aims to reduce the proportion of overweight and obese children to 2000 levels by 2020 (HM Treasury, 2007). The current focus of government strategy and action is on the healthy growth and healthy weight of children, including the identification of at-risk families, ensuring all schools are healthy schools and developing a social marketing programme to inform, support and empower parents in making positive changes to their children's diet and levels of physical activity.

Childhood obesity is also a local priority for action, with Primary Care Trusts and Local Authorities playing key roles. All PCTs are required to develop plans to tackle child obesity as part of the NHS Operating Framework and to agree local plans with strategic health authorities. In addition, the Local Area Agreement National Indicator Set includes two indicators relating to child obesity. Guidance gives PCTs and local authorities clear advice on how to set child obesity goals (Department of Health, 2008b) and develop local action plans that take into account the needs of local populations and groups (Department of Health, 2008c; Department of Health, 2008g). It also encourages a multi-agency approach to tackling childhood obesity between PCTs, Local Authorities and third sector partners.

It is too early to assess the impact of the Healthy Weight Healthy Lives strategy or previous strategies and interventions that aimed to reduce levels of childhood obesity. Recent predictions suggesting a flattening off of the upward trend in childhood obesity (National Heart Forum, 2009) do not analyse why this change might be happening. However positive changes in food intake or

energy output (or cohort effects) along with an increasing parental awareness of the harmful impact of unhealthy weight are proffered as likely reasons.

### **1.7 Childhood obesity strategy in East Sussex**

The two PCTs (Sussex Downs & Weald PCT and Hastings & Rother PCT) which cover East Sussex have largely similar obesity strategies and action plans, along with targets for child obesity set within Local Area Agreements.

Key elements of these strategies relating to childhood obesity include:-

- ensuring the healthy growth and weight of children (this includes ensuring parents have knowledge to on healthy diet and activity, ensuring all schools are healthy schools and supporting parents who need extra help through the health service and local community)
- improving the diet of school aged children
- increasing physical activity to recommended levels
- Creating incentives for better health, including promotion of the Change4Life programme

*Associated action plans include:-*

- ensuring health professionals understand their role in tackling childhood obesity and are empowered to fulfil it
- developing a comprehensive care pathway for individuals who are overweight or obese
- implementing and monitoring a range of activities aimed at the prevention of overweight and obesity, focusing on wards with lowest life expectancy

(East Sussex Downs & Weald PCT, 2008; Hastings and Rother PCT, 2008)  
East Sussex Downs & Weald PCT, 2009; Hastings and Rother PCT, 2009)

## **1.8 The role of schools in tackling childhood obesity**

Schools are an important influence on health related behaviour, providing opportunities for both health education and a health enhancing environment (WHO, 2003). Evidence suggests that whole school approaches, particularly those which involve parents, can successfully improve diet and physical activity patterns and may assist in preventing overweight and obesity in children (WHO, 2007a; Health Development Agency, 2003; Brown & Summerbell, 2009).

Schools in England are already playing a large part in helping to establish healthy lifestyles in children, and existing programmes such as the Food in Schools programme and Healthy Schools programme contribute to delivering the government's Healthy Weight strategy. The Healthy Schools Programme promotes a whole-school approach to health with two of the four healthy schools themes (healthy eating and physical activity) linked to tackling obesity. The government's recently introduced Enhanced Healthy Schools programme will encourage schools to work towards an enhanced status that will focus on universal and targeted health interventions that address both school and local health priorities. Obesity will be a high priority for this enhancement and schools will be encouraged to do more to promote the healthy weight of children (Department of Health, 2009a).

## **1.9 The role of school nurses in tackling childhood obesity**

### **1.9.1. The school nurse remit**

School nurses are qualified nurses, many of whom have post registration training (degree or postgraduate diploma) which specifically relates to the health needs of children aged 4-19 years. In recent years school nursing has pushed further into public health nursing. School nurses now embrace a wide public health focused role which involves supporting and working with pupils, teachers and parents to promote good health and wellbeing in children. They bring valuable expertise to schools by providing health advice for children, reviewing the health of the school population and working with schools to create an environment that promotes healthy living. School nurse workloads are highly diverse and include child protection, administering vaccines, health promotion, tackling obesity, educating staff to deal with conditions such as asthma and diabetes, supporting the Healthy Schools agenda and providing sexual health advice (Department for Education and Skills, 2006; Royal College of Nursing, 2009). School nurses also work closely with GPs and other health professionals and in partnership with Education, Social Services and other agencies, as and when required, to meet children's needs.

According to a recent survey by the Royal College of Nursing (RCN), the average school nurse looks after more 2,500 school children and has responsibility for more than seven schools, with a quarter looking after more than 10 schools and some with up to 26 schools (Royal College of Nursing, 2009). This survey also looked at what issues school nurses face and what

aspects of their role they would like to spend more or less time on. Almost a third of nurses wanted to spend more time on tackling obesity, and over 50% on more health promotion work. The biggest single factor preventing school nurses from undertaking this was lack of time, with three-quarters of those working in state schools regarding their workload as too heavy or feeling overstretched or understaffed, with sub-optimal organisation of services to facilitate them dealing with an ever-expanding public health role. 40% of school nurses in this survey also reported having no opportunity to keep up with new developments, with one in four experiencing difficulties in taking time out for training.

Other studies have also highlighted a shortage of school nurses nationally (Drennan & Davis, 2008) and both the Unite union and RCN have repeatedly called on the government to employ more school nurses, particularly in relation to tackling childhood obesity (Godson, 2008a; Gleeson, 2009). However a government commitment to improve services for school-age children by increasing the number of school nurses is unlikely to be met by their deadline of 2010 (Royal College of Nursing, 2009).

### **1.9.2. School nursing in East Sussex**

Following recent NHS restructuring, the school nursing service in East Sussex now sits within the NHS provider services arm. The Children's Services Business Unit has county-wide responsibility for operational management of the school nursing service, with local management divided into three geographical areas. Numbers of school nurses (including full or part time Band

6/7 school nurses and Band 5 staff nurses) working in state maintained schools are unevenly distributed across the county, with 16.4 whole time equivalent school nurses in the Hastings and Rother PCT area but only 6.39 in the East Sussex Downs and Weald PCT area (see fig.1).

Collectively, these school nurses have responsibility for 155 state maintained primary schools, 27 secondary schools and 10 special schools with total pupils in 2008 numbering 62,949 (ref). The county is divided into 22 Local Partnership for Children areas (LPC), each with at least one secondary school and its feeder primary schools (East Sussex County Council, 2009). Named Band 6 or 7 school nurses have responsibility for a secondary school and some or all feeder primary schools. In some LPC areas Band 5 staff nurses have with responsibility for individual primary schools. Staff numbers and skill mixes in school nursing teams within each LPC area vary considerable.

At the time of writing, a review of children's services in East Sussex, including school nursing was scheduled to commence in Winter 2009.

**Fig. 1. East Sussex: Outline map and numbers of Local Partnerships for Children (LPC), school rolls, school nurses and children eligible for measurement for NCMP in 2008/09**



**East Sussex Downs & Weald PCT area**

School Nurses (wte): **6.39**

LPC areas: **14**

Total children on school roll: **40978\***

Reception and year 6 children eligible for measurement for NCMP in 2008/09: **6476**

*\*state maintained primary, secondary and special schools*

**Hastings & Rother PCT area**

School Nurses (wte): **16.54**

LPC areas: **8**

Total children on school roll: **21,971\***

Reception and year 6 children eligible for measurement for NCMP in 2008/09: **3462**

*\*state maintained primary, secondary and special schools*

### **1.9.3. Childhood obesity strategy relating to school nurses**

Various national strategy documents have identified school nurses as playing a pivotal role in tackling childhood obesity. These include:-

- Offering advice on healthy eating and physical activity, including signposting to programmes in extended school services and community based programmes (Department of Health, 2008c; Department of Health, 2008g)
- Facilitating partnership working on the NCMP programme and wider obesity-related work (Department of Health, 2009b)
- Identifying children with weight problems and providing advice and support on weight control (National Audit Office, 2001)
- Providing parents with their child's results for the NCMP accompanied by help and signposting to support parents in addressing children's unhealthy weight (Department of Health, 2008a; Department of Health, 2009a).

The Healthy Schools programme also provides a framework for school nurses to tackle public health issues, including obesity, in partnership with schools. This includes contributing to policy and the development and support of whole school interventions (Department of Health, 2007b; Department of Health, 2008c).

### **1.10. The National Child Measurement Programme**

The National Child Measurement Programme is one element of the Healthy Weight Healthy Lives strategy and involves the annual measurement of heights

and weights of primary school children in Reception (aged 4–5 years) and Year 6 (aged 10–11 years). Individual PCTs are responsible for implementing and funding the NCMP locally but in practice school nurses are instrumental in actually measuring children (and collecting associated data such as postcodes and ethnicity) in line with annual guidance from the Department of Health. This data is submitted to the NHS Information Centre for analysis and annual results are published showing a break down of data by PCT and local authority of the numbers (based on BMI) of underweight, healthy weight, overweight and obese reception and year 6 aged children. The aims of the NCMP are to:-

- track national trends in childhood obesity and provide local level data on obesity rates to inform planning and targeting of resources.
- enable PCTs and local authorities to monitor their performance against local targets for obesity
- increase public/professional understanding of weight issues in children and engage with parents

#### **1.10.1. Routine Feedback of NCMP results**

In 2008 changes were made to the NCMP, introducing the feedback (either routinely or by request) of results to all parents/carers with an indication as to whether a child's measurements were a cause for concern. NCMP guidance for 2009/10 encourages PCTs to implement routine feedback of results to parents and also to proactively follow up on children identified as being underweight, overweight or obese and provide information, advice and access to services to enable families to make lifestyle changes if they choose to. Although not yet a

mandatory requirement, approximately 50% of PCTs have already introduced routine feedback by letter with some PCTs proactively following up parents of children with unhealthy weights to offer information, advice and support or referral into weight management programmes (Department of Health, 2009b). The Department of Health is currently gathering evidence and developing guidance on how best to facilitate proactive follow-up of at-risk families and how best to contact and engage parents of children with unhealthy weights (Department of Health, 2009a).

#### **1.10.2. The role of school nurses in the NCMP**

School nurses are instrumental in measuring children for the NCMP and have also been identified as having a key role in feeding back results, proactively following up obese children and offering advice to parents (Department of Health, 2009a). However, there is a dearth of evidence exploring their experiences and views of delivering the NCMP or how they perceive their role in tackling childhood obesity, particularly when routine feedback of results is introduced by PCTs. This is unfortunate because such perspectives can help to evaluate and inform the way that interventions are delivered and also facilitate positive outcomes.

The small number of studies that do relate to the National Child Measurement Programme have focused largely on the experiences and views of children and parents, rather than those of school nurses or other health professionals. One exception includes a survey which canvassed the views of UK school nurses via a postal questionnaire to find out how the NCMP was working in practice

(Unite/CPHVA, 2007). The results of this survey indicated that some school nurses were extremely hard pressed to measure children on top of existing workloads. Moreover, many reported logistical problems such as inadequate equipment or sub-optimal conditions for measuring children. Many nurses also pointed out that while they would like to engage with families and children with weight problems, they generally lacked the time to do so due to other work priorities taking precedence.

### **1.10.3. The NCMP in East Sussex**

Delivery of the NCMP in East Sussex is overseen by the NCMP Steering Group which includes mainly PCT, but also local authority, members. Organising and taking measurements of children is undertaken by school nurses in all state maintained primary schools. In 2008/09 this involved measuring nearly 10,000 children across the county, with a required target to measure at least 86% of children. This target will rise incrementally to 88% by 2010/2011.

In 2008/09 parents could request their child's NCMP result and would be sent a standard letter with their child's weight and height measurement, but with *no* indication as to whether it was a cause for concern. Routine feedback of NCMP results is being introduced in East Sussex in 2009/10. At the time of writing, decisions had not been made regarding the format of feedback letters or how proactive follow up of overweight or obese children and parental advice would be organised in practice. However, the NCMP Steering Group confirmed that school nurses would "play a central role in this process", even though they could not specify what this would actually involve.

## **2. CURRENT STUDY**

### **2.1. Research aims**

The aims of this study were to:-

- gain an understanding of East Sussex school nurses' experiences of the 2008/09 NCMP in relation to current DOH guidance (Department of Health, 2008d; Department of Health, 2009b)
- explore the views (ie. attitudes, opinions, beliefs and understandings) of school nurses regarding their role in tackling childhood obesity in a school settings, particularly when routine feedback of NCMP results is introduced
- to raise issues for consideration and make suggested recommendations for future practice

### **2.2. Methodology**

#### **2.2.1. Literature searches**

Literature searches included The Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effectiveness, NLH Guidelines finder, BMJ Evidence, National Library for Health, CINAHL, Embase, Medline and Pubmed. A web based search using Google Scholar was also undertaken.

### **2.2.2. Subjects**

The study involved school nurses working in state maintained primary schools in East Sussex who had been involved with the 2008/09 NCMP. A list of current school nurses was provided by the PCT, which listed 49 nurses (whole or part time). All nurses were written to inviting them to participate in the study if they had been involved in the 2008/09 NCMP. The letter of invitation, participant information sheet and consent form can be found in Appendices (i), (ii) and (iii).

Of 33 respondents (67% response rate) to the letter of invitation, four replied to say they had not been involved with the NCMP in 2008/09 and were therefore disregarded. A further three declined the invitation to participate in the study. From the remainder a sample of 15 school nurses was selected at random and appointment times for interviews were subsequently arranged by telephone.

### **2.2.3. Study design**

The research design was qualitative, and based on semi-structured, one-to-one interviews. This was to allow for participants' views and experiences to be explored in detail and in confidence and to enable respondents to raise issues of importance and relevance to their individual circumstances. The use of a standardized questionnaire was decided against as it may not have allowed respondents to express their views in sufficient depth or may have biased data collection towards the researcher's preconceived notions. Focus groups or group interviews were also decided against on the grounds that participants

may have felt uncomfortable or inhibited about discussing their experiences and views in front of peers and be less forthcoming with responses.

#### **2.2.4. Interviews**

Interviews were semi-structured and aimed to follow a flow of question areas but were informal, flexible, exploratory and interactive so that questioning could be responsive to individual participants and allow for issues of relevance to be discussed in detail if necessary. Each interview was scheduled to last for 30-45 minutes and was digitally recorded for later transcription and analysis. Interviews were conducted at individual school nurse bases during working hours.

During interviews comprehension of responses was validated if necessary by using member checking, whereby participants responses were restated, summarized or paraphrased to ensure that what was being heard was correctly understood and to add accuracy to analysis and interpretation of results. The interview schedule can be found in Appendix (iv).

#### **2.2.5. Analysis**

The aim of analysis was to define and describe the range of participant's experiences and views and identify emergent issues and make representative conclusions, rather than measuring their extent. Qualitative data consisting of transcriptions of interviews is, by nature, considerably detailed and often highly variable depending on individual experiences and viewpoints. Analysis was

based as far as possible on interview transcripts rather than on the researcher's own views or impressions to help eliminate researcher bias. Data was analysed using a matrix mapping approach. This involved initial verbatim transcription of taped interviews and familiarization with the content. Based on this preliminary review of data, a thematic framework was constructed followed by a systematic analysis of the data to sift, summarize and group the experiences and views of respondents under core themes. Comparisons and contrasts of respondents' views, accounts and experiences were then be made along with the identification of associations or patterns within them and any obvious explanations or underpinning factors. Piecing together an overall picture of responses was finally based on weighing up the importance of issues, and searching for common structures within the data that gave explanatory power, whilst maintaining a grasp of individual accounts. Key findings were documented in aggregate and where significant differences in responses emerged these were reported. All interview quotations used are anonymous.

#### **2.2.6. Requests for additional information**

Requests for documentation or verbal information were also made to the PCT commissioner, in order to clarify existing and future strategy/action plans.

<b>Information/documentation requested</b>	<b>Information obtained</b>
East Sussex Downs & Weald PCT and Hastings & Rother PCT Obesity Strategy and Action Plans	Documents provided
Training needs assessment for school nurses	None available
Obesity Scoping Report	PCT refused sight of report.
Care pathway for childhood obesity	None available

### **2.2.7. Additional interviews**

Brief interviews were also held with the county-wide PCT commissioner for obesity and also the NCMP Steering Group lead, in order to clarify aspects of strategy and action plans. An interview was also requested with the Children's Services Business Unit manager but this was declined.

## **3. RESULTS**

### **3.1 Presentation of results**

Results are grouped into sections reflecting key themes that emerged from the interviews, followed by a brief discussion and a recommendation for action if considered appropriate. This is followed by a summary of all recommendations and a concluding discussion. Transcripts of interviews can be found in Appendix (v). One participant requested that her transcript was omitted.

### **3.2. How school nurses perceived their existing work loads**

The school nurses interviewed were either Band 5, 6 or 7, working full or part-time. Lengths of time in service in East Sussex varied from less than a year to more than 10 years. Individual nurses were responsible for measuring children in varying numbers of primary schools depending on their geographical base.

Many of the school nurses interviewed felt that workloads were generally heavy and complex, encompassing many core work elements with varying degrees of priority.

*“The focus of our role really is to help a child to maintain their maximum potential whatever their need, whether it be physical, emotional or psychological. We cover behaviour, we cover eating problems, sleeping problems, incontinence problems, supporting children with their learning in school, helping them to get statements, child protection....all of that and child protection”.*

Depending on where nurses were geographically based within the county, some felt the school nursing service was understaffed at their local level, while others felt staffing levels had improved and were adequate. Irrespective of this, school nurses had to prioritise different aspects of their work load, with core work such as child protection and immunisation taking precedence over other elements such as health promotion, which although seen as important often assumed a lower priority.

*“There’s priority needs, vulnerable children, enhanced service, child protection, looked after children, HPV...the health promotion bit comes on the end...it’ll always be pushed to one side over the priority work”*

*“Health promotion is the first thing to go, which I don’t think is right...we have the experience and the knowledge and the ability to provide that health promotion (around healthy weight)...but unfortunately I’ve not done any for a long time because everything else gets in the way”*

*“Health promotion is usually at the bottom of the list of priorities...not because we don’t want to do it but because we don’t have time to”.*

## **3.2. School nurses experiences of delivering the NCMP in 2008/09**

### **3.2.1. Views on overall management of the NCMP**

NCMP guidance for 2008/09 (Department of Health, 2008d) states that overall arrangements for the NCMP should be managed by a health professional working for the PCT. In East Sussex, the NCMP Steering Group oversees programme delivery, including the co-ordination and training of staff, engaging with schools and ensuring that data is submitted on time.

Interview responses suggested that there were some issues relating to the overall management of NCMP in 2008/09. In particular, changes had been made to the timing of measurements in the school year and the format of letters sent to parents prior to children being measured, both of which resulted in wasted time and considerable frustration for school nurses.

*“The organisation was rubbish...you know it’s not rocket science is it...but anything they could cock up seems to have been cocked up.... and I’ve felt really rushed and it’s less efficient in terms of organising my time”.*

*“This year has been a fiasco with people changing their minds about when we do it and the letter that goes out to parents”.*

*“It was decided that we’d do it in term 3 and 4 which seemed sensible....but then that was overruled by managers after we’d got everything booked in”.*

### **3.2.2. Timing of measurements in the school year**

Measuring children, originally scheduled for terms 3/4, was undertaken in terms 5/6 of the school year. Interview responses suggested this was considered far from ideal due to it being a particularly busy time of year for schools and school nurses. Some school nurses also pointed out that, because year 6 children were about to move on to secondary schools, there was little chance to engage with or advise parents of children with unhealthy weights.

*“Term 5 and 6 is probably the worst time... you’re into just about the busiest time of year”.*

*“We should be doing it at the beginning of the school year because if we are picking up children with problems there’s more chance to do something...like talking to parents or signposting them”*

### **3.2.3. Impact of the NCMP on workloads**

The number of schools that individual nurses reported that they had visited to take measurements varied from less than 5 to as many as 18 in one particular case. Some were urban schools with several reception and year 6 classes, while others were small rural schools. Measuring children therefore represented a much larger task in terms of organisation, time and effort for some nurses than others. Many spontaneously commented that they had never been asked for their views about the impact of the NCMP on their workload.

*“Nobody has asked school nurses do they have time to do this, is this suitable for them to be taking it on....it was just landed in our laps”*

*“You’re the first person that’s actually asked us anything...if we want to do it or if we can do it”.*

*“Nobody came down to assess whether we had the actual time to fit this in on our caseloads”.*

Opinions varied as to whether measuring children for the NCMP was an appropriate use of school nurse time. The majority saw it purely as a data gathering exercise and considered measuring children an inappropriate use of their time as health professionals. Some suggested that other suitably trained staff such as health support workers or a small, dedicated cross-county team could undertake measurements, leaving school nurses more time to advise and support parents of children with unhealthy weights.

*“I think for highly skilled nurses, band six nurses, it’s totally irrelevant...we have actually approached our managers but they’ve said it has to be a band five or six nurse”*

*“It’s...not a good use of school nurses’ time because they are needed so much elsewhere”*

*In terms of coordination, I think it would be better to have a team that did the whole county and coordinated things consistently”*

*“It’s better for somebody else to go in. If we are going to be expected to help obese children as well, then we haven’t got time to do everything”*

Others felt that, while taking measurements was not a good use of their time, it did provide an opportunity to engage with children and raise profile of school nurses as a source of advice and support.

*“Some nurses think it’s a complete waste of their time, but I don’t....and if you see the value in it, rather than it being a disruption, then you can use it to your advantage and the children’s”*

*“In terms of gathering data on what children weigh I don’t think it’s that good a use (of time) but certainly in terms of engaging with the children, it’s good”*

NCMP guidance for 2008/09 recommended that teams of at least two people should undertake measurements. Most school nurses managed this and felt this worked adequately.

*“Usually there are a couple of us so we can get pretty organised and get them through reasonably quickly...it’s a bit like herding sheep!”*

However, there were instances of school nurses taking measurements single handed which took greater amounts of time than measuring in pairs and created difficulties, particularly with managing the flow of children and recording data efficiently.

*“It’s much harder when there’s only one of you....it’s harder to keep the flow of children going...and write things down”*

*“When I’ve had to measure children on my own it’s been far from ideal, particularly if there are a lot of children. It’s stressful and difficult when you’re trying to talk to them and*

*measure them and write down the result... I must make mistakes sometimes but I can't help that"*

## **Discussion**

The school nurses interviewed did not record the time taken to organise and undertake measurements of children, but it was generally felt to be considerable and not a good use of their professional time. Previous studies have also suggested that measuring children for the NCMP is an inappropriate use of school nurse time, has an undue effect on workloads and is done at the expense of other tasks that are felt to be more important (Unite/CPHVA, 2007, Gleeson, 2008a; Gleeson, 2008c; Gleeson 2009; Gosdon, 2008a). One study that did calculate the amount of time involved in measuring children found that for teams of two, measurements took anything between 3 - 7.3 hours for 4 classes per school and 1 - 4 hours for 2 classes per school (Levine, Connor, Feltbower, Robinson & Rudolf, 2009). Multiplied up, this represents a considerable time implication for some school nurses, particularly those measuring in several schools or in schools with several reception and year 6 classes and larger numbers of children.

Some PCTs are piloting alternatives to school nurses measuring children. One study compared the completeness and accuracy of measurements of children taken by dedicated teams of two trained health care assistants (TRENDS) with those taken by school nurses, in 35 primary schools. Results showed that greater percentages of children were measured by the TRENDS teams than by school nurses who generally had more missing, incomplete and unlikely

measures. The study concluded that data sets of measurements taken by health care assistants were not only more accurate and complete but were more cost effective compared to taking professional school nurse time (Levine, Connor, Feltbower, Robinson & Rudolf, 2008).

### **Recommendation**

- Schedule NCMP measurements earlier in the school year rather than term 5/6
- Consider the use of trained health care assistants to take measurements instead or along with school nurses to take pressure off of work loads

#### **3.2.4. Provision of training to school nurses on measuring children**

NCMP guidance recommends that PCTs provide appropriate training on measuring children and recording data accurately. A DVD on how to measure children for PCT and school staff is available to support this (Department of Health, 2009f)

The interviews with school nurses suggest that no formal training on measuring children for the NCMP had been provided in 2008/09. While most school nurses felt they were sufficiently skilled and confident to measure children and did not need training, they never-the-less felt that training should be provided for those who might need it and to ensure measurements were being taken correctly.

*“I think there should be training offered at least annually so everybody is doing things consistently”*

*“As school nurses we know how to measure children but never-the-less it’s something that should be updated so things are standardised”*

## **Discussion**

A recent survey of health visitors, school and community nurses who carry out growth measurements revealed that one in five had had no formal training on taking child growth measurements (Infant & Toddler Forum, 2008). Moreover, 48% of respondents in this study did not feel confident in calculating and assessing children’s BMI, the key diagnostic indicator for overweight and obesity. Other studies also suggest that while school nurses generally measure children with a high level of accuracy, regular training on measurement procedures helps to maintain high levels of proficiency (Stoddard, Kubic & Skay, 2008)

## **Recommendation**

Appropriate training for measuring children should be made available to those school nurses who ask for it – the Department of Health DVD could be made available as an alternative.

### **3.2.5. Cooperation and assistance with the NCMP offered by schools**

NCMP guidance advises close collaboration between schools and PCTs to ensure that the NCMP runs smoothly (Department of Health, 2009b;

Department of Health, 2009c). Schools are required to support the programme by sending information letters to parents prior to children being measured and are also encouraged to assist the measuring process by helping to supervise the movement of children from classes. Schools are also required to provide a separate room or screened off area to ensure that children's privacy and dignity is maintained throughout the measuring process, reduce the risk of stigmatisation and help reduce rates of children opting out.

The school nurses interviewed reported that schools were very cooperative in sending letters home to parents, although there were occasional exceptions such as schools forgetting to send out letters.

*"Sometimes you turn up to do the measurements and the school turns rounds and says 'oh, we've forgotten to send the letters out' which wastes a lot of our time because we have to go back another day"*

However, very few school nurses received any practical help or assistance from school staff when they were measuring children. This meant that managing the flow of children was sometimes difficult, particularly if they were taking measurements single-handed.

*"With smaller groups you can get them in and out fairly quickly...but if you've got 60 or 90 children there are fits and start...there's no help from the school staff because they're all busy"*

*"It should really be partnership working with schools...but schools still see it as our job....and they don't offer any help when we go in which I think they should really"*

When help was offered it facilitated the efficient measurement of children.

*“One of my schools is really good and one of the office staff helps us on the day with things like bringing children and taking them back to their class...that’s really useful, particularly as it’s a big school and it helps things go really smoothly.”*

Some schools provided a dedicated room or hall for measuring children, however many school nurses ended up measuring children in less appropriate places like cloakrooms, playgrounds, corridors or other thoroughfares. This made it more difficult to organise children and to ensure that privacy and confidentiality was respected.

*“We do it (measuring) in all sorts of places...by swimming pools, in cloakrooms, outside toilets”*

*“There’s often no designated area...on one occasion we had to use the bottom of a stairwell which isn’t ideal as it was a thoroughfare....we just have to muddle through as best we can”*

*“It wasn’t ideal in one school by any stretch of the imagination...the scales were in a separate place...they were being weighed in this room and measured in the corridor”*

*“Oh, nightmare...If I said we have to work in broom cupboards...I have been known to do things in the playground because there’s nowhere else to work”*

A minority of school nurses also experienced issues such as schools forgetting they were coming.

*“Several times schools have forgotten we’re going in and haven’t got any spare rooms free”*

*“You should theoretically have a space booked...however you arrive at the school and they will say ‘Yes, we’ve booked you in...but someone’s in that room now’...so you are going round school trying to find a private corner or place to do it”*

Nurses generally felt they had to be flexible and fit in with schools although there was one notable exception!

*“I don’t give them an option! I say ‘I need a room’....I mean, you’ve got to respect young people...that’s the only way they’re going to respect us as professionals as well”.*

### **3.2.6. Coping with children’s anxieties about being measured**

NCMP guidance advises that any anxieties should be appropriately and sensitively addressed during measurement. In general the school nurses interviewed felt most children took being measured in their stride. However, some reported that there were occasions when year 6 children were upset or distressed. Although school nurses are used to dealing with children’s anxieties, the lack of privacy for measuring children in some schools meant that children were often in view of others (even if at a distance) which was not considered ideal, particularly for children who were already self conscious about their weight or upset at being measured.

*“We have some that seem anxious or uneasy with having it done and few who get upset...usually the heavier ones.... we have to be quite sensitive and reassuring sometimes. It’s not so easy if the rest of the class can see what’s going on”.*

*“If a child’s a bit upset or you need to have a little chat to reassure them it’s not so easy to do if the others are looking. And for the ones who are on the large size it might be more embarrassing for them in that sort of set up”*

## **Discussion**

School nurses in East Sussex are not always measuring children in ideal environments. Other evidence suggests that this is not unusual (Unite/CPHVA, 2007, Levine, Connor, Feltbower, Robinson & Rudolf, 2009). While some studies have found that there are no negative effects on children, irrespective of where they are measured (Ikeda, Crawford, & Woodward-Lopez, 2006), children never-the-less have a right to being treated with dignity and respect when being measured. This is particularly important since there are widely held negative perceptions and sensitivities about being overweight. A recent systematic review of studies on children’s views about obesity showed that, in general, children’s responses to body fat were almost exclusively negative and infused with moralistic ideas involving blame, responsibility and due punishment (Rees, 2009). Moreover many very overweight children experienced body size as a problem and had experienced unhelpful responses to their own body size from other children. Other research has also suggested that most children considered that they themselves are at fault for being overweight, seeing internal rather than external causes as being responsible (Walsh-Pierce & Wardle, 1997).

Primary school children generally respond pragmatically and positively to being measured if their concerns relating to privacy and dignity are addressed (National Children’s Bureau, 2005). However the need to respect their dignity

should not be marginalised. A study by The Office of the Children's Commissioner asked children how they felt about being weighed and measured and where they would like this to take place (National Children's Bureau, 2005). Children between 5 and 8 years old viewed being weighed at school as part of growing up, although some were worried that it might lead to teasing or bullying. By the time they had reached the age of 10 years children expressed more concerns, including worries about how overweight children might feel, particularly if they were overlooked by others. This study, along with another which looked at the views of children about being weighed and measured, found that children were concerned about being measured in front of their peers and emphasised the need for measurements to be done in a private place (National Children's Bureau, 2005; Cole, Smith, Marchant & Jones, 2005)

### **Recommendation**

Steps should be taken to ensure NCMP guidance is followed with regard to ensuring children's dignity and confidentiality are respected. In particular, schools should be clear about their requirement to provide a suitable area for measuring children. They should also be encouraged to offer practical help to school nurses when measurements are being taken.

#### **3.2.7. Preparing children before they are measured**

NCMP guidance points out that children are sometimes worried about being weighed and measured and that it is important that they understand what the process involves in order to reduce anxiety. Posters are available for schools to

inform children what to expect, what will happen to their results and to encourage them to participate. A DVD film is also available which is designed to inform children about the NCMP (Department of Health, 2009d).

The approach to preparing children was variable for individual school nurses. Depending on available time, some nurses arranged to talk to classes prior to the day measurements were taken, while others talked briefly just before measuring children. Occasionally schools themselves would prepare children, but this was not generally the case. Only one school nurse referred to the use of the Department of Health posters and DVD.

*"We talk to the whole class and show the video. We do a little talk ...you know, to stop them worrying really...and we give them a chance to ask questions"*

*"In two of my schools their teachers have prepared the children.....they'll explain that it's confidential...and that actually we're all different shapes and sizes... they do that really nice preparation"*

*"It's not always easy to get around to the schools because of the sheer numbers....and this year I just didn't have the time...I felt bad about that because children should be told why they are being measured"*

## **Discussion**

Children should understand why and how their height and weight will be measured. Research suggests that some children like to receive full information about being measured and that they should be given sufficient time prior to

measurement to ask questions in order to allay any fears or anxiety (National Children's Bureau, 2005; Cole, Smith, Marchant & Jones, 2005).

## **Recommendations**

The approach to preparing children prior to measurement should be standardised. Schools could be asked to assume this task – provision of the Department of Health poster and DVD would help to support this.

### **3.2.8. Reasons for not measuring children**

The NCMP target for measuring children in 2008/09 was 86%. Children who do not participate in being measured do so for a variety of reasons. Parents can opt their child out of the NCMP and children can also opt themselves out on the day. Others may go unmeasured due to being absent from school on the day measurements are taken.

PCTs are encouraged to record why children are not measured, however in East Sussex this data is not collected routinely. All of the school nurses interviewed, reported some children were opted out by parents and occasionally (but very infrequently) children opted themselves out. There was a widespread perception that these children were invariably those with unhealthy weights and a general belief that the data gathered was therefore not an accurate reflection of levels of overweight or obesity.

*“We do have a theory on it....I would say 90% or 95% of the children that opt out are actually obese”.*

*“What seems to happen is the children with the weight problems seem to be the ones who opt out... we know there are some children in classes with weight problems...and, hey, they are the ones who opt out”*

*“There’s one big flaw in the NCMP and that’s parents can opt their children out. And the parents that do are, according to the school, the parents of the overweight or obese children. So therefore the figures are not reflecting reality in my opinion.”*

*“I’m sure in my most deprived schools there are more kids with weight problems (who opt out) so the measurement exercise might not be reflecting back a true picture”.*

## **Discussion**

Analysis of the national NCMP dataset for 2007/08 suggests that there is a significant association between opt out rates and overweight and obesity prevalence with year 6 (but not reception) pupils. Analysis of this data also suggests that as opt out rates for year 6 pupils decrease the measured prevalence of both overweight and obesity increase which supports the perception that pupils opting out in year 6 are more likely to be overweight or obese (South East Public Health Observatory, 2009). NCMP guidance points out that non-measurement of children and NCMP data sets could be improved by a better understanding of non-participation, particularly in relation to factors such as age, ethnic group, sex or socio-economic status.

## Recommendation

School nurses should be asked to consistently record the reason why children are not measured on the NCMP data collection tool to improve data quality.

### 3.2.9. How NCMP measurements are recorded by school nurses

NCMP guidance recommends that if possible, staff taking measurements should be provided with a password-protected laptop to enable them to enter the data directly into the NCMP data-entry tool. PCTs are discouraged from using paper records, as the need to transfer data to electronic records may give rise to the introduction of errors.

All of the nurses interviewed were still using paper based records for recording measurements and none had access to laptops or the electronic data collection tool. The majority felt the provision of laptops would facilitate ease and accuracy of data collection.

*“Laptops....you must be kidding....we’ve only got one computer between the three of us as it is....we’d be delighted to be offered a laptop though.... it would make recording measurements easier”*

*“Laptops?...don’t be daft...we’re school nurses! But seriously, it would make things so much simpler if we did!”*

*“It would be really useful if we could use laptops. It would be so much easier than sheets of paper and I’m sure the results would be more accurately recorded.”*

## **Recommendation**

Consider the provision of laptops for recording data (although the cost implications in the current economic climate may make this impractical).

### **3.2.10. Confidentiality of recorded NCMP measurements**

NCMP guidance specifies that children should not see or be informed of their own results during the measuring process and that results should not be commented on.

Many of the school nurses interviewed said that children often asked to know their measurements. Concealing results from children often proved difficult in practice, largely because of the type of scales used.

*“They’re not allowed, obviously, to see their measurements....which we found very difficult because they always manage a sneaky look”*

*“Previously we had scales where the result was on a separate display so the children couldn’t see their weight....but now we have to have these cheap scales....we tell them to look the other way but they are curious and they are always looking to see the results all the time.”*

*“Children aren’t supposed to be able to see their weight but they can on the scales we use”*

Individual school nurses responded in different ways if a child did ask for their result. Some adhered to guidance and would not disclose details, while others would tell a child their result and offer reassurance them if necessary. In a minority of cases, school nurses would offer to measure a child again later and discuss the result with them.

*We're not supposed to comment on their measurement but if they are worried I will always explain their result and reassure them and tell them their parent will be sent the result if they've asked for it and can talk it through with me"*

*"The thing is we're not supposed to tell them their weights and heights but I don't really see why not....they can usually see what they weigh anyway so it seems a bit daft not telling them and I will always explain to a child if they ask...after all, it's their body"*

*"This year we've had some children who were really quite distressed and we've spent time going through the centile chart with them....and to explain to them that it's not just about weight"*

*"We're not supposed to tell them their weights and heights but...I sometimes say they can come back and see me at break time and I'll measure them again and tell them what they are. I think that's better really because if they want to talk about it you can spend a bit more time in private with them".*

### **3.2.11. What actions do school nurses take if they feel a child's weight is unhealthy following measurement for the NCMP**

Nurses were asked what action they currently took if, after measuring for the NCMP, they considered a child's weight as unhealthy. Responses were highly variable. Some took no action at all either because they considered it

contravened NCMP guidance or simply because they did not have time to do so.

*“You can see children that might actually benefit from some intervention but you can’t actually act on the back of measuring them as a group and then contact the parents”.*

*“We measure hundreds of children...much as we’d like to follow up children who look like they might have a problem, we simply don’t have the time to”*

Other school nurses felt they had a professional responsibility to act if they felt a child’s weight was unhealthy and approached this in various ways, including contacting parents direct or raising the matter with appropriate school staff.

*“We’re not supposed to use the child measurement thing as a way of screening for weight problems but you can’t just ignore it if a child is obviously overweight... so I probably would talk to the head teacher and then contact the parents and offer to talk with them about it”*

*“I feel I have a duty to contact the parents....if it’s outside of what is the expected norm then you should be imparting that and opening those channels of communication and engaging the parents, otherwise you’re letting that child down”*

*“What’s the point in weighing them, knowing there’s a problem and doing nothing about it....I would always try to do something for the sake of the child”*

Provision of a protocol or clear guidance was seen as a way of standardising how school nurses should act if they were concerned about a child’s weight status.

*"I think we should have clear guidance (about acting when a child's weight is unhealthy)".*

*"We all strut about the office going 'right, what am I going to say...should I tell this mum that their child is 10 kilos too heavy'. I think, personally, that we should have a clear protocol about that, but there isn't one.*

Attention was frequently drawn to the fact that the NCMP measured children in reception but then not again until year 6. This posed an ethical issue for some nurses who felt children with unhealthy weights may not be identified early and parents would fail to be offered advice and support in a timely manner.

*"You see some of these children who were overweight when they're younger and by year 6 the problem has got even worse....they need proper help and support when they're much younger"*

*"It's too late by the child is in year 6...they are likely to have had a problem with their weight for a long time and yet that's been missed in terms of sorting things out when the child is younger"*

*"Basically we're weighing children in reception and then not again until year 6 and it's too late by then....if you look at levels of obesity in reception and then in year 6, there's a lot more in year 6 so something is happening in between...they don't just suddenly get fat in year 6"*

## **Discussion**

The introduction of routine feedback of NCMP results in 2009/10 in East Sussex will mean that parents of children in reception and year 6 will be informed if their

child's weight is unhealthy. However, it was felt that if children between these years were overweight or obese they should also have access to advice and support.

Research suggests that children who are overweight or obese by the age of 7 tend to maintain unhealthy weights into puberty and beyond, unless action is taken (Johannssen, 2006). Analysis of the NCMP data set also shows that the biggest increases in BMI occur in children who are already likely to be classified as overweight or obese, suggesting that weight problems worsen for already overweight children as they get older (National Obesity Observatory, 2009).

School nurses should have the opportunity to act appropriately when they have concerns about a child's weight status at any age, however this needs to be facilitated by clear protocols and care pathways – this issue is discussed in greater detail further on.

### **3.3. How school nurses perceive their role in tackling childhood obesity**

Interviews explored how school nurses saw their role in tackling childhood obesity, both in terms of prevention and treatment, and what real or perceived barriers and facilitators there were in relation to this.

Responses were highly diverse but several themes emerged. The majority of school nurses felt that as health professionals working in a school setting they had a unique role and were ideally placed to tackle obesity through health promotion about healthy lifestyles and advising or referring parents of children

with unhealthy weights. However existing heavy workloads and other competing priorities meant that in reality many school nurses felt limited in terms of their potential to bear down on the issue of child obesity.

In terms of preventing obesity, school nurses identified their role as ideally involving: -

- Health promotion in relation to the healthy weight and weight management with children, families and school staff
- Providing input to the Healthy Schools programme and school policies relating to healthy weight

In terms of tackling obesity when children were overweight or obese, school nurses identified their role as ideally involving: -

- Assessing weight status and identifying children with unhealthy weights
- Engaging parents and raising the issue of unhealthy weight
- Giving advice, support and appropriate referral

### **Actual and perceived barriers and facilitators**

School nurses identified a range of perceived or real barriers and facilitators in relation to their role in tackling childhood obesity. These are summarised as follows:-

**Barriers:-**

- Lack of time due to heavy or overstretched work loads and competing priorities
- Difficulty engaging parents around healthy weight issues
- Lack of involvement in the Healthy Schools programme initiatives and school policies/initiatives relating to healthy weight
- Lack of a coordinated, multi-agency approach to tackling obesity at local and county level
- Lack of communication/consultation with frontline staff about childhood obesity strategy/action plans, particularly those with potential impacts on work loads (for example routine feedback of NCMP results and proactive follow up of parents and the role school nurses are expected to play)
- Lack of training around childhood obesity issues and no formal assessment to identify training needs
- Lack of a clear care pathway for childhood obesity and referral options for children with unhealthy weights

**Facilitators:-**

- Having adequate time to allow them to bear down on the issue
- Feedback of NCMP results and proactive follow up of overweight children and advice to parents, with school nurses having a clearly defined role in this process
- Clear care pathways, protocols and guidance for childhood obesity for appropriate action/referral

- Adequate referral options, including weight management services for children and families and clear mapping of these services within the county at local level
- Training to ensure competence and confidence in assessing weight status, advising parents and referring appropriately
- Being part of a coordinated, multi-agency approach to tackling childhood obesity with clear leadership and with clearly defined roles for school nurses
- More opportunity for involvement with the Healthy Schools programme and development of school policy/interventions around healthy weight

An awareness of these perceived or actual barriers and facilitators is useful when considering the role of school nurses in tackling obesity, since it may throw light on how difficulties might be overcome and practice improved or supported. The key themes that emerged are therefore now discussed below.

### **3.3.1. The need for a coordinated, multi-agency approach to tackling obesity**

Current guidance sets out the importance of a multi-agency approach to tackling obesity and emphasises the significance of having a senior-level lead to coordinate activity and bring partners together (Department of Health, 2008c; Department of Health, 2008g). Many school nurses perceived a lack of clear coordination and leadership on childhood obesity within the county and felt this should be addressed.

*“There hasn’t been the joined up thinking of providing services.... it’s not just school nurses setting everything up and being all-singing, all-dancing...it’s just not possible, it’s too big for one service to do it....you’ve got to work together”*

*“This isn’t just Health’s deal....it’s our collective responsibility and not just something to dump on the school nurses and say ‘you should be sorting that out’....but it’s not happening”*

*“Nothing will change unless we start working together....health, education, councils, even the private sector”.*

*“Things need to be joined up and coordinated... that doesn’t seem to happen....there’s something going on here and something else going on there and nobody knows what everybody else is doing”*

### **3.3.2. Involvement with the Healthy Schools programme**

While school nurses generally viewed themselves as having a key role in tackling obesity in schools, some felt they had little time or opportunity for direct involvement with the Healthy Schools programme or development of school policy or initiatives relating to healthy weight.

*“I’d like to have more input (with the Healthy Schools programme) but we don’t generally get asked anything at all”*

*“Health Schools is really making a difference in the schools I’m responsible for, but I don’t feel I’m really involved in it”*

*“Healthy Schools (programme) is great but I’m not there, I’m not invited into that...I think as a health professional working in a school I should be”*

### 3.3.3. Training needs in relation to tackling childhood obesity

The majority of school nurses interviewed identified a clear lack of training provision in relation to childhood obesity and many perceived this as a potential barrier to competent and confident practice.

*“I can’t actually think of any (training)... in terms of what the Trust (PCT) offer there’s been nothing”*

*“Since starting in role I haven’t had any formal training or regular updates. That seems to be particularly a problem”*

*“We get very little training offered around weight management and obesity... I think there’s a real need for sessions that help raise awareness about weight management.....and how to engage the parents that don’t think their child’s weight is an issue”.*

*“I’d have thought it (training around childhood obesity) should be mandatory really, in terms of our clinical input...and what we can and should be doing”*

Most of the school nurses interviewed appeared self-aware of gaps in their own skills and knowledge and felt the current lack of training opportunities should be addressed - particularly as future routine feedback of NCMP results may involve them in proactively following up children with unhealthy weights and providing advice, support and referral.

*“Training would be really useful....particularly if they intend to feedback results and are telling parents to contact us...it would be useful to know about what we can offer, where we can signpost and how you engage parents”.*

*“We’re expected to do the measurements and we’ll be expected to be involved when they feedback results, but we need the necessary skills to do that effectively”*

*“I think it should be mandatory. I think that if we’re collecting information about children’s growth, and we’re giving information to parents that we should have .a level of knowledge so that we can talk to them with some competence, some confidence and know the facts”*

Many nurses specifically commented on the difficulty of engaging parents around weight issues and pointed to the need for different approaches to engage different types of parents (for example from different socio-economic and BME groups) rather than a one-size-fits-all approach. Many felt training around engaging parents would be particularly helpful.

*“We need to have training around ideas on how best to approach parents, and how to get the message across to parents...we’re all very good at getting the message across to the children....but it’s the parents that we need to get to, and it’s very difficult to engage those parents”*

*“It would be useful to have more training....not just about the issues of obesity but things like how you get parents on board when they don’t see it as a problem”*

*“Training would be really useful.....different children need different sorts of help .There are all sorts of factors... some are obese and others are overweight to various degrees...so what’s appropriate for one child or family might not be the same for another”*

Nurses also identified a need for training around the Change4Life programme, the government’s social marketing campaign which was launched in 2009 and is

currently targeting parents of children aged 5-11 (Mayor, 2009). Change4Life encourages healthier family behaviours around food and exercise, emphasises immediate and future health effects on children of unhealthy diets and low levels of physical activity and provides information and advice for healthy living via a website, mass media advertisements and information packs. Obesity action plans for East Sussex (East Sussex Downs & Weald PCT, 2009; Hastings & Rother PCT, 2009) state a commitment to actively promoting the Change4Life campaign locally through the dissemination of promotional materials and campaign messages. However many nurses said they were unclear about the aims and key messages of Change4Life or how resources that had been sent to schools should be used. Some also seemed unsure if Change4Life resources were being used by their schools.

*"I know it's a big national campaign but I'm not sure what's supposed to be happening at grass roots level"*

*"I've seen the leaflets but I don't really know what it's all about"*

*"I have to admit I'm not up to speed with it all...and there's no training provided"*

A formal training needs assessment was suggested as a way of identifying specific training needs and providing appropriate training. Interviews with school nurses for this study indicate that this might encompass:-

- Assessing children's weight status
- Awareness of childhood obesity issues and strategy
- Appropriate ways to engage and support parents and children

- Understanding and using care pathways and referral options for children with unhealthy weights
- Change4Life programme

## **Discussion**

School nurses and other frontline staff need information and training to enable them to deliver clear, consistent messages and to identify and offer appropriate interventions or referrals for those children most at risk. This will be particularly important when routine feedback of NCMP results, proactive follow up of overweight children and support for parents is introduced in East Sussex in 2010 and beyond. Evidence from other studies suggests that while many professionals in health, education and social care may be sufficiently concerned about a child's weight, they often feel ill equipped to initiate a discussion with parents (Chadwick, Sacher & Swain, 2008). Conversely, engaging parents is more likely to be successful if staff are well versed in evidenced based approaches involving non-emotive, non-stigmatising and sensitive communication with parents.

Other studies have indicated that there are often gaps in school nurses' knowledge which may affect their competence or confidence to tackle childhood obesity. A survey of school nurses in Leicester, Leicestershire and Rutland PCT reported that a third of school nurses described themselves as not feeling competent to advise on individual weight issues and a third did not feel confident about raising the issue of overweight and obesity with children - this rose to over 50% when involving parents (Talbot & Hill, 2008). Over three

quarters of school nurses in this survey identified the need for training around healthy eating and physical activity recommendations, weight management for children and behaviour change techniques. Other surveys have also identified the need for comprehensive training for school nurses and other front line healthcare professionals. A training needs assessment undertaken by Nottingham PCT, for example, identified gaps in school nurses' knowledge around behaviour change techniques, motivational interviewing skills, nutrition and the Change4Life programme across the child health team, including school nurses (Braisby & Waddell, 2009).

Guidance points out that school nurses need clear guidance on what to do to support children who are overweight or obese and their parents (National Audit Office, Healthcare Commission and Audit Commission, 2006). Moreover, training should equip health professionals with the competence and confidence to raise the issue of weight, encourage behaviour change or offer appropriate referral (Department of Health, 2008c).

## **Recommendations**

- Undertake a formal training needs assessment with school nurses to identify gaps in knowledge and training needs
- Provide training to meet these needs either in house or through accredited training providers – guidance is available to PCT commissioners in order to do this (Department of Health, 2009e; Dieticians in Obesity Management 2009)

### **3.3.4. Views on the routine feedback of NCMP results to parents and perceived implications for school nurses**

Up until 2008, parents received their child's NCMP result only if they requested it. However PCTs are now encouraged to feedback results routinely to all parents and, where possible, proactively follow up parents of children with unhealthy weights and offer parents an opportunity to take up advice or referral into appropriate services (Department of Health, 2008a; Department of Health, 2009a)

Analysis of interviews suggested that the majority of school nurses viewed routine feedback of results as a positive way of informing parents whether their child's weight was a cause for concern. Most nurses saw themselves as an obvious health professional for parents to contact for advice and support but pointed out the considerable difficulties involved in engaging parents, particularly those who were unable or unwilling to view their child's weight as a problem.

*"It's a really difficult problem, because the parents won't agree with you at all. I've never had a parent yet that has actually said, 'Yes...they are overweight and I need to do something about it'. They will make all the excuses, they're big boned, it runs in the family, they've had a difficult time".*

School nurses are likely to play a key role in the routine feedback of results in East Sussex. However few of the school nurses interviewed were aware of when routine feedback of results was being introduced and none knew what would be expected of them. Interestingly, some felt there would be very little

demand from parents of overweight children for advice and felt any impacts of routine feedback on existing workload would be negligible.

*"I can't honestly see that there would be a huge uptake...people that have kids that are overweight don't want to know... they don't want to see school nurses to be told their child is overweight....they don't want advice...you know, nine times out of ten".*

*"Even if they get the results....most parents don't see or accept there's a problem anyway, so I can't imagine we'd be overwhelmed with parents asking for help and advice."*

*"In my experience it's the ones with the problems that are generally the ones who are least likely to do anything or even admit it's a problem for their child....so I doubt we'll be inundated."*

Conversely, others felt the impact on workloads could be considerable.

*"It could potentially blow up a huge extra workload for us"*

*"I can see us being inundated with queries, but nobody has bothered to ask me if I can cope with that...where am I going to magic up the time to do it?...there's just me here, I'm the team and I haven't got time on top of everything else to offer weight management advice to parents if there was a big demand for it"*

*"If we're expected to proactively contact parents of overweight children that's going to be a lot of work. I really don't see how we can be expected to do that...I'm barely keeping on top of my workload as it is"*

Some school nurses felt that careful consideration needed to be given to how feedback would be given to parents, particularly the wording of letters.

*“If that letter goes out it might make parents feel they’re in some kind of trouble or you’ll have a go at them”*

*“It needs to be written carefully, and it needs to be written with consultation from people who are actually working with people on the ground...us!”*

*“If I was a parent and my literacy skills were poor and my understanding of what was going on was poor and I had a lot of other stuff going on in my life, no way would I want to read all that lot....and it’s like that for a lot of parents in my schools in deprived areas....that’s what I think...but of course we haven’t been asked what we think”*

Others pointed to the ethical issue of informing parents a child was overweight but not being able to offer appropriate support or referral due to a perceived lack of availability of weight management services within the county.

*“It’s no good identifying a problem and leaving parents dangling....you’d need to offer some further advice or support or whatever if they wanted it”*

*“The problem I have with it is that we’re identifying a potential issue that they have and it’s where we go with it really...what do we advise, where do we refer...because there isn’t really anywhere apart from the dieticians who are oversubscribed”*

What was came across clearly, was that school nurses hadn’t been asked for their views about routine feedback or whether they felt existing workloads would afford them sufficient time to deal with requests for advice and support from parents or to proactively follow up parents of children with unhealthy weights.

*“We’re health professionals and we should be told what’s going to be expected of us and what our role will be around weight management in schools... we should be asked if we have the time and skills to do that effectively”*

*“If they are planning on feeding back results and expecting us to be front line in terms of advising parents... they haven’t asked our opinion about how we can best do that or if we’ve got the time and resources”*

*“We should be told what’s happening and when....you know, like when are they planning to start sending feedback letters....I’ve got no idea, even though there are impacts on my workload potentially”*

*“Rather than somebody just coming up with something, they should ask us what we think”.*

## **Discussion**

A precondition for tackling existing childhood obesity, particularly in younger children, is that parents recognise their child’s weight is unhealthy and act to change family lifestyle behaviours. Feeding back of NCMP results and proactively following up parents is a positive first step in engaging parents whose children are overweight. In practice, an appreciation of where people are in the cycle of change, tailoring intervention towards this and offering ongoing support is often necessary to effect lasting behaviour change (Naidoo & Wills, 2005).

Research suggests that although many parents identify childhood obesity as a national problem, up to 90% or more fail to recognise when their own child’s

weight is unhealthy or else fail to accept it as a problem relating directly to themselves or their children (Carnell, Edwards, Croker, Boniface & Wardle, 2005; Vanhala, Korpelainen, Tapanainen, Kaikkonen, Kaikkonen, Saukkonen & Keinanen-Kiukaanniemi, 2009; National Opinion Poll, 2004). Moreover, many parents do not make the connection between unhealthy weight status in children and long-term health problems and do not perceive unhealthy diets or activity levels as being a risk to themselves or their children (Department of Health, 2009a). Even when parents do acknowledge when their child is overweight or obese they often adopt a fatalistic attitude to the problem, believing that a healthy lifestyle is too difficult to achieve (Jebb, Steer & Holmes, 2007) or perceiving that it would take too much effort to make necessary behaviour changes to achieve it (Department of Health, 2008e). Additional pressures on parents, such as socio-economic factors or the desire to make their children happy, can also undermine or reduce the priority of healthy choices and act as barriers to behaviour change (Jebb, Steer & Holmes, 2007). Those parents who are prepared to take action also often describe multiple challenges to doing so, including negative attitudes of healthcare professionals towards them (and their children) for allowing their child's weight to increase, difficulties with changing behaviour around diet and physical activity and a general lack of help from others and unwillingness to discuss their child's weight (Edmunds, 2008).

In spite of these issues (and contrary to popular belief that parents will react negatively to weight feedback or be difficult to engage with), research shows that the majority of parents are actually keen to receive their child's results even if their child is overweight (Department of Health, 2007a). Moreover, once engaged in weight management programmes, children whose parents don't

initially acknowledge the problem can do just as well as obese children whose parents have actively sought help from health professionals (Stewart, 2008).

Understanding barriers to behaviour change and appropriate communication is therefore essential to engaging with parents in supporting their children to achieve and maintain a healthy weight. This is reflected in the research which underpins the Change4Life social marketing campaign. This research identified 6 types or clusters of families based on their risk of obesity, behaviours around diet and exercise and the barriers and challenges they face to behaviour change. It identified three clusters in particular, where childhood obesity is more prevalent and where parents need more targeted support to improve their child's diet and physical activity levels (Department of Health, 2008h). These parents are described as often refusing to acknowledge that their children are overweight (even when told by a health professional), not wanting to be lectured, not associating obesity with health consequences and, particularly for those with low socio-economic status, seeing diet and physical activity as a low priority (Department of Health, 2008e). Understanding these families' motivations and the challenges they face, as well as their current patterns of food consumption and physical activity, is considered as being essential in order to develop interventions and plan appropriate communications that target their needs and engage them effectively.

Previous NICE guidance is also clear about the importance of a family-based approach when children have unhealthy weights and the need to involve parents in order to secure necessary behaviour change (NICE, 2006). However, given that parents are unlikely to identify when their child is overweight and may

be reluctant or face barriers to changing eating or activity behaviour, it is unrealistic to assume that they will actively seek advice or make lifestyle changes solely on the basis of receiving their child's NCMP result. Finding effective ways of feeding back results *and* engaging parents is therefore crucial and pilot studies are currently underway to investigate this. One such study piloted a proactive approach involving school nurses in the feedback of NCMP results (Braisby and Waddell, 2009). This involved school nurses telephoning the parents of 37 overweight or obese children to explain NCMP results, assess parent's willingness to change behaviour and offer an initial appointment to give first line advice, with further advice or referral available for children who were obese or overweight with co-morbidities. Evaluation of this approach showed that 60% of parents responded positively to being contacted and 20% of families attended a face to face consultation with the school nurse, which was considered successful in terms of engaging parents. However the study pointed out that sufficient time, resources and referral options are required for this approach to be successful, estimating that contacting and advising 175 families would require 535 hours of school nurse time. Other PCTs have adopted alternative approaches. For example NHS Hammersmith and Fulham have recruited an obesity specialist nurse who is linked to the school nursing team and has responsibility for clinical assessment of children, advice to parents and referrals to weight management specialists or community programmes (Duffin, 2009)

In East Sussex, the extent to which school nurses could proactively follow up children with unhealthy weights and offer advice to parents needs careful

consideration in relation to the likely uptake from parents, existing work loads and individual competence and confidence to do so.

### **Recommendation**

Consult with school nurses about their capacity (and training needs) to follow up children with unhealthy weights and offer advice to parents. Consider alternatives, for example the recruitment of specialist nurses to undertake this or to support the school nursing service in doing so.

#### **3.3.5. The need for adequate referral options for children with unhealthy weights**

Interview results suggested that most school nurses had limited options for referring overweight and obese children in East Sussex. Referral to dieticians or GPs was often the only choice available, although the MEND programme (Department of Health, 2008f) was available in a few areas of the county. The general view was that current levels of weight management services for children were both inadequate and inequitable across the county.

*“Apart from the dieticians, there’s nothing else to help these children”*

*“We normally refer to the dietician and that’s about the only option, as far as I’m aware anyway”*

*“There’s probably more need in some areas for weight management services for children, you know if it’s an area of high deprivation...but at the moment it (availability of local weight management options for children) just seems totally unfair”*

*“The problem is that there isn’t anything else (apart from the dietician or GP) on offer at the moment and the services currently aren’t joined up”*

Many of the school nurses interviewed expressed the need for increased provision of a range of weight management services to meet the needs of different families.

*“You need to provide services that are suitable for people and their circumstances. It’s not just about shoving in a few MEND programmes and hoping that will solve things...you need different approaches that meet the needs of different people”*

*“Different children need different sorts of help... some are obese and others are overweight to various degrees... what’s appropriate for one child or family might not be the same for another”*

### **3.3.6. The need for a care pathway for children with unhealthy weights**

The PCT was asked if a care pathway for children with unhealthy weights had (or was being) developed for East Sussex. This had not been undertaken and meant school nurses were basing advice and referral decisions on their professional judgement, rather than on agreed protocols or care pathways. Most felt that this was not good professional practice and should be addressed.

*"I asked if there was a care pathway but my manager said there wasn't anything like that....it's vital because it would be more equitable and would ensure that children and families who need help were treated fairly and get the services they need irrespective of where they live"*

*"There's no clear referral pathway or protocol as such.... no clear guidance to school nurses about what we should do in what scenario"*

*"I think we've kind of devised our own, which I don't think is a very professional approach. There really should be a proper care pathway but nobody seems to be bothering"*

*"We've made up our own pathways, which as a health professional...I don't think is good practice because it doesn't make things consistent and means people might not be doing the right thing or might be doing it one way here and another way somewhere else, so people don't get a consistent approach across the board"*

Most school nurses were also relying solely on their own knowledge of local healthy weight initiatives and weight management services since, at the time of writing, no mapping of these had been undertaken across the county. Where school nurses had good local networks and knowledge local services this did not pose a problem.

*"We've always been very proactive and work very collaboratively so there's lots out there that we know about that we can refer to and specifically we can refer direct to a lot of places...but some areas across the county still don't do that"*

However, the majority of school nurses felt that they lacked awareness of what services and initiatives were available for children with unhealthy weights.

*“We just use our own knowledge of what’s out there. That’s a problem really....we just rely on what we know so we might not know all the options”*

*“It’s a bit hit and miss and we don’t always know what’s out there...we have to find out for ourselves...there’s nothing that is really supportive, like a directory of services in the local area”.*

*“We haven’t got any resources to use for signposting...if parents want support we’re pretty limited in terms of what we can suggest”*

## **Discussion**

The current lack of a clear care pathway for children with unhealthy weights is a matter for concern. Care pathways set locally agreed standards of care based on the available evidence for managing a specific group of people – in this case, children with unhealthy weights. A care pathway helps to: identify entry and exit criteria; establish referral routes which can assist in ensuring that the service is reaching as many of its target population as possible; identify sources of support which can be offered by various agencies; establish referral into and out of particular points or services along the care pathway. It also provides a framework for ensuring equality of services for all users, reduces variations in the quality of services that are offered and serves as a way of auditing and evaluating outcomes of a service to ensure they are focused on people's needs.

Current guidance provides models of good practice for developing care pathways for childhood obesity, taking into account existing services and the

strength of local partnerships (Department of Health, 2008c). Department of Health guidance also recommends that PCTs put in place processes, resources and local services in order to offer parents of children with unhealthy weights the opportunity to take up a specific offer of advice, support or referral to appropriate services, including weight management services (Department of Health, 2008c; Department of Health, 2008g). Ideally a full service review, gap analysis or audit of local services, initiatives and infrastructure including protocols, procedures, pathways and practice should be undertaken. This identifies what is currently happening, where the gaps are, what the priorities are and what services need to be put into place. Sufficient and appropriate initiatives and weight management services can then be commissioned in order to ensure that children and their families have access to appropriate support in moving towards a healthy weight (Department of Health, 2008c).

At the time of writing, a scoping exercise had finally been completed in East Sussex. Unfortunately the PCT refused sight of this report and there was insufficient time to obtain it under the Freedom of Information Act in order to report and reflect on its conclusions here. However, an off the record discussion with the author of this report (which, with respect to confidentiality cannot be described in detail) indicated that there are significant issues in East Sussex that mirror those described by the school nurses interviewed for this study. These included the lack of a care pathway for children with unhealthy weights and insufficient weight management services in some areas of East Sussex, including those with high prevalence of childhood obesity.

## **Recommendation**

- Develop a care pathway for childhood obesity, underpinned by clear guidelines for assessing, supporting and referring children with unhealthy weights and backed by sufficient services
- Consider developing a directory or map of local services and initiatives cross the county to facilitate appropriate referral by health professionals.

### 3.4. Summary of recommendations

#### (1) Recommendations relating to delivery of NCMP in 2009/10

The NCMP Steering Group should consider addressing aspects of NCMP practice that currently do not reflect guidance for good practice or that are seen as being an issue by school nurses. In particular:-

- (i) Standardise how measurements are carried out across the county by ensuring school nurses are fully aware of 2009/10 guidance prior to taking measurements and offered appropriate training if necessary.
- (ii) Ensure primary schools are aware of their responsibilities, in particular: the requirement to provide a separate room or screened off area for measurements to ensure privacy and confidentiality; encouragement to offer assistance with the NCMP process (eg. bringing children from classes).
- (iii) Consider provision of lap tops so measurements can be entered directly in to NCMP data gathering spreadsheet.
- (iv) Avoid school nurses having to take measurements single handed; consider alternatives to school nurses measuring children such as the use of trained health care assistants
- (v) Record why children are not measured on the NCMP data collection tool.
- (vi) Measure children earlier in the school year (not in term 5/6)
- (vii) Standardise how children are prepared prior to measurement.
- (viii) Standardise how school nurses respond to children's requests for their results at the time of measurement

## **(2) Recommendations relating to supporting the wider role of school nurses in tackling childhood obesity**

- (i) Consult with nurses as to their capacity to advise parents and proactively follow up children with unhealthy weights. Consider alternatives such as the recruitment of specialist obesity nurses to undertake this work.
- (ii) Give careful consideration to how routine feedback and proactive follow up of children with unhealthy weights will be implemented; clearly define the role of school nurses in this process.
- (iii) Undertake a training needs assessment to identify gaps in skills and knowledge with regard to assessing/advising/referring children and parents; use the training needs assessment to plan and deliver training to meet needs using either in-house trainers (eg. health promotion staff or dieticians) or commissioning training from accredited providers in line with Department of Health guidance to ensure staff are competent and confident to support children and parents.
- (iv) Improve communication so that school nurses (and other front line staff) are kept informed of strategy and action plans and know how they and other teams/partners are involved.
- (v) Appoint a senior level obesity lead for East Sussex to coordinate obesity strategy and action plans and to facilitate a multi-agency approach to tackling obesity across the county.
- (vi) Consider developing a 'directory' of local services including lifestyle change interventions and weight management services that health professionals can refer to.
- (vii) Develop and implement an integrated care pathway for the management of childhood obesity in East Sussex with locally agreed standards of care and referral for children with unhealthy weights. Ensure sufficient weight management services are commissioned to underpin this.

#### **4. FINAL DISCUSSION AND CONCLUDING REMARKS**

As health professionals working in an educational setting, school nurses have a unique relationship with schools, children and parents and are on the frontline in improving the lives and health of children. With an increasingly wide public health remit they play a key role in safeguarding vulnerable children, are central to the battle against underage drinking, teenage pregnancy and child obesity and are often the first point of contact for parents with concerns over a child's weight.

In East Sussex, school nurses are instrumental in measuring children for the National Child Measurement Programme. In the forthcoming year (2009/10) they will be expected to meet a target of measuring at least 87% of almost 10,000 children across the county. They are also seen by the PCT as being ideally placed to offer advice to parents of children with unhealthy weights, particularly once routine feedback of NCMP results is introduced.

A simple calculation (based on childhood obesity and overweight prevalence in East Sussex and assuming participation targets are met) suggests that in 2009/10 the NCMP will identify approximately 1000 reception and year 6 children as obese and a further 1,070 as overweight across the county. This number is considerable and if school nurses are expected to play a proactive role in advising and supporting these children and their parents, it is essential that they have the necessary time, skills and confidence to do so effectively. Careful consideration should therefore be given to the capacity school nurses have to undertake this role, which may reasonable be expected to involve them

in assessing the weight status of children, discussing unhealthy weight and its consequences, assessing if parents are ready and willing to make changes to their family's lifestyle and tailoring advice and referral towards this.

There is a striking lack of studies that have directly sought the views of school nurses about the NCMP or how they view their wider role in tackling obesity. Similarly, in East Sussex, nobody has previously sought the views of school nurses with regard to how the NCMP is working in practice, whether they have the capacity or confidence to advise parents and children once routine feedback of NCMP results is introduced or how they view their wider role in tackling obesity in school settings.

The current study was an attempt to begin to address this by asking a sample of school nurses in East Sussex for their views. While it does not necessarily reflect the views of all school nurses in East Sussex, some of the emerging themes and the consistency of views suggest a consensus that should not be ignored. Those responsible for childhood obesity strategy and who oversee the NCMP in East Sussex, are therefore urged to at least consider the recommendations made as a result of this study.

In relation to how the NCMP is working in practice, areas of concern include: overall organisation of the NCMP by the PCT; lack of training provision; measuring children in unsuitable places in some schools; difficulties around the confidentiality of results; having to measure children singlehanded on some occasions. Many school nurses in this study considered that measuring children at the expense of other more pressing tasks was a not a good use of their

professional time. The suggestion that other suitably trained staff might assume this role is therefore worth considering. Careful consideration should also be given to what role school nurses will play when routine feedback of NCMP results and proactive follow up of children with unhealthy weights is introduced in East Sussex. In particular, the extent to which school nurses have the capacity to absorb this role in to their current workloads, how they will prioritise it in relation to other aspects of core work and what structures, training, support and services need to be in place to support them in undertaking this role effectively.

Current guidance advises PCTs to inform front line health professionals, including school nurses, GPs, health visitors and practice nurses, of plans for sharing NCMP results with parents and to ensure they are aware of their role within it (Department of Health, 2009b) and ensure they can provide advice and appropriate signposting. The interviews conducted with school nurses for this study, suggests this is yet to happen in East Sussex.

Existing strategy and action plans relating to tackling childhood obesity in East Sussex have achieved some notable success. For example 100% of schools in the county are healthy schools, school food advisory work is highly proactive and successful and there are many examples of well evaluated interventions encouraging healthy weight in children, both within schools and local communities. The recommendations made in this study are therefore not an attempt to undermine existing efforts to tackle childhood obesity within the county, but rather to offer constructive suggestions to improve certain aspects of current practice and strategy which may be hampering the ability of school

nurses to tackle childhood obesity effectively. These include: the lack of coordinated, multi-agency action; no care pathway for children with unhealthy weights; insufficient weight management referral options for children and families; lack of training needs assessment and no training provision for school nurses around childhood obesity.

Tackling childhood obesity is not the responsibility of school nurses alone. The Foresight report (Foresight, 2007) highlighted the multiplicity of factors that influence the development of childhood obesity. Many of these determinants relate to social, economic and environmental factors and inequalities. Therefore, any approach to tackling childhood obesity is only likely to succeed if there is a coordinated multi-agency approach with health professionals and non-health partners working towards the same goals, with agreed agendas, protocols and guidelines for tackling childhood obesity effectively across the county.

In East Sussex, the NHS plays a key role in tackling childhood obesity and health inequalities, but obesity is not solely a health issue and there needs to be joint ownership and clear leadership on obesity strategy and action between the PCT, Local Authorities and other partners. Current guidance asserts that local areas need to identify and agree overall leadership and governance, the local leaders, their roles in promoting healthy weight and how to ensure strong and continued communication across all parties. Experience from successful multi-agency programmes also shows that it is critical to designate a senior-level lead to coordinate activity across all sectors who can bring partners together and drive forward implementation. (Department of Health, 2008c). As yet there is nobody in this role within East Sussex.

Tackling childhood obesity and achieving targets to reduce the number of children with unhealthy weights can only be achieved if parents and children want to engage with the issue. While the introduction of routine feedback of NCMP results will provide parents with information about their child's weight and place the onus of responsibility onto their shoulders, it needs to be underpinned by systems and structures being in place to meet the demand created and support children and their families in achieving and maintaining healthy weights.

Lord Darzi's Next Stage Review (Lord Darzi, 2008) made a compelling case that the NHS should focus on delivering a high quality service to all people every time they use the NHS. Professional bodies and unions representing school nurses continue to point out that there are still insufficient numbers of school nurses within England to bear down on the issue of childhood obesity. This also appears to be reflected in some areas of East Sussex. As the structure of the school nursing service in East Sussex enters a period of review later this year, perhaps it is an ideal opportunity to reconsider the role of school nurses in tackling childhood obesity and how this role can be realistically facilitated across the county.

## **5. LIMITATIONS OF THIS STUDY**

This is the first study to seek the views and experiences of school nurses in East Sussex around the NCMP and their wider role in tackling childhood obesity. It involved interviews with a sample of school nurses in East Sussex and therefore does not necessarily represent the views of all school nurses across the county. The sample was drawn from those nurses who agreed to be

interviewed and may therefore be biased towards those who are naturally more vociferous or who have stronger views about the NCMP or the role of school nurses in tackling childhood obesity. The research was also purely qualitative and analysis of interview content is potentially open to different interpretation and researcher bias. As far as possible this was avoided by basing analysis on interview transcripts rather than on the researcher's own views, attitudes or preconceptions.

## REFERENCES

Barker, DJ (2007) Obesity and Early Life. Short Science Review. Foresight Tackling Obesities: Future Choices. Obesity Reviews 8, 1, 45–49 [online] Available <http://www.foresight.gov.uk> (Accessed April 2009).

Braisby, L and Waddel, L (2009) National Child Measurement Programme Pilot (unpublished) Available from NHS Nottingham City NCMP Steering Group

British Medical Association (2005) Report of the BMA Board of Science: Preventing Childhood Obesity [online] Available [http://www.bma.org.uk/images/PreventingObesityfinal\\_tcm41-20659.pdf](http://www.bma.org.uk/images/PreventingObesityfinal_tcm41-20659.pdf) (Accessed July 2009)

Brown, T, Kelly, S and Summerbell, C (2007) Prevention of Obesity: a review of interventions. Obesity Reviews 8 (suppl.1) 127-130

Brown, T and Summerbell, C (2009) Systematic review of school based interventions that focus on changing dietary intake and physical activity levels to prevent childhood obesity: a update to the obesity guidance produced by the National Institute for Health and Clinical Excellence. Obesity Reviews 10 (1) 110-141

Carnell, S, Edwards, C, Croker, H, Boniface, D and Wardle, J (2005) Parental perceptions of overweight in 3–5 y olds International Journal of Obesity 29, 353–355

Chadwick, P, Sacher, P and Swain, C (2008) Talking to families about overweight children. British Journal of School Nursing 2008 (3) 6 271-276

Cole M, Smith A, Marchant R and Jones M (2005) The views of disabled children and children with complex health needs about being weighed and measured. Sussex: Triangle Services.

Cooke, L (2007) The family food environment: A look at what goes on at home and what effect this has on children's eating behaviour. In Food Standards Agency (2007) Multidisciplinary Workshop on Food Choice in Families and Children. [online] Available <http://www.food.gov.uk/multimedia/worddocs/reportmdworkshop> (Accessed May 2009)

Department for Children Schools and Families (2007) The Children's Plan: Building brighter futures [online] Available <http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=CM+7280> (Accessed August 2009)

Department for Education and Skills (2006) School nurse practice development resource pack. [online] Available [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006122](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006122) (Accessed June 2009)

Department of Health (2007a) Research into parental attitudes towards the routine measurement of children's height and weight [online] Available: [http://www.dh.gov.uk/en/PublicHealth/Healthimprovement/Healthyliving/DH\\_073787](http://www.dh.gov.uk/en/PublicHealth/Healthimprovement/Healthyliving/DH_073787) (Accessed July 2008)

Department of Health (2007b) Obesity Guidance for Healthy Schools Co-ordinators and their partners [online] Available  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_063507](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063507) (Accessed September 2009)

Department of Health (2008a) Healthy Weight Healthy Lives: A Cross Government Strategy for England [online] Available  
[http://www.dh.gov.uk/dr\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_084024.pdf](http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_084024.pdf) (Accessed August 2009)

Department of Health (2008b) How to set and monitor goals for prevalence of child obesity: guidance for Primary Care Trusts [online] Available  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_083110](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083110) (Accessed August 2009)

Department of Health (2008c) Healthy Weight, Healthy Lives: A toolkit for developing local strategies [online] Available  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_088968](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088968) (Accessed August 2009)

Department of Health (2008d) National Child Measurement Programme Guidance for PCTs 2008/09. London, Department of Health

Department of Health (2008e) Healthy Weight, Healthy Lives: Consumer Insight Summary [online] Available  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_090118](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090118) (Accessed August 2009)

Department of Health (2008f) Healthy Weight, Healthy Lives: Commissioning weight management services for children and young people [online] Available  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_090113](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090113) (Accessed September 2009)

Department of Health (2008g) Healthy weight, healthy lives: Guidance for local areas [online] Available  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_083607](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083607) (Accessed August 2009)

Department of Health (2008h) Ambitions for health. A strategic framework for maximising the potential of social marketing and health related behaviour. London: Department of Health

Department of Health (2009a) Healthy Weight Healthy Lives: One Year On [online] Available  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_097523](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097523) (Accessed August 2009)

Department of Health (2009b) The National Child Measurement Programme Guidance for PCTs: 2009/10 school year [online] Available  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH\\_086724](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_086724) (Accessed September 2009)

Department of Health (2009c) National Child Measurement Programme Guidance for Schools 2009/10 [online] Available  
[http://www.teachernet.gov.uk/\\_doc/13874/NCMP.pdf](http://www.teachernet.gov.uk/_doc/13874/NCMP.pdf) (Accessed September 2009)

Department of Health (2009d) Being measured: for children [online] Available [http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Obesity/DH\\_103939](http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Obesity/DH_103939) (Accessed September 2009)

Department of Health (2009e) Healthy Weight, Healthy Lives: Directory of obesity training providers [online] Available [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH\\_097486](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_097486) (Accessed September 2009)

Department of Health (2009f) How to measure: for PCT and school staff [online] Available [http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Obesity/DH\\_103939](http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Obesity/DH_103939) Accessed September 2009

Dieticians in Obesity Management (2009) Obesity Training Directory [online] Available <http://domuk.org/category/obesity-training-directory> (Accessed August 2009)

Doak, CM, Visscher, TL, Renders, CM and Seidell, J (2006) The prevention of overweight and obesity in children and adolescents: a review of interventions and programmes. Obesity Reviews 7 (1) 111–36

Drennan, V and Davis, K (2008) Trends over ten years in the primary care and community nurse workforce in England. [online] Available <http://www.healthcare.ac.uk/research/documents/drennan-trends-in-primary-care-and-community-nurse-workforce.pdf> (Accessed August 2009)

Duffin, C (2009) Tackling childhood obesity across London. Paediatric Nursing 12 (6) 8-9

Duffy, K and Gordon-Larson, P (2005) Environmental influences on food choice, physical activity and energy balance. Physiology and Behaviour 86 (5) 603-13.

East Sussex County Council (2009) East Sussex children's services data compendium 2009 [online] Available <http://www.eastsussexinfigures.org.uk/nesstar/temp/EGMS20090617133207640/Compendium+02+June+2009.pdf> (Accessed August 2009)

East Sussex Downs and Weald PCT (2008) A Strategy for the Prevention of Overweight and Obesity Across East Sussex Downs and Weald: 2007-2010 (April 2008 Update). Provided by East Sussex Downs and Weald PCT

East Sussex Downs and Weald PCT (2009) An action plan for the prevention of overweight and obesity across East Sussex Downs and Weald 2009-10. Provided by East Sussex Downs and Weald PCT

Edmunds, L (2008) Social implications of overweight and obesity in children. Journal for Specialists in Pediatric Nursing 13, 191-200.

Foresight (2007) Tackling Obesities: Future Choices [online] Available: <http://www.foresight.gov.uk/Obesity/20.pdf> (Accessed July 2009)

Gleeson, C (2008a) Sizing up the National Child Measurement Programme. Health Services Journal [online] Available <http://www.hsj.co.uk/sizing-up-the-national-child-measurement-programme/753751.article> (Accessed August 2009)

Gleeson, C (2008b) The HPV immunisation programme: difficult choices for managers. British Journal of School Nursing 3 (5) 228-9

Gleeson, C (2008c) How the NCMP could work harder in the fight against childhood obesity; Adding up to failure: forget number crunching, only holistic care will tackle childhood obesity. Nursing standard, 22(19) 26-7

Gleeson, C (2009) School nurses' workloads: how should they be prioritised? Community Practitioner Jan 2009 (82) 23-26

Godson, R (2008) More school nurses are needed to fight obesity. Nursing Times 104 (34) 14

Hastings and Rother PCT (2008) Choosing a Healthy Lifestyle: A Strategy for the Prevention of Overweight and Obesity Across Hastings and Rother 2007-2010 (April 2008 Update). Provided by Hastings and Rother NHS

Hastings and Rother PCT (2009) An action plan for the prevention of overweight and obesity across Hastings and Rother 2009-10. Provided by Hastings and Rother NHS

Hawkins S, Cole T & Law C (2009) An ecological systems approach to examining risk factors for early childhood overweight: findings from the UK Millennium Cohort Study. Journal of Epidemiology and Community Health 63, 147-155.

Health Development Agency (2003) The management of obesity and overweight: An analysis of diet, physical activity and behavioural approaches. London: Health Development Agency/National Institute for Clinical Excellence [online] Available: [www.hda-online.org/documents/obesity\\_evidence\\_briefing.pdf](http://www.hda-online.org/documents/obesity_evidence_briefing.pdf) (Accessed: September 2008)

Health and Social Care Information Centre (2008) National Child Measurement Programme 2007/08 School Year Headline Results. [online] Available <http://www.ic.nhs.uk/webfiles/publications/ncmp/ncmp0708/NCMP%202007-08%20Report.pdf> (Accessed August 2009).

HM Treasury (2007) Meeting the aspirations of the British people. Pre-Budget Report and Comprehensive Spending Review October 2007. London: The Stationery Office [online] Available [http://www.hm-treasury.gov.uk/media/7/4/pbr\\_csr07\\_completereport\\_1546.pdf](http://www.hm-treasury.gov.uk/media/7/4/pbr_csr07_completereport_1546.pdf) (Accessed May 2009)

Ikedo, J. P., Crawford, P. B., & Woodward-Lopez, G. (2006). BMI screening in schools: Helpful or harmful? Health Education Research, 21(6), 761-769.

Infant & Toddler Forum (2008) Call for national strategy to chart child growth and combat obesity [online] Available <http://www.infantandtoddlerforum.org> (Accessed September 2009)

Jebb, S, Steer, T and Holmes C (2007) The Healthy Living Social Marketing Initiative: A review of the evidence (DOH) [online] Available [http://www.mrc-hnr.cam.ac.uk/assets/default/Site/en/images\\_user/file/DH\\_073052.pdf](http://www.mrc-hnr.cam.ac.uk/assets/default/Site/en/images_user/file/DH_073052.pdf) (Accessed October 2009)

Johannsson, E (2006) Tracking of overweight from early childhood to adolescences in cohorts born 1988 and 1994: overweight in a high birthweight population. International Journal of Obesity 30, 1265-71

Jotangia, D, Moody, A, Stamatakis, E, Wardle, H. (2005) Obesity among children under 11. Department of Health in collaboration with the Health and Social Care Information Centre. [online] Available <http://www.dh.gov.uk/assetRoot/04/10/94/10/04109410.pdf> (Accessed September 2008)

Levine, R, Connor A, Feltbower R, Robinson M and Rudolf M (2009) Weighing and measuring primary school children: evaluation of the TRENDS model for implementation of Department of Health guidelines. Child Care, Health and Development. 35 (3) 365-368)

Levine, R, Feltbower R, Connor A, Robinson, M and Rudolf, M (2008) Monitoring trends in childhood obesity: a simple school-based model. Public Health 122/3(255-60) 0033-3506

Lord Darzi (2008) High quality care for all: NHS Next Stage Review final report [online] Available [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_085828.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085828.pdf) (Accessed September 2009)

Mayor S (2009) English government launches initiative to cut obesity. British Medical Journal 338 (10)1136

Naidoo, J and Wills, J (2005) Health Promotion: Foundations for Practice Bailliere Tindall published in association with the Royal College of Nursing

National Audit Office (2001) Tackling obesity in England: Report by the Comptroller and Auditor General. London: HMSO

National Audit Office, Healthcare Commission & Audit Commission (2006) Tackling Childhood Obesity – First Steps. Norwich: The Stationery Office

National Children's Bureau (2005) A Report for the Children's Commissioners Office on NCB's consultations with primary school children on measuring children's height and weight in school [online] Available [http://www.11million.org.uk/force\\_download.php?fp=%2Fclient\\_assets%2Fcp%2Fpublication%2F132%2FResponse\\_to\\_measuring\\_height\\_and\\_weight.pdf](http://www.11million.org.uk/force_download.php?fp=%2Fclient_assets%2Fcp%2Fpublication%2F132%2FResponse_to_measuring_height_and_weight.pdf) (Accessed September 2009)

National Heart Forum (2007) Lightening the Load: Tackling overweight and obesity. Produced by the National Heart Forum in association with the Faculty of Public Health. [online] Available [http://www.heartforum.org.uk/downloads/Overweight\\_ObesityToolkit\\_Full.pdf](http://www.heartforum.org.uk/downloads/Overweight_ObesityToolkit_Full.pdf) (Accessed September 2007)

National Heart Forum (2009) Obesity Trends for Children Aged 2-11: Analysis from the Health Survey for England 1993 – 2007 [online] Available [http://www.heartforum.org.uk/images/Child\\_obesity\\_policy\\_long\\_Oct\\_09.pdf](http://www.heartforum.org.uk/images/Child_obesity_policy_long_Oct_09.pdf) (Accessed November 2009)

National Institute for Health and Clinical Excellence (2006) Obesity – guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children [online] Available: <http://www.nice.org.uk/nicemedia/pdf/CG43NICEGuideline.pdf> (Accessed August 2009)

National Obesity Observatory (2009) NCMP: detailed analysis of 2007/08 national dataset [online] Available

[http://www.noo.org.uk/uploads/doc168\\_2\\_noo\\_NCMPreport1\\_110509.pdf](http://www.noo.org.uk/uploads/doc168_2_noo_NCMPreport1_110509.pdf) (Accessed August 2009)

National Opinion Poll (2004), Childhood Obesity Food Advertising in Context [online] Available [http://www.ofcom.org.uk/research/tv/reports/food\\_ads/report.pdf](http://www.ofcom.org.uk/research/tv/reports/food_ads/report.pdf) (Accessed October 2009)

Oude Luttikhuis H, Baur L, Jansen H, Shrewsbury V, O'Malley C, Stolk R, Summerbell C (2009) Interventions for treating obesity in children (Review) [online] Available [http://share.eldoc.ub.rug.nl/FILES/root2/2009/Intefotro/Oude\\_Luttikhuis\\_2009\\_Cochrane.pdf](http://share.eldoc.ub.rug.nl/FILES/root2/2009/Intefotro/Oude_Luttikhuis_2009_Cochrane.pdf) (Accessed August 2009)

Pietrobelli, A, Espinoza, M and De Cristofaro, P (2008) Childhood Obesity: Looking Into the Future. Angiology, 59 (2) 30S-33S

Rees, R (2009) Mental Health. . In Inequalities, Ethics and Obesity The Association for the Study of Obesity Conference, London 3<sup>rd</sup> November 2009.

Royal College of Nursing (2009) School Nursing in 2009: Results from a survey of RCN members working in schools in 2009 [online] Available [http://www.rcn.org.uk/\\_\\_\\_data/assets/pdf\\_file/0007/275857/003552.pdf](http://www.rcn.org.uk/___data/assets/pdf_file/0007/275857/003552.pdf) (Accessed October 2009)

Royal College of Physicians, Faculty of Public Health and the Royal College of Paediatrics (2004) Storing Up Problems: The medical case for a slimmer nation. London: RCP Publications

Singhal, A and Lanigan, J (2007) Breast-Feeding, Early Growth and Later Obesity. Short Science Review. Foresight Tackling Obesities: Future Choices. Obesity Reviews 8, 1, 51–54 [online] Available <http://www.foresight.gov.uk> (Accessed November 2007)

South East Public Health Observatory (2009) South East Region Report on the 2007/08 NCMP [online] Available <http://www.sepho.org.uk/Download/Public/12813/1/SEPHO%20report%20on%20the%20NCMP%202007-08.pdf> (Accessed September 2009)

Stewart, L (2008) Recognizing childhood obesity: the role of the school nurse. British Journal of School Nursing 3 (7) 323-6

Stoddard, S, Kubik, M and Skay, C (2008) Is School-Based Height and Weight Screening of Elementary Students Private and Reliable? Journal of School Nursing 24 (1) 43-48

Talbot, D and Hill, N (2008) Exploration of train needs of school nursing teams in Leicester, Leicestershire and Rutland for development of training resources to support their role in tackling childhood obesity and weight management. Proceedings of the Nutrition Society 67 (OCE8) E415

The Information Centre for Health and Social Care (2008) Health Survey for England 2006: CVD and risk factors adults, obesity and risk factors children [online] Available: <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england> (Accessed June 2008)

Unite/CPHVA (2007) How the National Child Measurement Programme could work harder in the fight against obesity in children; the view from Unite/CPHVA school nurses. [online] Available: <http://www.amicustheunion.org/cphva/docs/childhood%20obesity4.doc> (Accessed July 2008)

Vanhala, M, Korpelainen, R, Tapanainen, P, Kaikkonen, K, Kaikkonen, H, Saukkonen, T and Keinanen-Kiukaanniemi, S (2009) Lifestyle risk factors for obesity in 7-year-old children Obesity Research & Clinical Practice 3 (2) 99-07

Walsh-Pierce, J and Wardle J (1997) Cause and effect beliefs and self-esteem of overweight children. Journal of Child Psychology and Psychiatry, and Allied Disciplines 38, 645-650

Wilding, J (2007) Treatment strategies for obesity. Obesity Reviews 8 (1) 137–144

World Health Organisation (2003) Diet, Nutrition and the prevention of chronic diseases. WHO Technical Report Series 916 [online] Available [http://whqlibdoc.who.int/trs/WHO\\_TRS\\_916.pdf](http://whqlibdoc.who.int/trs/WHO_TRS_916.pdf) (Accessed September 2007)

World Health Organisation (2007a) The challenge of obesity in the WHO European Region and the strategies for response. Pub: WHO Regional Office for Europe [online] Available <http://www.euro.who.int/document/e89858.pdf> (Accessed September 2008)

World Health Organisation (2007b) WHO European Ministerial Conference on Counteracting Obesity – Conference Report. Pub: WHO Regional Office for Europe [online] Available <http://www.euro.who.int/document/E90143.pdf> (Accessed November 2008)

## **Appendix 1**

### **Letter of invitation**

University of Chester Letterhead

<<Date>>

Dear <<*school nurse's name*>>

You are being invited to take part in a research study that I am conducting as part of a Master of Science degree at The University of Chester.

Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve.

Please take time to read the enclosed information sheet and to decide whether or not you wish to participate. You are welcome to ask about anything that is unclear or if you would like more information about the study.

If you decide that you would like to take part in this study, please complete the enclosed consent form and return it in the envelope provided.

Thank you for reading this and I look forward to your reply.

Yours sincerely

Caroline Bunker

## **Appendix 2**

### **Participant Information Sheet**

<<date>>

#### **Title of study**

School Nurse experiences of the National Child Measurement Programme in 2008/09 and their views of their potential role in tackling childhood obesity in the school setting.

#### **What is the purpose of the study?**

The National Child Measurement Programme (NCMP) is now entering its fourth year. The measurement of children in Reception and Year 6 will continue to be undertaken in line with guidance from the Department of Health. However, from 2008/09 NCMP results will start to be routinely fed back to parents because the government believes this is an important way of engaging families around healthy lifestyles and weight issues. Parents will receive written details of their child's weight and height and whether or not it is a matter for concern, along with advice and signposting to help them address any concerns they have about their child's weight.

It is anticipated that, as a result of giving feedback, an increasing number of parents will seek advice and support from health professionals including school nurses if they are concerned about their child's weight.

The aims of the study are to: -

- find out how the Department of Health's NCMP guidance is working in practice by asking East Sussex school nurses about their experiences of measuring children for the 2008/09 NCMP.
- find out how East Sussex school nurses view their role in tackling childhood obesity and gain insight into potential barriers and facilitators to this.

#### **Why are you being asked to participate in this study?**

I am inviting you to take part because you are a school nurse and have been involved in measuring children for the 2008/09 NCMP in East Sussex.

#### **Do you have to take part?**

It is entirely up to you to decide whether or not to take part. If you decide to take part you are still free to withdraw at any time, without giving a reason.

### **What will happen if you take part?**

If you decide to take part, please sign and return the enclosed consent form. I will then contact you to arrange a convenient time to interview you. The interview will take approximately 30 minutes. The PCT has given permission for the interview to take place during working hours, providing this is not disruptive to your routine. Alternatively, an interview can be arranged at another time which is convenient to you. With your permission I will audio tape the interview.

### **What are the possible disadvantages and risks of taking part?**

There are no foreseen disadvantages or risks in you taking part in the study.

### **What are the probable benefits of taking part?**

As a school nurse it is possible that you may welcome the opportunity to share and discuss your views and experiences. By taking part, you will help to shed light on how NCMP guidelines are working in practice. You will also help to increase the understanding of how school nurses' view their role in tackling childhood obesity.

The overall benefits of this research include gaining insight into any difficulties or issues associated with the collection of NCMP data in relation to national guidelines and to give the PCT an opportunity to address these in the future. In addition, the research will increase understanding of the current and potential role that school nurses might play in tackling childhood obesity within the school setting. The research is likely to yield sound outcomes and contribute to the literature.

### **What if you have any concerns?**

If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this study, please contact Dr Stephen Fallows, Centre for Exercise and Nutrition Science, University of Chester, Parkgate Road, Chester, CH1 4BJ (tel: 01244 375444).

### **Will taking part in the study and any information you give be kept confidential?**

All information which is collected during the course of the research will be treated as strictly confidential. The data will be anonymised and you will **not** be identifiable in the final report. Data will be securely stored for 10 years in line with the University of Chester's research governance policy. Only myself and my MSc supervisor will have access to it.

### **What will happen to the results of the research study?**

The results of the research will be written up for my MSc degree. You will be provided with a summary report but may request a full copy of the dissertation if you wish. It is hoped that the findings will increase the

understanding of school nurses' experiences and views. Individuals who participate will not be identifiable in any subsequent report or publication.

**Who is organising and overseeing the research?**

I am organising and carrying out this research as part of an MSc in Weight Management under the supervision of Dr Stephen Fallows, a qualified supervisor at the University of Chester. The study has been reviewed and has received full ethical approval.

**Who can you contact for further information?**

If you would like more information about the research before you decide whether or not you would be willing to take part, please do not hesitate to contact me or Dr Fallows: -

**Caroline Bunker (Researcher)**

East Sussex Downs and Weald PCT  
Centenary House  
The Avenue  
Eastbourne BN21 3XY  
01323 418990  
[carolinebunker@btinternet.com](mailto:carolinebunker@btinternet.com)

**Dr Stephen Fallows (MSc Supervisor)**

The University of Chester  
Parkgate Road  
Chester CH1 4BJ  
Tel: 01244 513407  
[s.fallows@chester.ac.uk](mailto:s.fallows@chester.ac.uk)

**Thank you for your interest in this research.**

**Appendix 3**

**Informed consent form**

**Title of study:** School Nurse experiences of the National Child Measurement Programme in 2008/09 and their views of their potential role in tackling childhood obesity in the school setting.

**Name of Researcher:** Caroline Bunker

**Please tick the following boxes, then sign and return this form in the envelope provided.**

**The second copy of this form and the Participant Information Sheet are for you to keep.**

I agree to take part in the above study

I understand that my participation is voluntary and that I am free to withdraw from the study at any time without having to give a reason

I have read and understood the information in the information sheet dated <<date>> for the above study and have had the opportunity to ask questions

I agree for the interview to be audio taped

I understand that the data will be anonymised and that any quotations used will be completely anonymous.

**Name of Participant** .....

**Signature** .....

**Date** .....

**Name of Researcher** Caroline Bunker

**Signature** .....

**Date** .....

## **Appendix 4**

### **Interview Schedule**

#### ***Welcome and introduction: -***

- Explanation to participant of the purpose and aims of the research
- Explanation of data confidentiality
- General questions relating to individual's role as a school nurse

#### ***Interview - Part 1: Questions relating to participant's experience of 2007/08 NCMP***

- Participant's views of NCMP
- Access to and uptake of annual NCMP training
- Provision and maintenance of equipment
- Preparation of children prior to weighing and measuring session
- Measuring height and weight – questions to assess adherence to Department of Health guidance and any problems encountered (eg. number of staff present at measurement sessions, suitability of environment to ensure child's privacy and dignity is respected, data handling protocol etc)
- Impact of NCMP process on participant's workload
- Perception of how children respond to being measured and any problems encountered (eg. opt outs, distress)
- If child's weight is a cause for concern, what action is taken in relation to existing standard local care pathways
- Participant's awareness and use of recommended support resources
- Other issues, problems arising or comments

#### ***Interview – Part 2: Questions relating to participant's views of their potential role in tackling childhood obesity in the school setting.***

- How does participant see their current role in tackling childhood obesity in the school setting (prevention/treatment)
- Awareness of and access to standard local care pathways
- Participant's views on routine feedback of NCMP results to parents and perceived impacts on participant
- How does participant see their potential/future role in tackling childhood obesity in the school setting (particularly when NCMP results are routinely fed back to parents) - exploration of potential barriers (time, resources, skills etc) and facilitators (training, resources, support etc)

#### ***Close of interview***

## **Appendix 5**

### **Interview Transcripts**

#### **Key**

I = Interviewer (Researcher)

R = Respondent (School nurse)

Please note, one school nurse ask for the typed transcript of her interview not to be included

I I'm going to be recording the interview if that's alright with you. It means we can talk freely without me trying to write everything down. Everything you say is confidential, and nobody will be identified by what they say, so please feel free to say what you feel. But if you don't want to answer a question just say so. I've got a sort of script I'm following, because I'm interviewing lots of nurses, so that I ask consistent questions about things. But it's very informal so we can chat around some things more than others if we want to. Anyway, as I explained in the information I sent you, I'm doing this as part of my Master's degree in weight management and I've got an interest in child weight issues as well...a background originally in nutrition and health promotion. What I'm going to ask you about is your experiences of the National Child Measurement Programme and how it's working on the ground. And also your views around the role of school nurses in tackling obesity in school settings. So they'll be my question areas. So that's a bit about me, but tell me about yourself and how long you've been a school nurse.

R I qualified in 2006 as a general adult nurse, and then I worked on and off, I qualified at a bit of a rough time in nursing really, job-wise, it was still the reshuffle and everything. So I did bank work, which was all we could get at the time. I trained up at <<place name>>.... I'd worked in <<place name>> for a bit doing lots of different sort of bits and bobs, and I got a bit fed up of just doing bits and bobs, I wanted to feel like I belonged somewhere. And my husband got a job down here, he's a teacher in a secondary school, so I started looking for jobs down here and it was the same sort of story really down here as well, even a year after. So I saw a job for school nursing so I applied in <<place name>>. So I worked there as a staff nurse for a year and then went off to do my degree at Brighton, School of Nursing degree, Specialist Practice. And did that last year, based in <<place name>>, and then I came here. So I've been doing it at various levels for about two and a half years now, nearly three years.

I What band are you then?

R I'm band six.

I Okay, right, so you've had specialist training?

R Yes.

- I Yes, okay. And what schools do you cover....what's in your patch in terms of how many primary schools you are responsible for?
- R I think I've got... well, I do <<school name>>, that's my heaviest school really. I have one secondary school, <<school name>>, and I do <<school name>>and <<school name>>, and I used to have another primary school but I've handed that over to my colleague now because she's come to work here full time with me, so that's much help. So I've got about four infants and juniors and a secondary school. So it's a lot lighter than it was, but it still seems to be busier, so it's funny how it works.
- I Yes, there are pockets of deprivation in this area as well, aren't there?
- R Absolutely, especially with overweight in mind as it the children from deprived backgrounds that tend to have more of a problem...at least that's my perception.
- I All right. And in terms of the National Child Measurement Programme, it's been running for four years now, and the Department of Health give Primary Care Trusts guidelines as to how to measure children, how to collect the data, and so on. So if we can just look at that and how your experience relates to those guidelines. In terms of weighing and measuring children in the schools that you're responsible for, who is responsible for doing that?
- R We're getting more of a skill mix within the team, because last year the lady that I took over from, she was a band six and there was a band five, then they had some nursery nurse hours, where we're trying to make that much more integrated in the actual teams, to have a lot wider range of skill mix actually all together, because we share the nursery nurses with the health visitors at the moment. So what we're trying to do across East Sussex really is to mirror Hastings and have one school nurse, band six school nurse, for each secondary school, and then band five support and nursery nurse support...but it's not happening evenly across the county...you know, some nurses are struggling with heavy case loads and too few staff. So with the height and weight the band sixes have overall responsibility for making sure that it goes ahead at the right time, the results go out correctly to the parents who want it, to basically organise it all. And then we go out and help sometimes, well most of the time. We have named school nurses with each school, so the named school nurse usually would do their own school, along with either a nursery nurse or a band five nurse.

- I Okay, so normally there'd be a couple of you doing the weighing and measuring?
- R Yes, different ones depending on which school it is.
- I Parents are sent a letter saying that the children are going to be weighed and measured, and you said you're responsible for making sure that process works.
- R Yes, it's our responsibility to do that.
- I Do you get very much feedback from parents when that initial letter goes out? Do they query the process or ask other questions?
- R Not really, because they have a letter that goes out from the school, the standard Department of Health letter, so I think they find that is enough. I've not personally found that they've come back and been upset about it, because they have the option to opt out if they want to.
- I That's right.
- R So I think if they have a problem with it they just opt out of it.
- I And in terms of the forms that come back where parents have opted out, is it just a straightforward opt out? Do you ever collect data on why parents are opting out?
- R Not from my experience, no. We don't tend to ask them why, we just say...well, you know
- I Accept that that's their decision? But do you have an instinct as to which children might be opted out?
- R Yes, it's their decision. I think we all think that it tends to be the children who have the weight issues who are the ones who are opted out. It's a shame because they are the ones who need the help.
- I Yes, other nurses have said the same thing. And in terms of preparing the children before you actually do the measurements, do you do any sessions with them or prepare them in any way?
- R Well, I would really like to, but I know there's a big ethical question mark above what we do at the moment and I'm very conscious of that, but just time constraints, we're not able to... we just

really don't have the time to go in and... I mean, I think actually saying that, our band five nurse is very good and she does sometimes go into some of the schools just before we're about to do it. We set up in a separate room to the classroom where the children come from and she just goes in and says who she is and what they're going to be doing. So there is a little bit of a sort of briefing before they go in. But it's not a presentation or anything like that or half an hour explanation as to why and what we're achieving really, it's just sort of this is what's going to happen.

I Just a brief explanation?

R Yes. So that's something, but it's questionable really.

I. How do you mean?

R. Well I think we should have a consistent approach across all the schools in terms of how the children are prepared.... but that means we all need to be properly briefed for a start...and it assumes we are all able to give up time....which isn't the case because some teams are really stretched and others have more time and support and resources. It's not really equitable.

I I see. And when you're actually doing the measurements in schools – I mean it probably varies with different schools – but whereabouts do you do the measurements? Do you have a dedicated room or area?

R It could be anywhere really but most of the time we're in a free classroom, so we set up in the classroom and we only let one child in at a time. So they come in alphabetical order, or however we decide to do it, and they line up outside and take their shoes off, and then it's just one at a time, and we don't tell them the results, they just go and then one in, one out, sort of thing really.

I Yes, so it's quite confidential and private for the child?

R Yes, absolutely.

I. Do the schools offer you any help in terms of bringing children from classes to be weighed....or, for want of a better word, helping with crowd control?

- R. No we have to do everything really....it's a bit of a scrum sometimes but we manage....it would be nice if we did have an extra pair of hands though.
- I. And in terms of measuring the children...are there usually two of you doing that?
- R. Yes, in general because it's more efficient, but there are some times when you end up doing it on your own which is hard work and not at all ideal because you're trying to do everything and if there's a child who's upset or whatever it makes it difficult to handle the situation...you know, trying to talk to that little one while there are a dozen fidgeting outside in the corridor. I find that stressful and difficult when you're trying to talk to them and measure them and write down the result and I'm sure I must make mistakes sometimes but I can't help that. But fortunately it doesn't happen that often...going in to a school alone I mean"
- I I can image. And when you've got a child with you being weighed and measured, do many of them ask questions or ask for their measurements?
- R A couple of them do ask for their measurements but we say, because our band five has been in and explained that we're not going to give them the results, we just say we're not letting people know what their results are. So a couple of them do ask. We don't have that many refuse, but we have some that seem anxious or uneasy with having it done and few who get upset...usually the heavier ones....they're obviously getting that age where they're quite conscious about how they look. So we have to be quite sensitive and reassuring sometimes. It's not so easy if the rest of the class can see what's going on.
- I And in terms of data handling, do you just write the results down and send them back to Child Health, or do you use a laptop for data entry?
- R We make a note of them, we have class lists, just make a note of them next to the name and then put them onto the spreadsheets that come through from Child Health, and just send them off again. No, we don't have laptops or anything. The lists we get are a bit of a pain sometimes because they're not always in alphabetical order. It would be really useful if we could use laptops. It would be so much easier than sheets of paper and I'm sure the results would be more accurately recorded. I know I make mistakes sometimes when I'm writing things down. And it'd

be easier for the Child Health ladies who have to put our written results on the system...it seems a bit of a waste of time for them when we could just add the results straight into the system.

R. What about the equipment you use to measure children?

I. We have standard scales....they're a bit hefty to lug around and the children can see their weights...which they are not supposed to do...but I don't have an issue with that personally. I mean, it's their body and we're asking them to be weighed so why shouldn't they know what they weigh. The height measure is okay but it depends where we have to do the weighing...it's a bit tricky setting it up properly sometimes.

I And in terms of feeding back results...at the moment parents can request their child's results, but in future it's likely they will be routinely fed them back by the PCT.

R Yes, I think that's on the cards.

I Do you feel that's a good idea, to send parents results, and if so do you have any feelings about how that information should be fed back to parents?

R Because I used to work in West Sussex I kind of got an idea of the two trusts that are doing it really. So I have mixed opinions – selfish opinions really – mainly about how logistically we're going to do it. But coming from a parent's point of view I think it would be good to get the results because a lot of the people who opt out are the ones that perhaps the government are trying to target.

I How do you mean?

R. Well, we get the impression that it's children with the weight problems in year 6 that tend to be the ones who are opted out and don't get weighed. So they won't have been measured and the parents won't be told the results or that their child has a weight problem. It's different in reception because they're all measured routinely. But by year 6 there are children who have become obese....I read that it's double the rate of reception children....so those children could slip through the net if they don't get weighed. I think it's true, you know about the rate being higher in year 6 because you see some of these children who were overweight when they're

younger and by year 6 the problem has got even worse. We're asked to monitor some of them but they need proper help and support and that needs to be done when they're much younger.

R. But I wonder why parents let us weigh and measure their child but don't want the results.

Although having said that I don't think parents know if their child is overweight even though it's pretty obvious to us. So I think sending them the results might send the message home to parents who do actually... haven't really realised that their child may have a weight issue that could impact on their long term health. So it might spark a little fire in their brain "oh, I didn't realise it was an issue, maybe I could access some support or change my lifestyle in some way". So even if it just affects one person I think it would be worth it. So I do agree with it, yes, I think we're doing this to their children, it's only fair that they get the results back really.

I And in terms of the way results are fed back, do you feel a letter is appropriate, for example in terms of literacy and parents' understanding. And what proactively following up parents whose children have an unhealthy weight.

R I mean there are some issues potentially around that...the letter. There definitely are issues around literacy....I mean it's the kids from deprived backgrounds who tend to have the weight problems but they are the ones who are perhaps less able to understand the information....there's an issue around inequalities there. And it's a big administration nightmare really, isn't it? Because it's who's going to do it, how do we know if there are literacy issues and who will have the time to contact and see parents. I suppose that's the same with everything though. I suppose if there was more of a national programme, say similar with the HPV vaccines that they're giving out now, if there was a team that was specifically dedicated to doing the weight then that would maybe make it more appropriate to do phone calls or more practical advice, whereas for us we're just too stretched, we have so many other aspects of our role to fulfil that it's just not in our capabilities to do that. But I would fully support, as I say, a flying squad where that's their dedicated job, because I think that's really what's needed.

I Okay, that's an interesting suggestion.

It's likely that when information is fed back, if there are weight issues or their parents want to discuss anything about the results, then they will be advised to contact a frontline health

professional such as a school nurse or offered an appointment for advice and support. Do you feel you would have the capacity to cope with that?

R I do, because I doubt we'll get that many phoning back, so it's not as if it's that everybody will want to access us, it's not like everybody's got questions. And so at the moment it's manageable. The problem I have with it is that we're identifying a potential issue that they have and it's where we go with it really...what do we advise, where do we refer...because there isn't really anywhere apart from the dieticians who are oversubscribed as well. I know that there are the MEND programmes, but they're a big commitment for parents and unless they've really got into that cycle of change and really want to do something about it, they're not going to be committed enough to do something like that. And then all we can really offer is dietary advice, and some of the very basic interventions. Whereas it seems to be all or nothing, if you see what I mean. You're given either basic or it's a huge commitment, there's no intermediate.

I So, there's nothing in between in terms of referring children or families to weight management services? I was going to ask you about that sort of signposting issue.

R Well that is a sort of ethical issue there for me...we're identifying a problem and if we're identifying a problem we should really have a solution. You know, so should we actually be identifying it if we can't do anything about it? So that's quite difficult as well. And getting back to our role, school nurses I mean, there's a bit of an ethical issue about expecting us to take on even more work supporting parents when we're already struggling with the core work, you know, child protection and vaccination and that sort of thing.

I What about referral options....do you have the MEND programme that you can refer children or families into if you feel it's appropriate?

R Yes, there is in Eastbourne. And that's usually what we would suggest, because that is a real sort of holistic intervention, whereas, like I say, the things we can offer are quite basic really in comparison. But MEND is limited in terms of places and it's a huge commitment....and it's not available across the county which means some children can't be referred...or if they are they

have to travel a long way and that's likely to be a barrier for a lot of families....yes, especially those who are from deprived backgrounds. So it's not very fair really.

I Do you refer to the dieticians at all as well?

R We do, yes, that's another line that we can take if we feel like it's above the sort of help that we can give, and the tier one sort of help. Yes, that would be our next step if they weren't keen on MEND.

I Okay, I think that's all I want to ask you about the National Child Measurement Programme process, unless you've got anything else you want to add about it, or you have any thoughts about it, how it's working or...

R No, not really, I think we've sort of covered it all really. I do feel there are gaps there, and we are behind West Sussex by long way, not just with the measurement programme but things like having few referral options and no clear referral pathway. In fact it all seems a bit haphazard in this county even though it'

I Was your experience in West Sussex very different to over here then?

R I think they were further ahead, just because they were thinking of BMI results and that sort of thing, and they had this whole... they had the Public Health Observatory involved in the whole training over BMI results, who is going to send them out, what it was going to look like, so it was a bit more sophisticated, and I think that this PCT is dragging its heels. And in terms of weight management services available and how that's coordinated, I mean this PCT....well, it's Community Services now, isn't it...but this PCT is pretty hopeless....I mean, who's in charge of obesity policy....I couldn't tell you but it's pretty clear they've taken a backseat in terms of tackling obesity. And nothing is joined up...and things aren't in place or organised very well..

I I see....so did West Sussex have a more coordinated approach and more referral options.

R Yes....streets ahead...

I If we could talk a little bit around the role of school nurses in tackling obesity in school settings now. When I say tackling obesity I'm thinking about both prevention and also where there may

be a weight issues for children...in terms of excess weight rather than children being underweight. In an ideal world – I know it's not and school nurses seem to have a huge public health remit now, and health promotion often seems to slip to the bottom of the list of priorities...

R Unfortunately, yes, every time.

I But in an ideal world how would you see a school nurse's role being in relation to tackling obesity, in terms of prevention and in treatment?

R I think that we're in an ideal position to be able to do both those things really. And, you know, when I first applied for my staff nurse post I thought that's what we were going to be doing, you know, health promotion, sort of prevention, the walking well sort of thing, rather than tackling problems that are already there. But unfortunately it doesn't seem to be like that, because as you say health promotion is often the first thing to go, which I don't think is right, because we have that built up relationship with the children, with the teachers, with the school, so we're sort of a visitor but a well-known visitor in a school. And I think we have the experience and the knowledge and the ability to provide that health promotion, a really good position really. But unfortunately I've not done any for a long time because everything else gets in the way. We used to go in and do healthy eating right from the little ones right through really. But it seems to be more when a problem occurs we react to it rather than prevent it. But I think we are in a prime position to prevent and to treat, because we do have this wealth of knowledge and we can offer the basics and, like I say, refer on if needed. So, yes, it's a shame really.

I What if you were in a situation where you had measured a child and you felt that child had a weight issue, would you contact the parent or take any other action?

R It's difficult. There seems to be some difference in terms of what school nurses do and I suppose that comes down to, like I was saying earlier, not having a clear care pathway or protocol for taking action.

I What would your response be though...if you'd just measured a child in year six, for example, and you felt there was a weight issue, what would your approach to that be?

- R If it was in the national weight programme, we're not able to target children, that's my understanding, and pick out children, because that's not the aim of it, it's more of a data collection thing. But if a school mentioned to us that there's a child who is becoming unwell and not being able to participate normally, function normally, because of a weight issue, I would see that as more of a child protection issue, if it becomes so... that parents aren't doing anything about it. Our first line of treatment would then be to call or make contact with parents, have a discussion about the general health and wellbeing, and see if they identify that as an issue and whether they want to do anything about it, and then get into it that way. But if it's becoming a health issue then, yes, we would normally... I would see that as a definite role for us.
- I. What about care pathways, is there no guidance at all in relation to childhood obesity that you're aware of in relation to action you could take in different circumstances?
- R. Well I think it all seems a bit random. You know, there doesn't seem to be a care pathway. I know we are all professionals but as school nurses we probably all do things differently and it's a lottery as to what these children get in terms of help depending on what's available in the local area too. They keep talking about how obesity needs to be a joined up approach, but I've not seen a shred of evidence that that's happening...the problem just seems to be getting worse.
- I And in terms of the schools that you currently work with, and any interventions around healthy weight...do you get involved, are you asked for any input in terms of what the schools are doing or planning to do?
- R It's very ad hoc at the moment. Because I only started here relatively recently and I've really just been finding my feet over the last year or so. But in my overall experience within school nursing it really does vary from school to school, and some schools prefer to deal with it themselves and then other schools I've been involved with the healthy school status and policies and all sorts...and those schools are really keen to get me involved and listen to what I think about what they're planning and are proactive and get me involved. So it really does vary on the teachers' and the head teachers' view on how we can help. So, yes, it has varied but what we're hoping to do, because we work all year round now, in the school holidays, is we are looking at doing a timetable for the schools, depending on how many hours we can give each school, it's quite complicated. But say that we're available for this health promotion, book us in the whole year for

the ones that you want, you can have us for so many hours over the year, book us in for which health promotion you want now. We tend to get asked to do puberty more, because I think they're the ones the schools don't want to do themselves, the teachers find a bit of a sore point. But the healthy eating doesn't seem to be a priority, I have to say, for them to ask us anyway....so we have to do stuff around educating the teachers about what we can do....sounds daft teaching teachers, doesn't it...but that's the reality in some schools.

I Do you feel that it would be useful if schools worked more in partnership with you in terms of interventions?

R I do. I think we can give lots of resources and expertise in weight management, because both of us have done the degree and I did a health promotion module, so you're kind of understanding the change process and that sort of how to engage children in weight issues themselves, and enjoying healthy living. I think that would be beneficial, but I have to say we haven't offered our services too much yet, at the moment.

I Yes, it comes down to resources, I suppose, doesn't it, in terms of time?

R Absolutely, and priorities, for them and us.

I Yes, I see. Obviously you've done a degree and you're have a good grasp of health promotion theory, but in terms of weight management, are you offered any sort of specific training by the trust?

R No...nothing really...nothing practical anyway.

I Do you feel there is a need for more awareness, around things like healthy weight and weight management and things like the Change for Life programme? What are your thoughts about having access to more training?

R Absolutely, yes, I think it's really important. I have been on one, and that was when I very first started school nursing, and that was the only one that I've been on. It was a sort of measurement day, that was when the screening first started. So there was obviously training around how to accurately measure a child. But since then we've not really had any training sessions like that at least not to my knowledge, it's only been about the organisation of the

programme, rather than the actual issues and how we can support parents, or the up to date research and what have you. And what sort of things would you like to be included in training of that sort?

R I did a district nurse placement as a student and we did a healthy weight day, I think it was around five a day, it was a few years ago now, and that was really good and it was all around the change process, brief interventions, that sort of thing, motivational interviewing. And it was around understanding body shapes, how to... you know, just the basics really. I mean, everybody knows the healthy eating and when we ask children about their diet they know what's right and what they should be eating and what isn't healthy. So I think their basic understanding is there, it's really just tapping into their actual thought processes and getting them involved with exercise and that sort of thing really. So I think, yes, the brief intervention approach thing would be quite good, and the basic MEND and Change 4 Life things really. So pretty much really everything, that was a bit of a broad range, wasn't it, but, yes, anything and everything that helps us do our job better, I think we're always keen to have up to date knowledge on it and it's important as practitioners to do that. Oh yes, I actually I went to a talk about social marketing which was really interesting and touched on how different types of families might need different types of approaches to engage them and get them to change their behaviour. It would be really useful to get more training on that sort of thing if we're going to be expected to work with these families. So that sort of thing as well would be on my list.

I You mentioned Change for Life...how do you view that whole programme and are the resources being used in your schools?? That's two questions at once...

R I have to say that if we're sent the resources then we use them, but we don't actively look for them. So it's a bit naughty really, but... I think it's a good programme. The way that I've seen it is from the public's eyes really, and I've had the things through the door and I always look at them because it's interesting for my job and everything. And I always think they're very good, but, yes, I haven't got children so I don't know, again, from a public point of view if I would use it or use the advice, but I think it's a good campaign, well thought out. It just maybe needs a bit more advertising because you get the things through the door and you see the odd advert, but it's not...you need it in your vision all the time, don't you, really, you need the constant reinforcement. As for in my schools, I don't think they are doing much around Change 4 Life.

And I have to admit I'm not fully up to speed with it all...and there's no training provided about what we are meant to be doing with it.

I So do you mean Change 4 Life is a good idea but the schools need to engage and be doing more with it? And there could be a bit more training and awareness raising around it?

R Yes, I think there needs to be more. But from a professional point of view I haven't really used it, so to be honest I wouldn't be able to comment on that or say what schools should be doing with it...or school nurses for that matter.

I Just going back to training, do you feel it would be useful if school nurses had training around Change 4 Life and what it's all about, because there seems to be a very big disparity in what people actually know about it and whether they use the resources or have access to the resources and how they should be using it.

R Absolutely. And I think the government are missing a trick really, and they've had their own little team and they're doing a really good job on their own, but they're not actually looking at the wider picture and thinking, "Okay, so who is actually in schools a lot, and who has contact with children all the time?" And the health visitor and the school nurses are really prime in that, and they're not using us. So I think they're missing something there. It's all a bit disjointed really.

I Involving everybody and drawing things together in a coordinated way do you mean? Could you explain a bit more about that.

R Yes, they're trying to tackle it on their own and that's probably not the best way of using what's already available really. So, yes, we would be... if they gave us resources we could definitely use them in schools, even if it's just making it more visible and pinning up posters and having displays or something, right down to doing lessons. So, yes, I think they're missing a trick a bit there. And I think we should all be trained so we know what's expected and can work together.

I Okay, that's interesting comment, yes. Going back to MEND and the options you have for signposting or referring children and families, if there are weight issues. Do you feel there is a need for more of that sort of programme...or other options...so that you have got more referral options?

R Yes, I do. You've really got to target the whole family. I think that MEND is fantastic in itself. I've been involved with MEND in West Sussex; I was a dietary adviser for one of the sessions, but I couldn't carry it on for various reasons. But, and like I said before, it's a big commitment for parents, and I think that they're quite undersubscribed in Eastbourne at the moment. But then they haven't given us the leaflets. They came to one of our forums and we asked if they could give us a supply of leaflets so that when we see the parents, because we do parent drop-ins and things, or even with the results, we could just send them out with all the results rather than... you know, not targeting specific parents but just giving everybody a MEND leaflet with their results. And they said they'd do that, and they haven't. I'm moaning now...but it's disappointing when the organisation can't be bothered to do what they say.

I No, other people have said exactly the same.

R And you think, well, again we're in a prime position to be able to advertise it, and if they're undersubscribed it seems a bit silly really. But, yes, I do think that we need more of them, and I think we need ones that maybe are a pre-MEND sort of course, so it's not so much of a commitment, gives you a little bit of a taster, if you like, and then leads on to the big MEND if you want to. And then similarly at the end you have... because the group's there and then it breaks up and it was working and it was great, but then you forget, don't you? And you need stuff for younger children...you know, before it becomes a real problem when children are older and less likely to be able to change their behaviour. But I also think, well there's got to be more choice as well as MEND and it's got to meet the demand otherwise you're only scraping the surface in terms of tackling the problem.

I. Do you mean, different types of referral options and sufficient capacity of services?

R. I mean that you need to provide services that are suitable for people and their circumstances. It's not just about shoving in a few MEND programme and hoping that will solve things...do they really think it will? You need to look at what's available and what people need. I think you need different approaches that meet the needs of different people - there is no one-size-fits-all solution to weight management. Well at least that's my view. I mean it would be really useful. You know, different children need different sorts of help. There are all sorts of factors, you know, some are obese and others are overweight to various degrees...so what's appropriate for one

child or family might be the same for another. Yes, and you've got to have the capacity too...it's no good saying to a mum that they can go on the MEND programme and getting them all enthusiastic and them saying 'actually there's a 6 month waiting list'.

I OK. Going back to that whole issue of coordinating efforts...not receiving the MEND or Change 4 Life resources or being offered training does raise the issue of the difficulty of trying to work in partnership to tackle it as a whole but it being difficult when things are not pulled together.

R Exactly. And I'd like to think we both have the same agenda. It's not like they're working for one thing and we're working for another thing. They keep emphasising partnership working but it doesn't happen that much in my experience. I know we're separate agencies but we're working towards the same thing really and we would really like to refer people on. And using their website, I find that quite confusing as well....I would like to think that I'm quite computer literate but it took a while to find where the local MEND was, and who to contact. So I thought, well, parents would just give up, because they might be just going on the off-chance. So there were a few things that perhaps could have been done better.

I Just one other question going back to something we touched on earlier...going back to the National Child Measurement Programme when you're weighing in reception and then year six. There's a big gap in between when weight issues may develop for a child or effectively ignored if they are not picked up....

R I think there is something to be said for them doing it from there and right the way through, it's the same with all sorts of health promotion, sexual health and relationships as well. And I don't think there is enough ongoing, no. And I don't think that doing the screening in reception and then the screening in year six is really doing anything much more than a data collection exercise for the government to say, actually we're reducing obesity, or it's going up, or whatever. I don't think it really helps anybody, because it certainly doesn't really help us. You can highlight issues at reception, but I have to say nothing really is ever done about it. Rightly or wrongly really. I mean, if there is a massive difference in centiles then the nursery nurses will let us know and we can offer the parents support. But if they don't want it, or they say, "Oh well, we're just keeping an eye on it ourselves and hoping they grow out of it", we can always suggest that we go in,

monitor their weight every six months, and some parents are quite happy to do that and we can work together. But it really does depend on the parent too.

I Individual choice do you mean?

R Yes, it is, very much so. And we only really get involved, because of massive caseloads, if parents or teachers highlight an issue, or nursery nurses when they're screened, otherwise we might really miss them. But, like I say, I think it really does need a dedicated team to do the whole health promotion and the screening and everything really....and particularly to help where there are weight issues for children. At the moment nobody seems to be in charge of it all.

I So, a coordinated cross-county approach, do you mean?

R Yes.

I So there's networking and support going on as well.

R Absolutely, yes, and there's the sort of pre-assessment phase and then the actual doing it and then aftercare and the people who were highlighted to have maybe an issue. Yes, that would be the ideal, but... I do feel there's a place for us, definitely, and we are ideally situated in school to do that. It's just that we have so many things we have to do...I do feel we're in danger of being a bit of a jack of all trades, and we're asked to do so many different things that you have to do... we are only allowed to give so much of our time for each thing, and you can only do so much...health promotion is usually at the bottom of the list of priorities...not because we don't want to do it but because we don't have time to.

I Yes, you have to prioritise.

R Yes, and you have to do – for want of a better term – a sort of rubbish job for each one of them, so you've done it, but you put it in a box, and then you go into the next one.

I Yes, you end up being very thinly spread, I guess.

R Yes, exactly, and you're never doing a very thorough job on any of them. So it's quite a frustrating job sometimes, in that respect. It would be better if we had specific... we're getting a core service so we know what we absolutely have to do but other things end up not being done

or being piecemeal...you know like health promotion. It's job satisfaction that suffers too...feeling there's so much that could be being done and frustrated that it isn't being done properly. Prevention and health promotion are really important but that doesn't seem to be recognised.

I Yes, I can understand those frustrations...they are very valid comments you've made.

R Oh, good.

I Well, thank you very much. That's all I want to ask you, but is there anything else you want to add or...?

R I don't think so. No, I mean, I say that it's job satisfaction, it's a lovely job but it can be frustrating, when you analyse it and you go into it, you kind of see where the gaps are and how we don't really follow through some things, and that can be a little bit disheartening. It would be good to have a specific... you know, if for one year you were doing this, or targeting one thing, because we're always told the government have these priorities and we have these things that we have to do. It would be good to then be given the time or the resources to specifically target that, and do what they want us to do well. But we just get these things like screening and they'll say, "Oh, the school nurses can do that, that's fine", and now the HPVs and... you think, "Okay."...but something else has to slip by the wayside.

I Yes, I can see that.

R So how will it be used, your research I mean?

I What I'm going to do... I've nearly finished the interviews now, I've got a couple more to do, and then I'll have done my sample of nurses across the county. Then I will analyse everything and draw out key points that are coming up. A lot of what you've said today is reflected by comments from other nurses I've interviewed.

R Yes, I can imagine.

I Yes, it's becoming quite evident where the issues are, and where there are areas where there are potential improvements could be made so I shall make recommendations as well. Anyway,

what I'm intending to do is analyse it, write it up, and then send a summary round to everybody who's participated in the study...

R Oh, that's good.

I And also to the PCT...particularly people responsible for obesity and healthy weight policy and commissioning. So they are aware that issues like training and clear referral pathways need to be addressed.

R Yes, it seems to be a bit of an afterthought sometimes....and sometimes there seems to be no thought what-so-ever.

I Yes, so I'll send a summary around to everybody.

R Okay, lovely, great.

I Thank you very much again.

R No, it's a pleasure.

- R. So you're doing this as part of your degree – I think it's really interesting.
- I. Yes, you've probably gathered from the information I sent you that I'm doing a Masters in weight management and this is the research for my dissertation....so, yes, it I am finding interesting. My background is in nutrition and health promotion as well and I have a combined interest around childhood obesity.
- R. Well I'll be very interested to read it when you've finished
- I. Yes...well I shall circulate a summary to people I've interviewed when I've finished it....but that will be a little while yet. OK, well I'm going to record it if that's alright because it's nicer to be able talk freely...but obviously everything we say is confidential and all of the research will be anonymised so individual people can't be identified. So feel free to say what you think. I've got a sort of script that I'm following...I'm interviewing lots of different people so I need to do it in a fairly consistent way...but it's very informal and we can chat around things in depth if we need to . Well I've told you a bit about my background, so what I really want to do today is talk with you about the National Child Measurement Programme and ask your views about that...and also your views on the role of school nurses in tackling obesity in school settings. Over the last few years I've had...in my health promotion role...a lot of chats with school nurses and I've got a good feeling for what's happening and what the issues are but school nurses don't appear to have been asked in a formal way what their views are and how they feel about things. So it's really looking at things at a grass roots level.
- R. Well I'd better say first of all that I'm a band 6 nurse but I've only been in the job for two years....so I started doing the measurements some time after the programme started and have only done two lots of measurements.
- I. That's OK....different nurses have been doing the measurements for varying amounts of time...but I'm really interested in what's been happening this year.
- R. Well, from what I can see about the child measurement programme, there's one big flaw in it and that's parents can opt their children out. And the parents that do opt their children out are apparently, according to the school, the parents of the overweight or obese children. So therefore the figures are not reflecting reality in my opinion....that to me is a big flaw.

- I. Yes, that has been a criticism.
- R. And I did read that...going back to when it was first implemented....that lots of parents were up in arms about it as they thought it could lead to bullying and so on. And I did read that somebody from the measurement programme said that that in cases like this....when it's an important issue around children's health....that parents consent should not necessarily be sought and that weighing should be compulsory. I don't know what happened to that view...and I don't know if I even agree with it....but I did read that was being muted...that was in 2006 I think....but I don't know if anything has changed since that.
- I. Well I think things have changed a bit since the programme was first introduced. Originally it was set up purely as a monitoring programme. Parents have always been able to opt their children out if they've wanted to. More recently there's been some debate around feeding back results to parents and the way that should be done. So it's likely that although parents will still be able to opt out, PCTs are now being encouraged to give parents whose children are measured the results....so that is something that's changed from when it first started. OK, well feeding back results is something I'd like to discuss in a bit more detail, so perhaps we could come back to that a bit later on. So how many schools are you actually responsible for...perhaps you could tell me a bit about that and how your team is structured in your patch.
- R. Well I'm only part time and only do 18.5 hours a week....so I only have two schools....and I also have another role in doing all the recalls for all the schools. So my own schools...there's two...but I also go into my colleagues schools to help out.
- I. Yes, I see....so in terms of the number of schools you do the measuring in...
- R. I go into all of them...my colleague and I do it together for all our schools....that's eight altogether.
- I. I see. Well if we could just talk about the programme itself.... PCTs are advised by the Department of Health to deliver the programme in a certain way and to follow DOH guidelines. So if we could just talk a bit around that and in terms of what's happening in practice. In terms of measuring children, as a school nurse you are presumably trained in weighing and measuring children. But are you offered any specific training by the PCT, around how you're supposed to do the weighing and measuring in schools for the programme or other aspects of delivering it.
- R. Well I got some training on the job from the other school nurse. But also we've got a DVD – I'm not sure where that comes from though, I have to admit – but a DVD and it does show how

exactly how you're supposed to measure the heights and weights – which I have watched.

I. Yes, that's from the DOH. And is that made freely available by the PCT?

R. I'm not sure about that but I have watched it....and I found it quite helpful actually.

I. OK. And in terms of organising the measuring in schools. Are you directly involved in that process...I mean with things like organising the letters to parents before going in to do the measuring and so on? I've chatted to your colleague a bit about that and it sounds like quite a big piece of work....is that something you were involved in?

R. I haven't been this year because I was on my days off. My colleague took the letters around to all the schools. But yes it's usually a bit of a...I don't know the right word....it usually takes up quite a bit of time.

I realise that the school health department doesn't have time to do this sort of thing either but do think the letters could be sent out rather than having to take them in person to the schools....I actually think it would be better if somebody was running and coordinating the whole programme each year.

I. Yes, it certainly used to be done like that. So once parents have been sent the letter, do you have many enquiries from parents about their children being measured. And do get any sense of how many parents are opting their children out.

R. Yes...we haven't had enquiries direct to us, as far as I'm aware, and the schools haven't told me of any enquiries they've had from parents. But, opting out...yes....certainly every class children out certainly probably on average for every class there's probably about 3 children who are opted out....and the schools do say that these children are the overweight ones.

I. Do parents ever give reasons why they are opting their children out when they make that request?

R. No not really, the schools just tell me which children have been opted out. The schools usually just tell me 'that's because they're overweight'... and presumably they don't want any involvement from the school nurses either.

I. That's interesting. So in terms of preparing children before you actually do the measuring, what's your approach? Do you talk to them beforehand or do anything else?

R. Right, well....I know some school nurses actually go in on a separate visit before they do the measuring, but we do it all at once and what we do is actually just go into the class on the day we are going to do the measuring. We talk to the whole class and we've got these big A4

leaflets...BMI leaflets for the children to read....we give out those...and we do a little talk, you know about what we're going to do, why we're doing it, about how it's across the whole country, the fact it's anonymous, etc etc and you, know, about the fact they only have to take their shoes off...you know, to stop them worrying really...and that nobody's going to see and nobody's going to know their results and that they don't even know and that we can inform their parents if their parents have requested it by post and that's more or less what we tell them....and we give them the chance to ask any questions.

What sort of things do they ask you about it?

The only question they usually ask is can they have the results. Nearly always! And we have to say I'm afraid not. So that's what we do that before we start weighing and measuring. And I think in a way it's good to do it directly before because it doesn't give them time to dwell on it.

I. How do you mean?

R. Well, they don't have days where they might be worrying about being measured or get in to a state about it. We talk, then they just go straight in and have it done and it's over with...you know, they don't have a week or whatever beforehand to worry about it....especially if they are a bit sensitive about their weight.

I. Do you have children who opt out, refuse to be measured on the day?

R. Last year we did but I don't think anybody did this year, not as far as I can recall. There was one child who turned up on the day who's mum had opted him out but he was happy to come! But as far as I can remember, none of the children refused.

I. So do you normally go into schools with your colleague and do the measuring in pairs?

R. Yes that works quite well....it's difficult doing it on your own....if there's two people we can be quite organised and troubleshoot any problems

I. Do the school staff help at all?

R. I wish they would offer help....but no, none of my schools do....but then they are busy....but perhaps a classroom assistant could lend a hand for the day...it would make our job easier and quicker.

I. An in terms of where you measure the children...do you have a dedicated area ...a room or somewhere else that you can use?

R. Well this is another quite a difficult issue. You know quite often schools are stretched for space. We've been alright but the difficult is finding somewhere you can get the children sort of flowing

but seeing them on their own. So we might get them coming in groups of 4 but it can be a problem measuring them without their class mates watching. So there's often no designated area and quite often we'll be somewhere like a first aid room which is tiny and not really suitable, so we have used halls...and on one occasion we had to use the bottom of a stairwell which isn't idea as it was a thoroughfare....which is not ideal. So I would say that can be a problem and not always ideal and we just have to muddle through as best we can.

I know the ideal scenario is that children are waiting outside and you bring them in one at a time and they're weighed in privacy, but sometimes it's not possible...but we do get the children to stand far enough away so they don't see what's going on. So we try to do things in a private way, but it can be an issue.

- I. OK...so you try find ways around that and do the measurements as privately as you can so that confidentiality is respected. I must say from the other nurses I've interviewed that there does seem a lot of variation in terms of where people are having to do the measurements and how much support schools give in that respect.
- R. Yes, well you have to fit around the school really...but like I said, it's not always idea.
- I. And how do you find the children respond when you are weighing and measuring them...do they ask you questions? Are there any problems that crop up?
- R. Quite a lot of children try to see what their measurements are. We have very difficult scales.....previously we had scales where the result was on a separate display so the children couldn't see their weight...but now we have to have these cheap scales that are like normal scales and they stand on them and we tell them to look the other way. But they are curious to know what their results, of course, and they are always looking to see the results all the time. But they don't make any fuss although they're a bit giggly sometimes but I wouldn't say any problems....they've all been quite willing.
- I. And do they ask for their result or ask how their weight is...if it's OK?
- R. Well...they try to look and they sometimes ask if 'is it too much?'. Some of the more portly ones look a bit awkward or embarrassed, but generally they're in an out within a couple of minutes. We're not supposed to comment on their measurement but if they are worried I will always explain their result and reassure them and tell them their parent will be sent the result if they've asked for it and can talk it through with me.
- I. OK....well, if you did have a child that you'd measured and you were concerned about their

weight....about a child being too heavy....what would you do...would you take any action?

R. Well this is a difficulty because apparently we're not supposed to do that. Because the results are going to be anonymised and used as research figures, apparently we can't act on those results on their own unless we had a concern expressed...perhaps by a member of staff at the school....so actually I think it's another problem with the programme because you can see children that might actually benefit from some intervention but you can't actually act on the back of measuring them as a group and then contact the parents. We could refer to the dietician but we need the parents' consent for that and if we're not supposed to contact them, then that's difficult. I mean, we did have a talk about for next year, sending every child a card with the details of that physical fitness programme...what's it called.....

I. Do you mean the MEND programme?

R. Yes, that's it, the MEND programme....which is quite new...we're too late this year but we thought it might be good rather than targeting specific children and making them feel picked on, to send details to everybody....parents could get in touch if they wanted. It's quite a sensitive issue for parents....but they could act on it if they wanted to.

I. Yes, it is quite a sensitive issue....engaging parents...isn't it?

R. Yes, obviously we don't want parents to feel we are blaming them for their child's weight problem or stop them from engaging.

I. No, it's difficult enough to engage with parents as it is and if they feel you are blaming them that might alienate them still further. OK, well in terms of feeding back to parents...currently parents can request results but in future that will change to results being fed back as a matter of course to all parents. Do you think that's a good idea?

R. I do feel it's a good idea to feed back results. This year I think we just feedback the child's height and weight but I feel it would be more useful to have more information....which I think the PCT might be planning on doing next year, but they haven't told us of course ...but information in terms of what these results actually mean...like whether they are overweight or underweight and what to do about it. You know in terms of where they can get help etc, rather than just giving the result. It's all very well giving results, but that on it's own isn't really helpful....it should be in a bit more of a context....and there should be some advice to help people. I think that's what they might start doing that next year, but I'm not 100% sure and nobody has told us.

I. Yes, that's right....parents will be fed back results in the form of a letter and that will include

some advice about where parents can get help if they are concerned...for example from a health professional such as a GP or school nurse.

R. I think some parents do see their GP in the first case, but to be honest, I don't think the school nurse profile is that high and parents don't necessarily think of contacting us school nurses for advice.

I. Really...that's surprising...

R. No our profile is not that high.

I. OK...but it will probably be suggested that parents can contact a school nurse, which may raise your profile...and if that was the case, do you think you would have the capacity to take that on....you know, parents coming to you for advice about weight management?

R. Yes I think so....last year probably I would have said no, but we are getting more help...we are going to get another Band 6 school nurse this September, so I think it would be more manageable to do that. And I also think it should be quite a priority as well...yes...and I mean it should be part of our job...well I think so anyway. The problem is there's no knowing how many children and parents it will involve. I'm pretty hard pushed as it is and I wouldn't be able to cope with a lot of demand. And the other thing is that I'm not an expert in childhood obesity and wouldn't feel that confident just been thrown in at the deep end and having to act as a sort of, you know, weight management adviser. So I think there needs to be a bit of thought and a bit of asking us how we feel and if we're confident to do it and things like if we need some training. And of course, if we have time to do it if there's a sudden rush and what happens if we can't cope with the demand.

I. OK...just a general question...do you think measuring children for the National Child Measurement Programme is good use of your time as a school nurse?

R. At the moment I think no, it's not a good use of our time, but I think it could be if *all* the children are measured, and they didn't opt out, because I think a clearer picture of how things are would be obtained and where the problems are and where to target the resources...and to get a proper picture of the health of the children. You know, at the moment I think it's a bit of a farce because we are only getting half of the picture. And what about the ones who opt out...they won't be getting a letter or whatever....and they are the tubby ones then you'll miss an opportunity to help them and engage the parents who really need support.

So going back to the question...no, I don't think it's a good use of time, but it could something

that could be really useful if it was changed a bit.

I. Could you elaborate a bit?

R. Well, I suppose it doesn't really have to be a school nurse that does it...nursery nurses could be quite capable of doing it...maybe their training could be extended and their job description expanded so they could do it alongside a qualified nurse. I mean, you don't have to be a qualified nurse to do the measuring. Personally I think for a Band 6 nurse it's probably not a good use of their time because they are needed so much elsewhere. But we could do more around supporting parents if they needed it...particularly when the results get fed back.

I. Yes, I see. That's a good point...about perhaps somebody else doing the measurement...particularly when school nurses seem to have such a huge public health remit already. OK, well you've made some very interesting comments and I think that's all I wanted to ask you about the National Child Measurement Programme...but is there anything else you want to add or perhaps feel strongly about?

R. I think, apart from what else I've already said, I think it would be far better if we were allowed to act on it...as we were talking about earlier....if you see a child that is overweight or obese, if there was a kind of pathway, protocol, procedure to follow, something which every school nurse was doing the same way....to maybe contact parents to offer support, input...because at the moment we are only measuring and then going away and that's it. If not school nurses, then somebody else...you know to follow up the kids with weight problems and offer support. In fact, thinking about it, a dedicated team would be a better idea...you know, trained staff that can assess and advise and refer children. Anyway, we're not supposed to calculate BMI or assess whether a child is overweight...but that seems like a head in the sand approach...I think we have a responsibility and should be able to contact the parents. It would be better, I think, to make more use of it and to, as we are seeing these children, we've got an excuse almost to see these children that we don't usually see...it would be really good health promotion to just act on it. And even if the parents say 'no thanks' at least we've had the opportunity and then if they changed their minds they would know who to come to ...you know, our name and contact number...so that would be another way of improving it. You know, that whole cycle of behaviour change sometimes starts with planting a seed initially and then encouraging and supporting behaviour change on a an ongoing basis rather than just saying there's a problem and expecting people to change or giving them a leaflet and expecting that to solve the problem...it doesn't really work

like that.

I. Yes, I think you're quite right. So, moving on to the role of school nurses in tackling obesity in school settings....not just in relation to when a child has weight issues but also in terms of preventing obesity. I'd like to talk a bit about that now. In an ideal world...which I know it isn't...but in an ideal world how would you see the role of a school nurse in tackling obesity....both in prevention and where perhaps there is an issue around weight for a child?

R. Regarding our work, what we have done is to go into schools and give a little session to reception children about healthy eating and exercise....and we've given leaflets about healthy eating to take home to their parents...and information about five a day and the exercise recommendations. So we've gone in right at the very youngest age with information about healthy eating. But for the older children we don't do much....for year 6, I mean. But I do think there is a role for school nurses....when children become a bit more conscious of their weight and maybe bullying starts, you know....maybe there is a role there for the school nurse to have like a drop in session where children can talk about any worries and that would include weight problems.

Quite often I think the children are willing to come and talk to the school nurse where the parents might not be and they deserve to have someone to talk to....a professional....they can talk to on their own....when they are that age. And that sort of drop-in could involve signposting to a GP, dietician or whatever is necessary.

I. OK...that's a good point. I get the impression that drop-ins can work really well, but provision doesn't seem to be consistent across the county

R. I remember quite a long time ago...when I was doing my school nurse training I went out with a nurse who was doing health interviews and she just went through a few screening questions and asked if they had any questions or worries and that was an opportunity for her to tell them about healthy eating and for the children to ask about things. I don't know, to be honest, if they'd have the time now but a drop-in would not be so onerous.

I. In terms of the schools you work with....do they have any initiatives going on around healthy weight themes?

R. Yes, they are doing the Change 4 Life programme which they've got free materials for....although I haven't been given any yet. But I don't think there's anything else specifically in my schools though.

- I. You mentioned Change 4 Life....what are your schools doing around that?
- R. Well I'm not sure really. Some of them have put up posters and I think they've sent the leaflets home in schools. I asked for some of the booklets but they couldn't find them. I'm not sure if it's been used in lessons though.
- I. What if there were initiatives around healthy weight....would you want...or have the time to get involved with the schools?
- R. Yes, I think so, yes speaking for myself...yes that would be feasible....at least to some extent....but a lot of nurses would probably be too busy.
- I. And in terms of training...are you offered any training by the PCT or from other sources around tackling obesity and healthy weight...you know both preventative aspects and where there are issues around weight management....is there any training you can tap in to or that you can or are expected to do?
- R. I'm just trying to think...I can't actually think of any...we have had a lady from the MEND programme...I know that's separate from the NHS...and they said we can always go and talk to them about that programme, but in terms of what the Trust offer there's been nothing.
- I. Do you think there's a need for training....and any in particular that you personally would like to see being provided?
- R. Yes, I think that would be a good idea. Obviously we do keep up and read articles about recommendations...but I think that training would be good....particularly around how to assess weight status and BMI and that sort of thing and health promotion and healthy weight...you know, Change 4 Life for instance....and also around how to engage parents more effectively...definitely that because it's so hard to do. And then, like we were talking about, if we have to give advice or whatever, then some school nurses might want training around assessing overweight children and engaging parents...and how to use care pathways, assuming that one day we eventually get one. You know, all of those things really...perhaps a training day with really comprehensive sessions on the main things that people want. The health visitors could also do it too.
- I. And in terms of weight management services....you mentioned the dieticians and MEND that you can refer or signpost people to. Is there any thing else that you're aware of and does the PCT provide you with a clear care or referral pathway or give you information about different options that might be available?

- R. There's no care pathway as such. We normally refer to the dietitian and that's about the only option as far as I'm aware anyway, but I think some clear guidance about what action should be taken when children are overweight would be helpful and is long overdue. So anyway, dieticians are the normal route in the first instance if the parent is willing but nothing else really apart from that...except the MEND programme we might be getting, but that's so new we haven't referred anyone yet. It would be really helpful to have a clear referral pathway and information about other options....you know, like where the MEND programme is running and anything similar...like a sort of local directory of services and initiatives. But to be honest I don't think there is much...particularly over this side of the county. Hastings and places like that seem to get a lot of funding for initiatives...I suppose because there's a lot of deprivation....but I don't think there's been much action over this side....it's been pretty neglected really and it's, you know, like a postcode lottery in terms of obesity services in the same way that other services are a postcode lottery. It's really inequitable.
- I. Yes, I have got that impression from other nurses I've interviewed. Well, I think that's all I want to ask you in terms of formal questions. And you've made some very interesting comments. But before we finish, is there anything else you'd like to say or any points you want to make?
- R. I don't think so, I think we've covered everything and the problems we have. I hope it helps you....well actually I hope people who are in charge of things get to read it to see what all the nurses think and get the message that some things could do with improving or else nothing will change for children with weight problems...it'll just go on getting worse.
- I. Yes....well I shall circulate a summary once I've written it up....and I do feel that the points people have been making need to be fed back to the PCT....you know, around some of the issues that crop up with the measuring process but also around things like the provision of training and providing staff with clear referral pathways and the like.....there seem to be some very definite gaps. Well, it's been very nice to meet you and thank you very much again for finding the time to see me and for being so frank.

- I I've got a script of questions I'm going to follow because I'm interviewing lots of school nurses across the county, but the interview will be very relaxed and informal, so we can chat around particular issues. I hope you'll feel free to say what you really think but if there's something you don't want to answer or discuss that's fine. Well, you probably gathered from the information I sent you a little while ago that I'm doing this as part of my Master's degree in weight management.
- R Yes.
- I And I'm looking at school nurses' views about the National Child Measurement Programme and how it's actually working on the ground. And I'm also looking at what school nurses feel about their role in tackling obesity in school settings. I've worked in Health Promotion in the past and I've had lots of informal chats with school nurses when they've come in to pick resources up, and kind of got various comments from them on an ad hoc basis about the National Child Measurement Programme, but never really formalised that discussion and the PCT don't seem to have asked either. So that's a bit about me, but tell me a little bit about you and how long you've been a school nurse and what schools are you responsible for in your patch?
- R I've been a school nurse in <town name> for eight and a half years. I've actually been a school nurse for about nine. But for the schools here, that's four primaries, one secondary school, and I also have some responsibilities for the Tutorial Unit, which is an alternative centre of education. And in terms of my workload within the schools, it's pretty much the same as any school nurse you talk to, I imagine. The priority needs, vulnerable, needy children, enhanced service, child protection, looked after children, and then, like it or not, the Health Promotion bit comes on the end, because it'll always be pushed to one side over the priority work. And it does include the school entry screening, which is reception age children, measuring and weighing, and it does include the year six data collection that we're doing with regards to heights and weights.
- I What banding are you on, and how many other people are in your team for this patch?

- R I'm a band six. I have support from a band five staff nurse and a band four – soon to be – school nurse assistant. So she's nursery nurse, NVQ 3 qualified. So I guess there are three people in my team; actually my team also provide Newhaven with some support as well. So we share them....the band 4 and 5s
- I The people on lower bands?
- R Yes... the band 4 and 5s...at the moment but I think it's changing, but I don't know quite how or when
- I Yes, I gathered that. So in terms of most of the actual measuring and collecting the information, that's down to the band five and the nursery nurse actually doing it....or are you involved.
- R I've done some but generally speaking we've devolved that part of the work to the and 4 and 5 nurses because that's...well...well...I've lost the words
- I A practical option?
- R Yes, skill mixing. But as far as how it happens, we do that in line with what we've got as a resource, so that means time. And it should really be partnership working with schools.... ha....but schools up till now still see it as our job....and they don't offer any help when we go in which I think they should really...yes.
- I Do you have any sort of resistance from any of your schools to you going in to do the measurements?
- R Not resistance in the sense that none of them will come out and say, "I don't want you to come in and do that", but we do from time to time have situations, just in this last year, where my colleagues will come back and say, "We had to measure the children in the library, which is also a thoroughfare".
- I Yes, I was going to ask you about that a little bit later, actually, about the actual set up in the schools and where you do the measuring, so perhaps we could come back to that.
- R So I'm wondering if it's going to change a little with the focus from people like the Local Partnerships for Children....the chair of our Local Partnership has a lead role within the obesity

strategies. So whether she will be able to bring some of that to the Local Partnership meeting and actually from another perspective be saying, "This isn't just Health's deal, this is all of us working together – not just nurses and health but education and society generally...you know it's our collective responsibility as a society, not just something to dump on the school nurses and say you should be sorting that out", I don't know. But I look forward to that.

I Yes, so that discussion's likely to happen at some point?

R Yes.

I In terms of doing the weighing and measuring in the schools that you're responsible for, how is it actually organised and are you responsible for that?

R Yes. We agree a date with the school and then we reckon on about a month to six weeks before we're due to go in we send the letters home telling parents what it's about. There's a letter that's used across all the school nursing teams, you've probably seen it.

I Yes.

R It explains the purpose, it asks the parent whether they'd like to not give consent. And it also asks them if they would like the results. And it tells them how to get the results if they want them, but in actual fact we provide them with it. So the responses then come back to the school, we collect them and act on them. There have been some refusals, I can't tell you the actual numbers but I'm sure that's in the bigger picture.

I Child Health will have that information, yes. Do you have any indication as to why they decide to opt out or is no reason given?

R It's a simple, "I don't give consent

I And once the letters go out to parents, do the parents call you at all just to discuss it a bit further or ask you about it?

R Occasionally. Some will ask the schools what they know about it, and usually that means they'll talk to someone like the secretary or receptionist. And they're pretty good at explaining it's non-

invasive and that the children aren't singled out and it's handled sensitively. And then parents can make their decisions based on that little bit of additional information if they want to.

I Do you ever get any sense of which children are opting out.

R No. I wouldn't be able to tell you for sure"....but I could probably guess which children it will be....my gut feeling is that it's the overweight ones because they don't turn up on the day to be measured. .And also I think it's those parents, in my experience, who tend to be more "Okay, if my child's got a weight issue what exactly are you going to do about it?" or parents who maybe are a little bit anti establishment, and "What I do with my children and their diet is up to me and not necessarily the government or Health." But that's anecdotal, that's my feeling.

I Sure, yes, it's difficult to actually quantify the reasons.

R No....we're not collecting that specific information so...

I No, that's right. And in terms of preparing the children before your team go into the schools to do the weighing and measuring, what's your approach...do you have any sessions beforehand with the children, or are they prepared in any way?

R I would like to hope that the schools are aware of what we're going in for. And I do know that in two of my schools their teachers have prepared the children in the sense that the nurses will be coming in to... they give a brief overview, they'll be explaining – usually it's the schools that are giving us some nice private space as well – they'll explain that it's confidential and it's the child's information, nobody else's, and that actually we're all different shapes and sizes, you know, they do that really nice preparation, and that it's not about looking for children that are overweight.

I Or singling people out.

R We're not singling people out, we're just looking at how people are growing nationally. That's in a really nice school. In schools that aren't so well prepared, or perhaps don't have the time as a resource, they may just tell the children that someone is coming in to measure them today.

I Okay, so it's quite variable then.

- R Yes, it is variable. I'm not sure how much pre PHSE work is going on. I'm not sure how they're linking it in to exercise and healthy diet, and even holistic health aspects. I have had conversations with two curriculum coordinators for PHSE and they say that they bring it into aspects of their work that they're doing throughout the year, not necessarily just before we're going in. But I don't... you know, I'm not there, I'm not invited into that.
- I Do you feel that's something you ought to have a bit more say about?
- R I think if I was going to be looking at a real gold standard, really nice quality interventional work, I would be saying that school nurses could sit quite nicely alongside some lessons about growing and about eating healthily and about sleeping and exercise. But that's not real world and so no, we don't.
- I You have to do what you can, I guess.
- R Yes....and what the schools let you.
- I You've said that in some schools you have to do the measuring in an area that's used as a thoroughfare. Is that usual in terms of the space you're given to measure children or does it vary?
- R It's variable. Sometimes we'll be given over a hall and if two nurses are available to go, our band five and band four, or a band six and a band four, whatever mix, we might have two stations which we're working from. But if it's a hall, that can still be quite private because you can be quite a long way from each other, and children, if they're not looking at other people, they tend to make this assumption that no-one's looking at them, a lot of the time. If it's a main thoroughfare, like the library, which we have experienced, you'll just have one station and the line of children, sometimes they line them up, sometimes they're sent out of the class in twos or threes, we're not always sure whether the two or three even like each other particularly. You know, all those different things, it's one extreme to the other really. I guess if someone said to me what would you really like I'd say, well I'd like one whole classroom given over to us. I'd like to see one child at a time with ten minutes, lovely, to be able to talk to them about what we're doing and why we're doing it, and give them their results and explain it to them, because they are year sixes. But, again, you know, that's wish list type of thing.

- I Yes, the real world is a bit different isn't it. When the children are being measured do they ask you very much, or do they comment on their weight?
- R It varies. Some barely speak and you can use all the skills that you've got to try and encourage children to ask questions about what's going on if they want to. But still some don't really speak to you at all, and others are middle of the road, "What's my weight, how tall am I, what does that mean?" and then they stop. And then others are quite anxious about it, but not too many.
- I And do they ask for their results very often? When you're actually doing the weighing and measuring...do you get children asking for their results, and what do you do if that situation arises?
- R I think they like to know how tall they are, and they like to know how heavy they are, but I'm not sure that they're able to really understand how a BMI is worked out. And I have some reservations about just measuring and weighing in the way that we are anyway, because a true BMI is much more than just a height and a weight measurement and, again as you know, it's about, well, okay, this is your weight and this is your height, do *you* think you eat healthily? And a child might be tall and lanky and skinny in someone's eyes, and yet they have a really great diet and they take lots of exercise and they sleep well and they do everything. So I think they ask questions, but not all of them. And generally they're very sensible, their questions are quite sensible. And also most children who are heavier than they should be know it. Yes, they do know. And so that might get them to talk to you, but not always...
- I I suppose it could go either way really, couldn't it?
- R Yes.
- I Yes, perhaps if they feel awkward instead of wanting to talk about it they feel too embarrassed
- R Yes. I think it's more common that they'll say "I'm too big, aren't I" or "I'm too heavy?" And actually they're not. The ones that are very heavy, they will say, "I know I'm really heavy."
- I If you were concerned about a child's weight would you follow that up as a result of weighing and measuring them?

R Yes, we do.

I So if you were measuring them as part of the National Child Measurement Programme, year sixes or reception as well, and you were concerned, what would you actually do, what action would you take?

R I think in the first instance it's about talking to their parent or their carer and asking them if they have any concerns. It might also be that you can just get a general idea about how the child is, you could say to their teacher, "How do you find your class?" So you're not disclosing anything, but you might actually, because you're in there measuring and weighing all of those year six children, you could just say to the teacher, "Do you have any concerns about any of the children in your class?" That might then raise something about a specific child, and if it is a weight it's likely going to be the child that you've measured that is incredibly weighty anyway. But I feel I have duty to contact the parents....you've got to share the information with the parents... if it's outside of what is the expected norm then you should be imparting that and opening those channels of communication and engaging the parents, otherwise you're letting that child down.

I So would you directly contact the parent then?

R Yes, I'd definitely contact the parent.

I And feeding back results of the measurements...at the moment parents request results but they will automatically be sent results in the future. What do you feel about that, feeding back results generally and how it's done?

R When it's outside of normal expected do you mean?

I Well, the intention is to feedback results to all parents if their children have been measured, irrespective of whether they have a weight issue.

R My first reaction is, I think if we're measuring and weighing children then their parents themselves, their parents and their carers, are entitled to that information we've gathered. That's my first thing. The second thing is, that's okay, but if you've got a child who's actually outside of expected norms, it has to be with a telephone or a face to face contact as well as a letter. That's my professional opinion about that.

- I Yes, that's a good point. Some of the comments I've heard from school nurses indicate there's some concern about how information will be fed back and what format it takes...particularly in terms of literacy and understanding.
- R It needs to be written carefully, and it needs to be written with consultation from people who are actually working with people on the ground, not a manager sitting in an office thinking this sounds nice.
- I So do you feel school nurses could have some useful input there?
- R Definitely. School nurses should definitely at least be shown the draft and have a chance to comment...although I doubt we'll be asked. And I think school nurses will actually be quite anti that letter if they don't have input. I mean, I don't even know when it will happen....this year or next or whenever....they haven't told us and we are the ones who'll be involved in a practical way.
- I Yes, that's a good point.
- R Because is it going to come from one source, is it going to come from the school nurse that's responsible for that school? You don't want to put your name to a letter that you didn't actually have a chance to develop or say it was okay.
- I The letter would come from the PCT but will probably advise parents to contact a health professional for further advice or information such as a school nurse
- R Well, letters are fine when everything's okay, I think if it isn't okay then it has to be in addition to another form of communication....and from somebody who has the skills to talk to parents and understands what they are talking about....school nurses are ideal of course, but it could be somebody from Health Promotion....although I think they've axed that now. I also think as well as having a chance to express our views about things that affect us and how we work, we should be told what's happening and when....you know, like when are they planning to start sending feedback letters....I've got no idea even though there are impacts on my workload potentially and I would actually like to have a say in how things are handled and how things are fed back....but usually they make the decisions without consulting us and then it's "this is what

you have to do”....I mean, well....I just get sick of people making decisions who don't know what they're talking about half the time rather than at least asking us as professionals what we think. Our managers are great, but they are school nurses originally....it's the ones above them....I mean, are senior managers and commissioners experts in weight management for children....do they know what it's like trying to engage parents who don't give a toss....do they think a letter is going to solve everything when there's actually nothing to back it up in terms of support and services...I mean, apart from the dieticians, there's nothing else to help these children.....so you could argue that flagging up a problem and then not being able to offer a solution or whatever, raises a huge ethical question....it does for me at any rate

I Okay, I understand what you're saying and how that makes you feel...there are some real issues around the things you've raised and unfortunately people often feel they have no say or input into decisions in spite of being professional who work with children. Getting back to measuring children....can I ask in terms of recording the data, do you have one person measuring and one person writing results down, or how do you do that?

R Yes, generally. Because it works quite quickly and efficiently like that, yes. But if there are two stations, because sometimes we're very lucky, then we would be measuring and writing down our own results.

I Just a general question in regard to measuring children, particularly year six because receptions are measured anyway, but the year six children, do you think it's a good use of school nurses' time to be doing that weighing and measuring exercise? Do you think there are advantages to a school nurse doing it rather than somebody who's perhaps just been trained to do weighing and measuring?

R I think... if you've got someone that's just trained to do weighing and measuring they're unlikely to just be trained to measure and weigh. I'm thinking of the way we skill mix in our team, and I know that our school nurse assistant could easily and sensitively go and measure and weigh all those children and act appropriately and follow it up appropriately. I know she could. If it were a lay person who didn't have any health training or background, I might be a bit concerned about how they would explain, or how they would answer some questions from some children about health. So if you're just looking at purely let's go and measure and weigh all these kids, and all

we need to do is gather this data, anyone can do that, as long as they know how to use a Leicester Height Measure and calibrate scales, fine. But if you want it to be with the backup of knowledge for the potential questions, I think it needs to be a health person. Now I'm not saying that it has to be a school nurse, but she or he is used to working with children so that would make sense.

I Yes. And one of the points that's come up quite a few times through talking to people is that it actually gives an opportunity to talk to children face to face and touching base with them....raising your profile a bit.

R If you start to use the occasion for other opportune work that's fine. But if you're talking purely about gathering data, then anyone can do that. But we're not, are we? We're doing lots of other things. We're looking, we're talking to them, we're having a look at their general physical presentation, not just about their physical bodies but how they present, their clothing, are they nurtured, are they confident, are they not? If they're year six and they're about to move to secondary school are there other things that potentially could be picked up?

I Yes, so that's quite a good opportunity then?

R Yes, I think it is. I know some nurses say it's a waste of time....the measuring...but I don't.

I The weighing and measuring has been done in term five and six this year, hasn't it?

R Yes.

I Does that fit in well with the school year and with your school nursing commitments generally....do you think it's the best time to do the measuring?

R I think each part of the academic year has bits that are going on in it that will always be in the way, if you like. So for me I think it wouldn't really matter what term it was in, we're going to do it. It's quite nice to see them in the summer term because then you've got that opportunity to say, "Don't forget I'll be your school nurse at your secondary school." So there's that.

I That contact, yes.

- R There was the whole thing with the year six SATS, now they're going, so that won't be an issue. I think for schools it may be a bit more difficult because they're coming to the end of their school year and they're finishing up lots of bits, but then if you did it in September they'd say they were at the beginning of their school year, so you can't win.
- I Yes, it's always swings and roundabouts I guess, whatever time of year.
- R Yes. And it's about this whole sort of thought process about the value of the disruption, if that's what you want to call it, if that's what a school wants to call it. Some nurses think it's a complete waste of their time, but I don't....and if you see the value in it, rather than it being a disruption, then you can use it to your advantage and the childrens'.
- I Yes, good point. And do you think over the few years that the National Child Measurement Programme's been going and that you've had to do the measurements, do you think it's gradually got easier to deliver it in terms of getting letters out and getting children weighed, do you feel that process is more efficient now than it used to be?
- R Well, yes, because people are used to it. And schools aren't surprised now, it's, "Oh, yes, it's that time again."
- I So it's more routine now.
- R Yes.
- I I think that's all I want to ask about the National Child Measurement Programme, unless you've got anything else to say or other any views you want to add about it?
- R I think most of my thoughts and opinion about it probably have come out in my answers. I think it's a valuable exercise, if you have the resources to do it well and if you have the resources to then respond to the data that you find in a meaningful way. But ultimately what we will be trying to do, unless we become a nation of enforcement...this is what you will eat, this is what you won't eat...we're trying to change behaviours that start at home, a long time before year six. And so if I was looking at it ideally I'd be looking at what's happening much much earlier on in a child's life. But what I'm seeing is that we're removing health resources from children's families, pre-school.

I Yes, that's a good point.

R So, no, that's it, nothing else to add I don't think.

I All right. So moving onto the role of school nurses in tackling obesity in school settings, both in terms of prevention and also if there are issues around weight for children in schools...both of those aspects. In an ideal world...which I know it isn't...but in an ideal world what role would you see a school nurse having within a school, in terms of tackling obesity and healthy weights?

R I think it's about the contribution to helping children, their families, and adults within the schools, to understand the impact of diet, exercise, etc, on their physical bodies, and their mental health as well. So the whole thing. It's not about being a strand that just sits alone and can offer X, Y, Z, it's about contributing to other things going on in the school already. And school nurses....well, it's being the link between children and services that children might need with regards to obesity, so that could be dietician, it could be fitness centres, it could be anything...but it needs to be joined up and coordinated...that's the main thing.

I yes, a more coordinated approach. And do you get asked for any input in terms of what the school does around health and physical activity, healthy weights, healthy eating and so on....or is that left to the schools themselves?

R No, we don't. I don't. I don't think we do have any input. We have one-off days when we might have a health day and I know that my colleague's gone in and got really involved in helping children understand more things about different foods. Certainly we've got some schools where very few of the children have a particularly varied vegetable and fruit diet. So she's gone in and done that. But that's not the norm for a school nurse, because you could have a community chef or someone do that. But a nurse can contribute to that and bring in the health. So I'd like to see us become more involved in things like choosing who provides school dinners, what a packed lunch looks like. They are pretty well sorted but there's even things like the size of the lunch that's provided. I've had occasion to have conversations before and I've said, "You know, you've got a child here who's actually proportional, growing really well, they're bigger than their peer group, that size dinner is not going to sustain them." And it's not that that child's overweight or obese, they're just a bigger kid, and more active.

- I So do you think it would be useful for school nurses to have a bit more input in the planning and strategy for school health than there is at the moment?
- R Yes, I do. Yes, I think so. But again, like you said, that's in an ideal world....I'd like to have more input but we don't generally get asked anything at all. Like you're the first person to bother asking about the measurement programme and how it's working on the ground.
- I Sure. And the schools that you're actually involved with, do they have many initiatives....after school or that sort of thing...around health, nutrition, healthy weight, exercise?
- R Yes, after school activities in things like... I know that my secondary school have an athletics club, and they have a cooking club. I know that the cooking club was run by the schools' police liaison officer, because she was a keen cook and into healthy eating for children. It wasn't necessarily something that the school put together, she asked to go in and do it. And I know that they have three or four different athletics type things going on. That's promoting health. I also know that they go off to netball practice and things like that and don't take drinks with them for their students and a snack. So it's kind of a mixed bag. Does that answer what you asked me?
- I Yes, I asked you the question around what schools are actually doing at the moment. But, from what you're saying, that varies an awful lot and depends on the school.
- R That's right it does....and on individuals taking the initiative, like the police liaison lady doing the cooking.
- I So, I guess what the interest is in that individual school and if there's some sort of champion almost for doing that work.
- R Yes. I've got one primary school extremely nurturing and it uses cookery and looking at food as a nurture situation and invites parents in that they know are struggling a little bit to do cooking with their children. So they're kind of off the back of that introducing, well, what do you eat at home and what do you think's healthy, and giving them different alternatives. I've got another one that provides wraparound care, they call it a 'club', and in that I know that the children have a hot meal before they go home. So they're sending that message that children need to have a decent meal every day. And when the children arrive at it I've heard them saying, "You've just

done another couple of hours since lunch, you must be so thirsty,” and saying, “Have a drink.” Whereas a lot of children will go home from school, they might go home to an empty house, and they’ll be doing what they feel like. Or parents who say to me frequently, you know, I’ll say, “Do you give them a snack when they first get in?” because they’re saying they’re irritable. “No, no, we’re too busy doing this, that and the other,” or nothing.

I Okay, so it’s quite variable then. And I guess there’s also the issue of engaging parents in behaviour change and that’s incredibly variable too.

R Yes.

I In terms of professional development, are you offered any training by the trust around weight management issues or health promotion in relation to healthy weight?

R No. No....training?...ha!

I And what about in the school nurse forums that are run, do you have training sessions within those around different health subjects or...?

R Yes, of course, because there are things we have to know to be able to do our job properly. And I think in terms of the data collection, yes you need to know how to use the equipment properly, and you need to know how to... I mean the BMIs are calculated by Child Health Records, but we need to know how to calculate them, if a child wants their result there and then. And let’s face it, we’re sending the results home. We know how to do the measurements but as far as taking it that one step further and actually saying, “Okay, school nurses, what do you know about what is a nutritionally healthy type balanced diet? What do you know about the levels of exercise that should be taken? What are your training needs around healthy weight and obesity?”...well, no, nothing.

I All right. So do you think there’s a need for more training opportunities, do you think that would be helpful?

R Yes. I think that that’s something that could come once a year at the beginning of the academic... yes, in September at the beginning of the academic year we used to have a day where we would set aside, so all the school nurses got together, and you may have one or two

speakers come along, and they might be talking about a subject that was in focus at the moment, so that could be a sexual health issue or it could be nutrition, it could be anything. We are hoping to start that again....I don't know when though.

I Is that cross-county or more local?

R That would be probably the school nurses that our clinical lead has responsibility for, so that's Eastbourne, the Weald, the Havens and Lewes.

I Right, so over on the East Sussex Downs side.

R Yes. And that would be a good enough number, because there's about 30, with the skill mix. If you want to know what I think about that, I think it should be mandatory. I think that if we're going out there and we're collecting information about children's growth, and we're giving information to parents based on the results that we find, if we need to, I think that there should be some absolute 'you must know this information'. I'm not saying we should all be nutritionalists and dieticians, but I am saying that we should have a level of education knowledge so that we can talk to them with some competence, some confidence and know the facts.

I At the moment Change for Life, the programme, is going on. Do you feel that would be something that would be useful to have training around too, or are you pretty familiar with that and using the resources?

R No, I think that could be part of it. I think that could be part of how we are updated if you like. If someone came along and said, I'm going to give you a really good overview of what Change for Life is all about, great stuff.

I Yes, otherwise are you just left to your own devices to read up on it?

R Yes.

I Okay. Have you been given the Change 4 Life resources by your schools? Do you know if they're used in your schools and how they're being used?

R I think the resources do go to school. We were asked to collect information about what health... I can't remember the email exactly but we were asked to ask our schools what they were doing

to contribute with regards to the heights and weights and Change for Life. But I'm not sure formally what they get sent. We can access different bits. And I think most school nurses will tell you that actually, when they are faced with something, they'll just go on the internet, or they'll go to Health Promotion and say, "What have you got?" Quite sort of resourceful.

I So Change 4 Life is around in the schools but not really high profile and you're not sure how it's being used?

R. That's right...I know it's a big national campaign but I'm not sure what's supposed to be happening at grass roots level....so actually, training would be good...not just for nurses but everybody who should have a role in it.

I. Yes, it goes back to what we were saying about coordinating the approach to health weight doesn't it.

R. Yes, absolutely.

I. So, if a child did have weight issues and the parents are looking to you for advice, in terms of referring them on, or signposting them, are there clear guidelines as to how you should be doing that. Is there a clear referral or care pathway or is it very much a professional judgement based on what you know in the local area? How does that work for you?

R I think the second is how it happens...there's no clear referral pathway or protocol as such....you have an individual scenario and based on what the parent or carer of a child is telling you, you would start with your initial, "Tell me a little bit about your lifestyle," I think if a child is willing to engage, that's a great first step, because you can start to do some stuff around, "Well, okay, let's explore what you're eating," but some of them need GP, some of them need dietician. I think you just have to take it based on the conversations that you have. But there's no clear guidance to school nurses about what we should do in what scenario.

I For that individual child and their family?

R Yes. And I don't think it's one size fits all. Because you could have a family that really engages and get somewhere quite quickly. If you're just talking about weight loss it's usually about

changing your diet, increasing your exercise. But if you're talking about a cultural thing within a family then that might be quite a bit different.

I Yes, and quite often it's an issue for the whole family, isn't it, when there's a weight issue in the children.

R Or opposites. You might have quite slight parents, maybe mum or dad, and then quite a different shape and size child. So I think it's about individuals, but I definitely wouldn't have a problem with referring to GP and a dietician as well.

I And in terms of what else is available in the community, I don't know if you have the MEND programme over in this side of the county, or any other community based initiatives.

R We don't.

I Do you think there should be more provision of that so that you can... I mean, that is a family focused sort of intervention. Do you feel more of that sort of thing is needed?

R Yes, definitely. I think community things for families, like MEND...and I think there are other ones for different aged children.... are the best option...or at least one of a range of options that should be available. I would hate you to think that all I do is talk about diet and exercise. I've also had occasion where I will accompany a young person to their gym, because usually there's self esteem problems as well. There's lacking in confidence and it's just about someone helping them through the door the first couple of times and then letting them get on. So I've done that.

I Good, well done!

R I'd hate you to think I say, "Stop eating that and change this..."

I No, I didn't think that at all.

R Good! But there are things in other parts of the country where there's lots going on and more of those programmes where it's a whole community approach and that's what it has to be.

I. Are there any specific programmes you're referring to...things like HENRY or Carnegie?

- R. I haven't heard of those before...but Weight Watchers have family programmes that you can take kids to, things like that. Actually, it would be so useful to know what's actually out there rather than just what we happen to know about. That's another sort of training need I guess....  
.....or to have a directory sort of thing with options
- I Just going back to Change for Life, have you got any further thoughts about that programme?
- R Well...well....
- I Is it something that you know about but aren't too sure about the details?
- R Yes, I think so. Everybody's seen the advertisements on the TV, and I think for a lot of people, I think about my client group and I think they must look at that and think what does that really mean? What is that? And then just quickly move on. I am aware it's got a website and there's leaflets and information out there, loads of it, but it's about us, how far do you take it really, what do you do with it...what are we supposed to do with it?
- I Well, I think that's all I want to ask you formally. You've made some very interesting points and it's been good to hear your views. Is there anything else that you want to say about tackling obesity in schools and the role of school nurses in that at all? Like I say, you've given me an awful lot of interesting comments and perspectives.
- R I think we're battling with massive problem in terms of healthy weight...food, lack of exercise, electronic gadgets instead of kids running about. I'm not saying it's not possible, I'm just saying it's a huge task. Huge task. And there is this whole thing about being responsible *to* our clients, not *for* them, but you need people with passion to be able to sort of champion the whole thing about being fit and healthy and all of that sits alongside being mentally and emotionally fit and healthy. And it's about how do we get people to make changes, and how do we do anything about that? Wasn't there that Insight thing that said it was the obese environment and that everything needs to change to make it easy for people to choose healthy options.
- I. I think you probably mean the Foresight report....obeseogenic environments and so on....and how things need to be looked at holistically.

- R. Yes, that was it....but that means singing from the same hymn sheet and joining up the approach...and I don't have a lot of hope for that.
- I Yes, it's a very complex issue, isn't it? It's not just about a few bits of advice. No, you're right, it's a complex issue to tackle that. Okay, well that's really helpful, you've made some really interesting comments. I'm nearly at the end of the research and interviews and I've just got a couple more people to interview now. So when I've finished I shall write up and I'll be sending a summary around to people that have participated and given their time up.
- R Yes. Have the comments, responses, been largely similar?
- I Yes, there are some very similar views and the same kind of issues keep arising, yes...which is good because I should be able to draw out things and make recommendations that will perhaps be useful. You know in terms of more training, for example if there's a need being identified. It's identifying gaps really that potentially could be filled.
- R Well, you know, you should probably turn your tape recorder off now, but thinking about when do you start with this intervention? When do you start to tackle anything? I think if you were to cast your mind back ten, 15 years, every child had, to a great extent, regular health visiting contact. I'm not saying it was quality contact, I'm not saying that that would have made the difference, because let's face it we are talking about children now who are 15 to 20, who are overweight and are not fit and healthy. But I'm thinking we are now in a situation where we're removing yet more contact opportunities. So are they saying it's just going to do nothing between reception and then year six, and then we'll start to focus on that age, when they may already have a weight problem and the behaviours are ingrained? I mean, it sounds ludicrous to me...it should be ongoing for children.
- I Yes, other people have commented on the fact that measuring children in year 6 is almost shutting the stable door after the horse has bolted...you know, when a child may have got to the stage of being obese and nothing has been done along the line to prevent that or help.
- R And we've also gone down the line, as a mother of a 22 and a 16 year old, when my children were little I didn't consider, rightly or wrongly, that I had a choice about whether I engaged with

my health visitor. It did never occur to me to say to the school nurse at school entry, "No, I haven't got time to come." The opposite now, I think, is the norm.

I Really?

R I hear so many times a parent say... I had one yesterday she said "I couldn't take my child to the audio clinic appointments you gave me," two of them, "because I was at work." And I'm thinking but your child can't hear properly. And if they're not going to go for something like that, or vision, something like eating is not...you know...

I Not going to be a priority?

R No. So to an extent I do believe in choice, I do believe, of course I do, in people having a right to say "No, I'm okay thank you." But if we're finding all of these issues and more children are getting overweight then those parents might be saying "I'm okay thank you" but actually, they're not okay thank you.

I Yes....and I agree with you about not acting on obvious health issues or leaving it until a child is older....I personally think the earlier you can start the better.

R And also our lifestyle, rush, rush rush, get to work, work all these hours... We buy into it and I'm just as guilty. I frequently I hear myself say, "I'd love to go for a ride on my bike tonight but I just didn't have time, because I didn't get in until this time, and then I had that to do, and then I had that to do." And when do we start to say, "Actually, no, it's really important I ride my bike, really important I go for a walk."...well that's about behaviour change isn't and it's not easy even if you know why you should be doing it.

I Well I'm sure we'll continue that conversation another day. But, thank you very much again for finding the time to talk with me.

R. I've enjoyed it...being asked what I think...so I hope it's been helpful.

- I.* Thanks for agreeing to be interviewed. I've got my recorder so if it's OK with you I'm going to record this so I don't have to scribble away and so we can chat freely. But everything we discuss will be treated as confidential....so, please feel free to say what you want to.
- R.* You might regret saying that! I'm a bit of a one for saying what I think!
- I.* Jolly good....that's what I want really....to hear your views. So you said on the phone that you work through the summer?
- R.* Yes, well 2 weeks annual leave at the end...but, yes it's a year round service.
- I.* That seems to vary quite a lot across the county in terms of whether school nurses are full time or part time and whether they work through school holidays.
- R.* Usually I'm working 30 hours a week all year round. But the majority of people are part time...term time only very often.
- I.* OK, well as I said everything we discuss will be confidential between us and when I transcribe the tapes I'll be anonymising them so anything you say and any comments you make won't be identifiable back to you.
- So you've probably gathered from the information I sent you that I'm doing this as part of my Masters degree in weight management and this is the final piece of research. It's around school nurse views of the National Child Measurement Programme and what's happening at grass roots level. And it's also to find out your views about the role of school nurses in tackling obesity in school settings. So there aren't any right or wrong answers, it's about your experiences and views. Okay, well my background is in health promotion and I've got a particular interest in childhood obesity. And in my health promotion role, I've spoken to a lot of school nurses on an ad hoc basis....you know, when they've come in to the health promotion unit to pick up resources....I've had a lot of informal chats about the programme but that doesn't seem to have been formalised in terms of asking school nurses directly for their views.
- R.* No, you rarely get asked anything in this job
- I.* Well that's a bit about me....so what about you...how long have you been school nursing?
- R.* I've been back for about four and a half years. Before that I did 18 months in the Excellence

Cluster...and before that I did my training ...and before that I did various other aspects of nursing.

*I.* So around about 6 years then?

*R.* Yes, roughly

*I.* And what about the schools you are responsible for...what's your patch like and how many other people are in your team here?

*R.* Yes, well I work with two other nurses. You probably know that this area is an area of high deprivation...and a lot of transient families and a lot of movement generally in and out of the area. So the schools we've got are full but they have a lot of movement in and out constantly. And a lot of inequalities issues.

*I.* Yes, I was aware that that is an issue. So in terms of numbers...how many primary schools do you cover?

*R.* There's five...two very large and three smaller ones....and then I've got a secondary school as well.

*I.* OK...quite a full caseload then...Would you say it's easy to manage workloads?

*R.* Yes....it keeps me busy that's for sure. We have really demanding caseloads though and a lot of things like health promotion tend to slip. But compared to the other side of the county we're much better off here because there's been a bit more funding for school nurses so at least we have a bit more of a team than somewhere like Eastbourne or Newhaven where they've been struggling to keep on top.

*I.* Well I've got a sort of script I'm following. I'm interviewing a lot of people so it's to make sure I ask consistent questions...but it's very informal so we can chat around things in detail if you want to....and obviously if there are questions you don't want to answer then that's perfectly OK just to say so.

*R.* Oh don't worry...you'll probably have more of a problem shutting me up!

*I.* In terms of the National Child Measurement Programme, the PCT has guidelines about measuring and recording data and so on. So, how's the weighing and measuring organised in the schools that you're responsible for....can you talk you talk me through that.

*R.* We go in to schools and tell them this is the time of year we need to do the measuring and ask if they're happy with that? None of my schools have been unhappy about that. We sort out a time and send them the letters that go out to parents and then any letters come back.

Saying that it wasn't too free flowing this year because there was a lot of hoo-ha and debate about when we would be doing in. It was a right mess this year and which made us look inefficient.....makes the service look inefficient.

**I.** Yes, I gather there have been a few hiccups this year...

**R.** I had mine all up and ready to go in January and then we were told not to do it yet. Then it was March and still nothing and of course we had to leave it even later. And we had to get the data off to Child Health and it seemed like a bit of a rush as there's only so much time you've got to send it all off. I hope next year they sort themselves out.

**I.** So this year it was term 5 or 6 that you ended up doing the measurements?

**R.** Yes. There's been debate. Originally we were told it was a one-off but then obviously we were told 'oh, it's been a success, let's do it again'. Which was fine, but they keep changing things....let's change the term we do it, let's change the letters, let's change the letters back. They originally had a good letter which was very straightforward and clear for parents to read...but now they want to bring the NHS letter in. I don't know if you've seen it but it's wordy, far too long and a lot of parents in my schools wouldn't have a clue what's going on or understand it. If I was a parent and my literacy skills were poor and my understanding of what was going on was poor and I had a lot of other stuff going on in my life, no way would I want to read all that lot....and it's like that for a lot of parents in my schools in deprived areas.

**I.** Or perhaps not understand what it meant or what it was for?

**R.** No...you'd either ignore it or sign it to get rid of it. It might be a national measurement programme but quite frankly parents do have a choice as to whether their children get done....which is as it should be.

And....I couldn't tell you exact numbers...but it seems to me that the ones who are the overweight children are the ones who don't get measured.

**I.** You mean they are the ones whose parents who opt them out...is that your perception?

**R.** Yes. One in particular springs to mind. The child had all sorts of issues, you know around hygiene, health, weight, diet....the mother didn't want it. And I can't push that. And the same if a child opts out on the day...I can't make them get on the scales. So although it seems like a good idea in general, you've got to remember that some kids are not getting measured so it's not really typical and not really a proper picture of how things are....and it means that some of the kids with problems will slip through the net. It started as a government

monitoring exercise to look at trends in childhood obesity but it's evolve into something they want to also engage parents in...but doing the second measurement in year 6 is leaving it too late as far as I'm concerned.

*I.* You said 'it's not really typical'...do you mean the data is skewed because it tends to be the larger children who might have a weight problem who tend to be the ones who opt out?

*R.* Yes, exactly that. And I'm sure in my most deprived school there are more kids with weight problems so the measurement exercise might not be reflecting back a true picture. And then you've got schools who say 'we're not doing it'....it's only one or two but again that's going to affect the results.

*I.* Are you ever given any indication of results in terms of which schools might have higher levels of overweight or obesity....either from School Nurse leads or the PCT?

*R.* Are you kidding! I don't even know who is responsible for obesity in the PCT. We're just expected to do the measurements and don't get any feedback....it just goes into a black hole.

*I.* OK....so you're not sure who's responsible for the healthy weight strategy?

*R.* There's a total lack of communication as far as I'm concerned. Tackling obesity needs to be a joined up approach with somebody who knows what they're doing....not just sitting in an office following guidelines from the government...but who really knows the area and joins it all up...and who knows the needs and is in tune with the wider issues around health and weight and deprivation...we live in hope....I told you you'd have a job shutting me up!

*I.* That's just what I don't want to do....you're making some very interesting points. Going back to what you were saying about the time of year when you do the interviews....you said it was term 5-6....do you think that's the best time of year?

*R.* No term 5 and 6 is probably the worst time and I think it's far better earlier in the year because in the Summer term there's SATs and outings and lots of other things going on at that end of the year. I think I did mine around May in the end and then you're into just about the busiest time of year. We'd have been better off doing it when we were originally going to do it....January or February seems best because it's quieter and the kids haven't got other things going on. But what they decide on next year, who knows.

*I.* Has anybody asked your opinion about that?

*R.* Huh...they did last year and then they changed their minds which made a lot more work

rearranging dates with schools.

**I.** I guess that measuring children late in the year also means they are about to move on there's perhaps less opportunity to do anything about any weight management issues.

**R.** I think it's got to be looked at carefully. At the moment if you see a child who is overweight then perhaps you can have a chat, you know, you could say "I've got your child's results and there might be an issue and would you like to discuss it". But again you've got to be very careful because we are telling the parents this a national measurement programme and everybody is having it done and we're not picking on individuals....but then if you say I think your child is overweight then you're contradicting yourself and there could be issues. So it needs to be handled sensitively. I think it might be better to look at things on a whole school basis. You know, perhaps results might indicate a certain percentage of children are overweight in a particular school.....and we could do more in that particular school around physical activity or whatever. But whether schools would take that on I don't know....it probably depends on what sort of relationship you have with them.

I think we need to look at what's done with these results. You know, they are proposing to send parents a letter. And as a parent I think I'd find that a bit of a smack in the mouth...you're telling me my child's fat?....I mean how do you word it to say their child's got a problem with being overweight. I think we need to think carefully about that.

**I.** Yes, and quite often it can be a family issue which means you do need to approach it in a sensitive way.

**R.** Yes, if you've got a family of big people, shall we say, they are not going to take it to heart that their child is overweight because they are themselves...and they won't want to do anything because there could be a culture of overweight in that family. Quite often they say we're just big boned as a family....you know, the parents just don't seem to accept that there is a problem with their child...they just don't want to know or recognise the problem. They're talking about changing the letter again when we send out results. Again what's that letter going to say...is it too long and wordy and too complicated?...again will my parents understand it or even be able to read it....will they think they're going to have their child taken away?

If they don't understand it they won't know what to do...you know, even if we put our names and numbers down....I mean some of my parents are reluctant to access anybody for help,

let alone us. We all have drop-ins but parents don't always come. And if that letter goes out it might make parents feel they're in some kind of trouble or you'll have a go at them. I really think it needs to be looked at in terms of what that letter says...you know, nice and simplified. I'm not saying parents are thick but if I was given a 3 page letter with a lot of print on would I read it all?

**I.** Yes, I guess some parents might have issues around that, particularly in terms of literacy and understanding.

**R.** But there we are....that's got to be looked at by the PCT and I suppose they have to follow government guidelines.

**I.** Yes, that's true....but have you ever been asked for views by the PCT about those issues?

**R.** No, we're never asked anything....we just have to do what they tell us. I think they asked us the very first year and after that we were just expected to keep doing it. And a couple of schools who originally said they weren't going to do it have stuck to their guns and still won't. So again, that's going to affect the overall results....but it also brings up the issue of equality...some children not being measured, not getting feedback or the potential for support...assuming there is any of course...it's ridiculous really. And then if they are expecting to start following up children who are overweight, I don't know how we're supposed to find time for that....I mean, really, that could be a lot of extra work but we haven't been asked if we could take that on and quite frankly I don't think we could, considering how many children are overweight. Maybe if we stopped measuring them we'd have more time to advise parents, but we can't be expected to do both on current staffing levels...and like I said, things are even worse across the other side of the county, so how do they expect people to cope with following kids ups?

**I.** Yes, it's difficult when you don't know what the demand would be I suppose. Just backtracking a bit...in terms of the initial letter that goes out....how is that arranged?

**R.** We take the letters into the schools and give it to the receptionists to sort out....put it out to the parents

**I.** And do you get much response from parents as a result of that letter going out?

**R.** We get replies ...it surprised me how many we got back saying they wanted the results back....but no other enquiries really....they just seem to accept it's being done, unless of course they opt their child out.

- I.* What about in terms of preparing children before you go in to do the measuring? Do you go in to talk or do you do anything else?
- R.* No, not really. I think they're probably used to it and know it's going to happen and the letters have gone home. But, no, we don't actually do any preparation.
- I.* So it's just a routine part of the school day and you turn up and do the measurements?
- R.* Yes, they just accept it. But a lot of kids want to know their weight...they're very interested.
- I.* Yes, I was going to ask you about that.
- R.* Obviously it's confidential and we can't tell them their results because otherwise they'll all be asking each other what they got and when it's in a noisy hall with loads of children queuing up to be weighed the other children could overhear. So we say "your mum's asked for it so I'll be sending it to her and she'll tell you" or "your mum hasn't asked for it but if you want to have a chat with her we'll give her the results". Or I can offer to do their measurement at break time at another time....but they always want to come with their friend! So they're always interested in what they weigh which is understandable.
- I.* Yes, well that's understandable isn't it.
- R.* Yes....and they're always having a sly look....you can't stop that. But like I said, it's the ones that are particularly overweight that you don't tend to see.
- I.* So is it just you that does the weighing when you go in to schools?
- R.* Well it should be in pairs but because of all the mucking about this year I ended up going in by myself. I know it's recommended that we do it in pairs but it just didn't work out. But from my point of view you need two people.
- I.* In terms of organisation and getting through the children efficiently?
- R.* Yes, it's much easier, especially in the big schools....and also getting the results down right....it's very easy to results down against the wrong child.
- I.* And you mentioned weighing children in school halls....is that where you normally end up doing the measurements? Tell me a bit about that.
- R.* Sometimes....it depends on the school. I think the schools are on board and try to help give us somewhere but if the room is too small, a hall is better because you can keep the children separate. But I know some of the other nurses end up doing it in very strange places...but not from my experience.
- I.* So if a child asks for a result...you said that...

- R.** We don't do it now....we used to but the children were going round comparing results...and it's supposed to be confidential so I don't tell them now.
- I.** And do write the data down....you know a pencil and paper exercise or have you got a laptop that you can enter data into?
- R.** You're joking!
- I.** Yes....silly question I know, but I have to ask.
- R.** We've got a blue sheet that we use...but I also make up a sheet myself so I can record things like if the child doesn't want to be measured on the day. Then I send the stuff back to Child Health....but apparently that might be changing next year.
- I.** What about assistance when you are in schools...do staff help with things like bringing children along to you?
- R.** No, we're not offered any help...at least not in my own schools, although that would be really nice. But it doesn't happen, we have to coordinate things on the day...which is okay when there's two of you but a nightmare when you have to do it on your own.
- I.** What about equipment...any issue with scales and things?
- R.** No the scales are fine and are calibrated properly each year. The children can see the results on the scales though which they shouldn't really...at least not according to the guidelines... you say 'don't look' but of course they do.
- I.** OK...in terms of feeding back results...at the moment parents can request their child's result but in future that's likely to change to all parents being sent their child's result. What do you feel about feeding back of results...do you think it's a good idea?
- R.** I think it's a good idea for the parents but whether they take it on board or not is another thing.....I mean they'll probably say 'what's all this stuff about kilograms'...people are still working in pounds and inches.
- The thing that concerns me is how it's going to be done...who's going to send it out...the organisation of it....it's a huge piece of work....that's what I've got concerns about...and what after that?
- I.** The letter is likely to advise parents who to contact if they want any further information or help...which would include health professionals like school nurses.
- R.** Well obviously that's right but it needs to be worded right....you don't want parents turning round and saying 'how dare you send this about my child'. So it really needs to be thought

through and rather than somebody just coming up with something, they should ask us what we think. I know there's a draft letter but I haven't been shown it.

**I.** And in terms of your own work load...would you have the capacity to support parents if they contacted you for advice about their child's weight?

**R.** I see it as part of my role...but I doubt there would be much response anyway. We might get a few phone calls but I don't think they'd be much...in my experience it's the ones with the problems that are generally the ones who are least likely to do anything or even admit it's a problem for their child....so I doubt we'll inundated.

**I.** And in terms of having to go in and measure children...do you think that's a good use of your time as a school nurse...or is it something that could be done by somebody else who was trained...perhaps staff on a lower banding?

**R.** Yes, it's probably better for somebody else to go in but in some ways you get to know the kids better....they're going on to secondary school so it's a way of saying who you are and that they can come and see you or whoever their school nurse is once they are there. So that's good. In fact after we've done the measuring it's amazing how many children say 'hello miss' and they seem to know who you are and that they can have a chat. So from that point of view it's good....it gives you that link with them and it's useful. But on the other hand if we are going to be expected to help obese children as well, then we haven't got time to do everything. You know, if there a two band 6 nurses going in to do measuring.....it seems a lot of resources in time and money for people of that level to be measuring children. It was suggested that admin staff could do it with one of us...but then again that person would have to do it as part of their job.

When you think about the amount of schools across this patch...18 schools in this patch which is a lot. And there are issues in terms of travelling back and forwards and things like times of day and lunch breaks that get in the way. Yes, it's a lot of time...perhaps they should think about that....they could get someone from the bank staff to do it but if it means the PCT had to pay more money then I doubt it would happen.

**I.** Yes...money is a bit of an issue...but that was an interesting point about the measuring exercise also being an opportunity to have contact with the children and reinforcing who you are.

**R.** Well it is...I find it very useful...and it helps with other things I do in the school like when I go

in an do hand washing and periods and things....they were very open which is surprising but it's because they've already seen you before. So from that point of view it's good...but personally I think that financially it's a waste of our time and resources.

*I.* Well that's all I want to ask you about the National Child Measurement Programme...but are there any other comments you wanted to make about....

*R.* I just wish they'd stop changing it. All that stuff around changing the letters and when we do it has just resulted in a lot of bad feeling that we didn't need. And if you mess the schools about too much they won't want to know. The organisation was rubbish....absolute rubbish. Other years I haven't had these problems. They need to decide on a time and stick to it. I think there's too many people involved. What I'd like to see...in my little vision...is come September they say here's your letters and leaflets, this is when you need to do it and that's it...then we just get on and do it...that would be smooth. Whereas this time it's been them saying 'we haven't got this, we haven't got that...we're going to change that, you can't do it then'.

*I.* Yes, it sounds as if the organisation has been a bit chaotic this year compared to previous years.

*R.* This year has been awful...absolutely awful....the more we do it, the worse it seems to get and the more complicated it seems to be.

*I.* You'd sort of think the opposite would be true.

*R.* It's a simple procedure...I mean you've got your schools, there's your list and you've got time to sort out dates with schools....you know it's not rocket science is it...but this year anything they could cock up seems to have been cocked up. And it's a lot of kids to do and I've not had much time to get the letters out and the measurements back to child health and I've felt really rushed and it's less efficient in terms of organising my time. You know, people aren't always as quick as you expect them to be and I had one school where it all seemed to go pear-shaped.

*I.* Yes, and it also impacts on your time and the rest of your workload I guess.

*R.* Too right...yes....it was a mess this year...really just one person needs to be in charge, not half a dozen....you don't need a committee and a forum and a sub-forum to sort it out...just one person in charge and then it would go smoothly. It's the organisation that's been a bit of a bug-bear for me.

**I.** So the things you've been saying...about poor organisation for example....can you feed that back to anybody?

**R.** It's difficult to know. I suppose I'd say to my line manager but I don't know who's in charge of it overall....so we'd probably just keep moaning amongst ourselves. I did stand in for somebody at a meeting in another part of the county and they had a different manager and somebody else seemed to be in charge of it all over there....a whole load of different names. And even with my line manager it gets complicated because somebody above her is supposed to be in charge of it....so it's all very complicated...unnecessarily so...and you end up being totally confused as to who's in charge, let alone feeding back about anything you might have a problem with. We're actually working with people and doing the work on the ground...but nobody up above seems particularly interested in any problems that crop up. So, like I say, we'd probably have a little moan amongst ourselves...and occasionally have a chat with girls in Child Health and say "are you cheesed off yet?"....and they say 'yeah we are'. We keep getting these emails through and we say "look, we've done it all now, tough"...good job this is anonymous.

**I.** Yes it is, so like I said, feel free to tell it how it is....but that sort of comment about the organisation this year been mentioned by other people I've influenced.

**R.** Yes....well every year has been a bit fraught but it's never been as bad as this year...it's like there's too many people involved organising it. I mean I've heard we might have to measure children in the term when they are 11 which would mean we'd be doubling up the work load. And some places they call children back if they weren't there on the day, but we don't do that. I'm not saying they're right or we're right but all that needs to be thought through properly because that sort of thing does mean a lot of extra time. The problem is, nobody seems to be in charge of things overall, you know, getting on top of obesity means more than just us school nurses trying to sort things out. It's got to be a concerted effort....you know, NHS, schools, communities, parents....but it all seems a bit of a mess with nobody making people work together across the county or even at a local level....it's crap really.

**I.** Yes, and I guess it's also about being consistent right across the county so everybody is taking the same approach and everybody knows where they are with it.

**R.** Yes....exactly that.

**I.** OK....well you've made some really interesting comments there. So, moving on to the role of

school nurses in tackling obesity. I know you have a huge public health role as school nurses now and have to cover all sorts of different aspects of the job. But in an ideal world how would you see the role of school nurses...I mean both in terms of prevention and also when children have weight issues?

- R.** I think it has to be a whole school approach. I mean in terms of children who are overweight, we do measure several children on a regular basis because there's some concern....perhaps faltering growth or a child protection issue...so that's more individual. But in terms of prevention I'd like to see a lot more going on in schools. A lot of schools are proactive. They have afterschool activities, gardening etc. but school nurses aren't necessarily involved and unless you ask the schools you wouldn't necessarily know what's happening and the school nurses wouldn't necessarily be involved. So I guess it's important to know what schools are currently doing before you clap your hands and say 'right this is what's going to happen' in terms of tackling obesity....and then we could say OK, this is what's happening, how can we build on it and is there anything I can do.....and if the schools haven't got anything then you could suggest things. I mean they have got the healthy schools but I think it's vital we all work together. Health Schools is really making a difference in the schools I'm responsible for, but I don't feel I'm really involved with it. You know, originally we were invited to the meetings and they were going to do this and that and the other....but now they just seem to be doing it and we don't get asked to be involved. I also think it needs to start with the younger children....even those at nursery age and their mums as it's more likely to be successful then. I know strictly speaking nurseries isn't part of our job, but I actually think it is....if you can get to know the children and their parents at nursery then there's more opportunity for health promotion and stuff....they're a lot younger and the parents are more likely to listen.
- I.** You said about school nurses being involved....would you like the opportunity to be asked or have more input.
- R.** It would be nice but we don't always have the time. Although I have been invited to one school for the first time to discuss extended schools with all the partners. You know it's important to know what's going on in schools and to work in partnership and network with people so we know what's going on and can work together.
- I.** Working in a more coordinated and holistic way?
- R.** Yes. The other thing is joint working with agencies so it all gets joined up. There's also a lot

of referrals going on to the dietician but there are other things. Like there's Active Hastings that provide things for parents and children around activity. I know about it but I don't know enough about it. And there are other things that help with weight management, like a programme where they go for several weeks.

**I.** Is that the MEND programme that you're referring to?

**R.** I don't know what it's called, I think so, but again I don't really know enough about it. I think the biggest bug bear is that we get parents who won't admit there's a problem with their child's weight. But then what do you do? You can't make somebody realise their child is overweight. And, you know, they'll deny there's a problem and they probably won't change if you told them, at least not without the right sort of help and support.

Actually, we have Health Trainers in this area. They work with adults but I think they could have a role in schools too. You know, it might be useful to have Health Trainers working alongside us who have the time to engage and support these families. They come from local communities and know what the issues are and can relate to what these families face. It needs to be somebody that parents can relate to...not necessarily a health professional who they're probably suspicious of anyway.

**I.** Yes, it must be difficult when parents won't even acknowledge the problems let alone do anything about it. But equally, if parents do recognise the issue and want to do something, you need to have referral option for them.

**R.** Yes, it's about working in partnership and knowing what's out there to offer people. And it's about working together and supporting each other and not expecting one type of health professional to be responsible for tackling it or doing everything. It's also about tackling things early...I think it's too late by the child is in year 6. I mean they are likely to have had a problem with their weight for a long time and yet that's been missed in terms of sorting things out when the child is younger. Personally I think it's really important to start early...long before they start at school....and then have that ongoing support.

**I.** You were talking about referring children to the dietician for help, but are you given any guidance by the PCT about supporting and signposting...is there a formal referral pathway provided that you can refer to?

- R.** I've never really thought about it. I just write to the dietician with information. We get information about leaflets and stuff but it's a bit hit and miss, particularly knowing about anything going on in the community and we don't always know what's out there. I mean we know who we can refer to in terms of the dieticians but, as I said, other stuff we have to find out about for ourselves. There's nothing formal in terms of referral pathways yet though....and nothing that is really supportive, like a directory of services or things in the local area.
- I.** OK. What about training...does the PCT offer you any training around healthy weight and weight management or, as we were just talking about, updating you about referral options and initiatives that might be going on locally?
- R.** We have a paediatric update day with OTs and physios so you may get a bit but there's not a great deal. In terms of training I suppose it depends on what we're going to do with it and how much time we have. There's so much mandatory training so it's a case of deciding is it worth doing that training in relation to what I'm going to do about it. You have to prioritise your time....but I think stuff around child obesity and management and referral options would be really helpful.
- I.** Yes, that whole thing about having to prioritise time and workloads seems like a big issue for a lot of school nurses.
- R.** You know if we have secondary schools as well there's loads of other things like teenage pregnancy.
- I.** What about in the nurse forums – do you get any sort of updates?
- R.** Well it used to be good and you'd speakers coming in, like the community chef, to give a talk. But that's all changed and the new meetings don't seem to have time for speakers. But, yes, we could ask and the meetings in this area are school nurse lead so we know what our needs are and we could ask. But then meetings could go on for days if we covered all the areas we're expected to do in our job!
- I.** Yes, I can appreciate there's a lot to cover. Just going back to referring people to services...do you think there's more need for programmes like MEND or do you think the dietician is the best route for referral.
- R.** Well I think the community things are probably better, but they need to be marketed in an appropriate way. And you have to get parents to go.

- I.** What about the Change 4 Life. What are you schools doing around that?
- R.** There's not very much going on around it my schools,. I mean I've seen the leaflets but I don't really know what it's all about and I haven't looked in to it much. That's the trouble though...it's having the time to do it along with everything else we get bombarded with. That's the trouble with school nursing...it is so wide and people often don't know what we do and we keep getting told things are a priority but we still have to do everything else as well.
- I.** Yes, you have a very wide public health role these days. Well, I think that's all I want to ask. You made some very frank and interesting comments...so thank you for that. Is there anything else you'd like to add before we finish up?
- R.** Not really. Again, like I said there's not a lot of communication and there's too many people on the job....they should have someone in charge and make their mind up. And it's about looking at the root causes of things and how you use resources to make a difference and things around having services to refer people to and joining it all up rather than just doing a bit here and a bit there and never joining up the dots.
- I.** OK...well thank you again. It's been interesting to talk with you. When I've finished writing up I'll be sending a summary to everybody who's taken part.
- R.** And to the people in the PCT who are in charge of organising it I hope...although it's all commissioning now isn't it....so I don't know actually who *is* in charge
- I.** Well, I'll be making recommendations as part of my write up because I think that's really important to do and there seem to be some issues that are coming up time and time again....you know, like a more coordinated approach and provision of training....but also other issues like where children are measured and the information that is sent to parents.

- I. Well, you probably gathered from the information I sent you that I am doing this interview as the research for a Masters degree in weight management. My background is in nutrition and health promotion and I think we've had a few chats in the past when you've come in for health promotion resources.
- R. Yes, I used to like coming in to your team, everybody was really helpful and friendly. It's a shame you've all been disbanded.
- I. Yes, it is...I guess that's the NHS though. Anyways, I'm recording the interview if that's okay, it's so I don't have to scribble away frantically and we can sit and chat freely. But everything we discuss will be treated as confidential and the transcripts will be anonymised so that none of the people I interview can be identified from what they say. So please feel you can talk openly and say what you really think. If there are any questions you'd rather not answer that's fine though. I'm following a sort of script for asking questions because I'm interviewing a lot of different people and want to ask consistent questions, but the interview will be very informal and we talk about any particular issues or views you have in depth if we need to. So, what I want to do today is find out about your experiences and views around the National Child Measurement Programme and also ask you for your views about the role of school nurses in tackling obesity in school settings. So that's what I'm interested in finding out. I know you're a bit short on time, so I'll try and rattle through as quickly as I can.
- R. Yes, sorry, I've got a case conference tomorrow and need to meet with a colleague at 3.30. But I have to say it's nice to be asked for an opinion about things....there have been some issues this year so I do have a few things I want to say about that. I've just finished doing my schools and sent the result forms back last week.
- I. Well, it will all be fresh in your mind then. Perhaps I could kick off by asking you to tell me a bit about yourself and how long have you been a school nurse for and the schools cover in your patch?
- R. I'm a band 6 school nurse. We have to be band 6 now if we have a secondary school. So I've got the secondary school here in town and then 4 primaries, which are a bit scattered geographically, but they feed into the secondary school. I've been school nursing for, well, it must be about six

years now but I was working in another county for a couple of years when I first started doing it. But as far as the measuring programme goes, I've done that each year, but I have to say this year has been a bit fraught because there's been more messing about with letters and when we do and things than previous years.

I. Yes, I gathered there have been one or two issues. So you're responsible for a secondary and four primary schools. Presumably you're responsible for organising the measurements in those schools.

R. Yes, but I get some help from my band 5, so I don't do it on my own. I tend to do all the getting the letters out and liaising with the schools about dates and stuff, but we go in to do the measurements together. I did have to do one school by myself this year because <<name>> was off sick the week we'd planned to go into that school and I didn't want to mess the school about so I went in. It's much easier with two of you though because it takes quite a bit of organising, particularly in the bigger primaries where you've got several classes of year 6. Oh, and the nursery nurses generally do the weighing in reception with me and we'll quite often combine that with hearing tests.

I. OK, so there's usually two of you doing the measurements, unless something crops up like somebody being off sick?

R. Yes

I. So do you feel you have time to fit the measurement programme into your workload easily?

R. Well, yes, but it does take quite a bit of organising and to be honest I don't really think it need o be a band 6 going in. Th nursery nurses could do it with my band 5, but we're not allowed to do it that way. The other thing is that this year we ended up having to do the measurements in term 5 and 6 which wasn't the best time from my point of view, or the schools' either. It's a really busy term, you know school trips and holidays that you have to work around and it tends to be busier for the nurses in then too and you've get to get the results back so Child Health can do their bit with the results. So that wasn't ideal but we have to do it when they tell us. In fact it changed this year...I'm not sure why....it was going to be earier then they decided it would be in term 5 and 6.

I. Yes, I can understand that....it's a really busy job, isn't it. So moving on to how you organise things with your schools.

R. Yes, well we're sent the letters and then I make sure they go to the schools to copy and send home with the children. Then they can send back a form if they don't want their children measured or if they want the results. We didn't have that many back though. Then we obviously have to arrange with the school when we're going to go in and do the measuring. The schools are pretty good and

accommodating.

- I. So you haven't had many opting out this year.
- R. No I don't think so, but I couldn't tell you exact numbers. But I have to say it does seem to be the chubbier children who seem to be the ones who opt out. I mean, not all of them but I know my schools quite well, particularly the year 6 children and I'd say that it does tend to be like that...you know, the chubbier ones being opted out. Which is a shame really because it not only effects the statistics but it means those children are being opted out probably because the parents don't want to acknowledge there's a problem. Personally I think it would be useful to know why children are opting out...not just to confirm our theory that it's more likely to be the overweigh ones but also to understand why and perhaps how we can encourage them to participate in future. But the silly thing is, we know there's a problem just by looking at them and it's probably been going on for years. So actually, I think we should be measuring children much earlier and using it as screening rather than just gathering statistics for the government. It's like saying 'we're going to measure you, but we're not going to do anything about it'. But I think that might be changing...I think parents might get sent their results back automatically, not this year but maybe they are going to start it next year. I'm not sure but I think it's a good idea. But I still think year 6 is too late....or they should measure children between reception and year 6 so that problems can be picked up. I suppose you can't make parents do anything about it but actually it is their responsibility and if you could sort of get them on board when the child is younger, then you might have more chance of doing something about it rather than the problem getting worse and more difficult to tackle.
- I. Okay, you've made some interesting points there and perhaps we could come back and talk about some of those in a bit. In terms of training. Does the PCT provide any training or update sessions each year around the measurement programme?
- R. There's no training as such but we do have forums and that comes up each year when we discuss how it's going to be done and so on. I suppose we're trained to do measurements anyway, so that sort of training isn't necessary. I know there's guidance issued to the PCT each year and I think the schools probably get something too. But, like I said, it was a bit of a muddle this year because the high up managers changed their minds about the letter format and when we had to do it, so it all seemed a bit disorganised this year....which was a little bit annoying because it did make extra work for us.
- I. Yes, I can appreciate that. So personally, you don't feel refresher training around measuring is

- necessary...have I understood you correctly?
- R. Not personally, but perhaps for people who are new to doing the measurements.
- I. Just going back to the letter to parents, do get a lot of queries from parents as a result of those letters?
- R. No...like I said, we have parents who opt out and this year they could ask for the results, but apart from that I haven't had any queries about it. There was one mum who wanted to come in when I weighed her child, but then she decided she wouldn't after all.
- I. What about the children – do you prepare the children in any way before you go in to do the measurements...or do the schools do anything?
- R. Well, they get the leaflet sent home with the letter which explains what it's all about. I tend to go in to the classes just before the children are weighed and just give a 5 minute talk about what it's for and what will happen and that we won't give them the result but that their parents will if they've requested it. So that's all really...I don't think there's any need for anything apart from that and it seems to work quite well. I don't think the schools do anything, although one teacher did use it in a maths lesson I think...you know around how we can use measurements to show how things change. But nothing else as far as I'm aware. Although they have the posters up in one of my schools...you know the Change 4 Life ones.
- I. Okay. What about equipment...are there any issues with what you use.
- R. Well it's standard issue, I guess. The scales are a bit heavy to cart around and it's a bit fiddly with the height scale sometimes, but once it's all set up it's fine. The children aren't supposed to see their weight, but they usually look...but personally I don't really have an issue with that. If they comment on it I just confirm what the weight is but ask them not to share it with their friends as it's meant to be confidential.
- I. Do the schools offer you any help with fetching children to be measured?
- R. No, that's left to us to sort. It would be nice to have another pair of hands...and a bit of crowd control!...but you can't really expect school staff to do that...they're already up to their eyeballs.
- I. And what about where you do the measurements? Do schools provide you with a dedicated area?
- R. It depends on the school really. Ideally we have a classroom or hall and the schools provide that if they can. We book in advance but sometimes things change on the day and you have to fit in with the schools. I have ended up doing it in a corridor which isn't great as it takes longer sorting out getting the children compared to when you have a room and you can line up alphabetically a whole

- class and they come in one at a time. So that's not ideal but like I say it's usually okay and you have to work with the schools so you can't get too prescriptive.
- I. Yes I guess you have to be flexible up to a point but generally do you manage to do the measurements in a way that is private and respects children's confidentiality?
- R. Yes, we try to make sure other children can't see or hear when a child is being measured...which is easy if we have a classroom and not so easy like I was saying if we have to do it somewhere like a corridor. But we do our best and I don't think it's a problem, unless you've got a child who's a bit upset and then, like, all the other children are trying to look to see what's going on.
- I. So how do children generally respond to being measured?
- R. They are usually quite matter of fact and it's in and out and 'bye Miss. But like I just said, sometimes you'll get one who is upset or embarrassed and you have to explain a bit more and tell them there's nothing to worry about. They'll usually jump on the scales then but I'd never force the issue if a child was really upset....after all, it's their body. It's interesting though, because the ones who are overweight will often tell you they are....so they seem to be aware of it. But then if you were to raise it with the parents it's almost like they're in denial and won't accept that their child has got a problem. You know, they'll say things like "It's puppy fat" or "They don't eat much" or "Well, we're all big boned in our family"....you know, any excuse rather than just accepting that there might be a problem that could be addressed. So, I don't know, that's actually quite a big issue...getting parents to see there's a bit of a problem that they should be responsible for. I just don't think they understand the health consequences for the children, let alone the social problems for the children...you know, the fact they might get bullied about it or can't join in with PE easily.
- I. Yes, that's a difficult issue, isn't it...getting parents to accept there may be an issue. But if you were concerned that a child was overweight would you take any action?
- R. We're not supposed to use the measuring programme to screen children but, you know, I feel I have a responsibility to the child not just to ignore it. It's easy with the reception aged children....I'd just phone the parent. But with the year 6 children it's a sensitive issue. Sometimes we might have been monitoring a child's weight for a while but for other children you have to sort of do it on an individual basis. I might have a word with the school but I wouldn't just ignore it. If parents have requested the result that would be easier...but that's why I think they should feedback results to parents and follow up any children. You know, what's the point identifying a problem and then ignoring it....I mean, things will just get worse for that child and it's ignoring an opportunity to do

something about it, you know, to engage the parents and offer some help and support.

- I. Yes...you said that you thought feeding back results was a good idea in terms of raising the issue and engaging with parents....
- R. Yes I think it's important to feedback although just giving a result by itself wouldn't be any good. I mean, you need to follow it up and offer support or signpost them to support. But it has to be thought through. You know it's difficult getting parents to accept there's a problem in the first place. I mean nobody likes being told their child has a problem. But how do you make parents accept it...I'm sure there are different ways to do that. And then how do you get these parents on board and get them to do something. I do think they should be responsible but they also need practical help. And, you know, it's really difficult to engage with these parents. It's not something you can change with a letter and a leaflet. They don't recognise there's a problem even if you tell them. And engaging with these parents would take a huge amount of time and effort and support to change their attitude and behaviour.
- I. Yes, that's a complicated issue really, isn't it and different parents have different lifestyles and priorities too. Perhaps we could come back to that in a minute, I just wanted to backtrack and ask how you record the data when you do the measuring – is it a case of writing it down or do you use a laptop?
- R. Yes, we write it down and send it back to Child Health. We don't have laptops....I wish...it would certainly make things easier if we had everything on a computer and could just pull out the child's details and enter the data for them. But IT is a bit of an issue for some school nurses and I think laptops are a bit of a luxury as far as the PCT is concerned.
- I. And in terms of doing the measuring....do you think it's a good use of school nurses time?
- R. Well it is time consuming and I don't think it needs to be done by a band 6 nurse to be honest...although I do feel it gives us a chance to see the children and see if there are potential issues around weight...but, like I said it's difficult if we're not supposed to do anything with the results.....but I think once they eventually send results home to parents it will be good to have actually seen the children if parents then contact you about the result. And the other thing is, it gives you a chance to have a bit of contact with the children, you know the year 6 children, so it reinforces about who we are and that the school nurse can be someone they can talk to when they change schools. So from that point of view it needs to be the band 6 nurse as they are the link with the secondary school.

- I. Yes, talking about feedback, it's likely that parents would be encouraged to contact a health professional such as a school nurse if they have a concern about their child's weight. That's got a potential impact on workloads hasn't it?
- R. Yes, but to be honest I doubt we'll be inundated. I mean that's another thing about when the measurements are done...if it's in term 5 and 6 again then it doesn't really give you so much chance to help parents if they want help, whereas earlier in the school year, there's a window of opportunity to perhaps signpost and support parents before the child goes on to secondary school, which is a huge change for them. I know there's an implication in terms of extra work if we get contacted but I see that as part of my job. But I think, going back to what we were saying just now, you have to think about who you are feeding information back to. You've got to pick your words careful. I mean, parents don't like being told what to do or made to feel they are to blame...and it alienates them if anything....which is just what you don't want to do.
- I guess it's got to be simple and straightforward too. Some of my parents are from really deprived backgrounds and have very low literacy levels. You know, so you have to think carefully about the person, the family, their circumstances and other things....you can't just barge in and say what you think without thinking about those sort of things. I mean, it's really hard for some of my families....especially the single parent families and the ones trying to make ends meet. And they are the ones who are usually hard to reach. You know, it's particularly hard to engage with families from deprived backgrounds...you need a different approach and have to accept that they have different priorities and have a different view about food and exercise.
- I. OK...well I think that's probably all I want to ask about the National Child Measurement Programme Do you have any other comments or anything you'd like to add?
- R. Not really, I think we've covered most things. I just hope next year they get their act together a bit more and don't keep changing their minds. And I hope it's done earlier in the year, you know for the reasons we've just talked about. I suppose as well, there's an issue around...going back to signposting....an issue around where do we signpost to and the lack of services around weight...not just for the overweight ones but the underweight ones too. I mean we have the dieticians but that's about it....and I think they are pretty stretched.
- I. Yes, perhaps we could talk about that a bit more in a minute. I'd like to talk about the role of school nurses in tackling obesity in school settings now. Not just in terms of helping children who might have a weight problem already but also in terms of preventative approaches to childhood obesity.

Are we okay for time?

- R. Yes, it's okay....but I'll need to stop in about ten minutes if that's alright.
- I. Well, school nurses seem to have a very diverse role with wide public health remit....but in an ideal world, which I know it's not, but in an ideal world how would you see the role of school nurses in tackling obesity?
- R. Well ideally, being able to do more around health promotion in partnership with the schools. But we have so much in terms of core work that we have to prioritise...you know, child protection and so on...that health promotionie type type things tend to go by the board. It's a shame because I think we are ideally placed to do more of that, especially as we have a unique role in schools....you know, being health professionals and links with children and their families. We try to provide a drop-in session once or twice a term which can work well in terms of giving advice....but then the issue like we were saying earlier is engaging parents...so you can offer as many drop ins as you like but you might not reach the parents you really want to get your hands on. We do have Healthy Schools work going on which is good but I'm not directly involved in a lot of that, although it would be good to have more opportunity to work with schools. Bt like I said it's time.....you can't cram a quart into a pint pot and it comes down to not having enough school nurses really. I think the other side of the county are quite well resourced....one of my friends is a school nurse in Hastings and she has things like admin support and there more of them in the team.....but we're really thinly spread over here and there's only so much you can do so inevitably we have to prioritise the core work. I think that should be addressed really....I think we are getting more staff but there we go.
- I. We talked a bit about training earlier and about what's on offer. Do you think there's a need for training around healthy weight issues and obesity? Is anything like that provided by the Trust?
- R. Nothing I'm aware of. We have to do mandatory training but it doesn't include anything around that. I do think training around healthy weight and childhood obesity would be really useful....particularly if they intend to feedback results and are telling parents to contact us. You know, it would be useful to be up to speed but also know about what we can offer, where we can signpost and how you engage parents perhaps. And, you know, going back to our role in tackling obesity, perhaps when they do start feeding back results we could offer drop-ins to tie in with that. And it would be useful to have some training or update or whatever around what's the most appropriate way to help children and families. That would be really useful, because you know, different children need different sorts of help .There are all sorts of factors....some are obese and others are overweight to

various degrees...so what's appropriate for one child or family might not be the same for another one. And, you know, we need to know what our role is actually going to be. It's typical, nobody has bothered to ask us what we think or explain what might be expected. I mean, we're health professionals and we should be told what's going to be expected of us and what our role will be around weight management in schools... we should be asked if we have the time and skills to do that effectively...and what training we need so that we're well informed, competent and confident....but we're usually the last to get told or be asked.

- I. And what about referring children...you mentioned the dieticians but does the PCT have a clear referral or care pathway for childhood obesity that you're aware of?
- R. No there's nothing I'm aware of....we just sort of know about the dieticians and I think that's really all we can offer at the moment. We can talk to parents about things if they want to but in terms of where there's a problem that needs sorting out then we'd refer to the dieticians....but they probably have to wait a while for that, before they get seen I mean. I did actually ask if there was a care pathway but my manager said there wasn't anything like that. But I think it's vital because it would be more equitable and would ensure that children and families who need help were treated fairly and get the services they need irrespective of where they live. At the moment I think it depends where you live as to what services are available. I mean there's probable more need in some areas for weight management services for children, you know, if it's an area of high deprivation or whatever...but at the moment it just seems totally unfair. I feel quite strongly about that. I know they've got to target resources but there are overweight children in all areas so it's unfair if some can get help easily and others can't. But going back to what you asked about care pathways, well you know, childhood obesity isn't a simple problem with a simple solution...it's really complicated and there are all sorts of factors involved. If we're going to be part of the solution to tackling obesity as health professionals, then we need to know where we fit in and what we should be doing. So, yes, we do need a proper care pathway but there has to be training to go with it...and we all need to be sing from the same hymn sheet. So, sorry, that's a long winded way of saying that if they are planning on feeding back results and expecting us to be front line in terms of advising parents we need some sort of protocol to do that. But they haven't asked our opinion about how we can best do that or if we've got the time and resources. Does that make sense.
- I. Yes, it does. So, do you think whether weight management services for children and families are adequate in your patch?

- R. No, apart from the dieticians there's pretty well nothing else to offer even though there's a for it...particularly community things for families. I know there are programmes in some parts of the county but we haven't got anything here.
- I. Do you mean initiatives like the MEND programme for families?
- R. Yes, that's the sort of thing that could be really helpful but we haven't got it in this patch.
- I. Well you've made some very interesting comments and I'm aware that you need to get going. But is there anything else you'd like to add to what we've already discussed?
- R. I don't think so....but things like better training and better services are something the PCT need to address....strategy is all very well but it's got to be backed up by resources and training....I suppose it's down to money but you have to invest in things. They seem to throw money at some things so they can hit targets and tick boxes but weight and obesity stuff seems to have been ignored....even though in the long run obesity has a huge impact on health and the NHS.
- I. Well, thank you very much for finding time to talk with me.
- R. Well I think it's important to do research and it's actually nice to be asked what I think. Will it be possible to read what you write?
- I. Well, I intend to circulate a summary to people who've taken part in the interviews and I also feel it's important to feedback any issues and make suggestions for change so I'll be sending a summary to the Obesity lead and commissioner.
- R. Yes, that's good....I think they need to do a bit more research and find out what's happening in their own backyard and ask the people doing the work with the client group for their views. Anyway, I hope what I've said has been helpful....I've probably waffled quite a bit.
- I. Not at all, you've been really helpful.

- I. Thanks for agreeing to take part in the research I'm doing.....you've probably gathered from the information sheet I sent you a while back that I am doing this as part of a Masters degree in weight management at Chester University. I hope it's OK with you if I record the interview. It's really so we can sit and chat without me trying to scribble away taking notes.....which I'm not very good at anyway. But, just to reassure you that everything we discuss will be treated as confidential....only me and my supervisor will have access to the taped interviews....and when I transcribed the interviews they will be anonymised so that none of the people I interviewed will be identifiable. So I'd really like you to feel free say what you really think about things...I know we've had lots of chats over the years so I know you've got some quite strong opinions...but having said that, if there are questions you'd rather not answer that's absolutely fine. I've got a script I'm following for asking questions....it's because I'm interviewing a lot of different people and want to ask consistent questions....but the interview is really informal, so we can chat around things in depth if you want to or about particular issues that might come up.
- R. That's good.
- Well I'm doing the research to find out about school nurses' experiences and views of the National Child Measurement Programme and also their views about the role of school nurses in tackling obesity in school settings. Over the last few years I've had lots of informal chats with school nurses about the National Child Measurement Programme and obesity issues generally. I know we've had discussions about it, haven't we, but the PCT doesn't seem to have asked school nurses formally for their views. So really my research is to find out what's happening at grass roots level in a more formal way. So, that's why I'm doing this research but perhaps you could tell me about yourself...you've been a school nurse for quite a long time, haven't you?
- R. Yes....too long probably! No, I've been school nursing for I think about 11 years now. Originally in another county...but in this job for probably 5 years.
- I. And, you're a band 6, aren't you?
- R. Yes, band 6
- I. And what about the patch you cover? How many schools are you responsible for...and how many other people are in your team for this patch?

- R. I've got four schools....three primary and one secondary. But the primary schools vary...there's one really big one which is in quite a deprived area and then two smaller more rural schools. I work three quarter time equivalent at the moment. I work with another band 6 school nurse...but I think things will be changing and hopefully we'll be getting somebody else later in the year but I'm not entirely sure about that yet.
- I. So there's quite a bit of variety in terms of the location of schools you cover. OK...well if I could ask you a bit about the National Child Measurement Programme.....presumably you're involved in measuring children in the primary schools you cover?
- R. Yes, I've been doing it since it started, but it's been a real headache in this year....frustrating really because of things being chopped and changed.
- I. Yes, I'm aware there have been a few issues....perhaps we can talk about that a bit more as we go along. But if I could ask you about the organisation of it first of all. In terms of conducting and delivering the National Child Measurement Programme, PCTs are given guidelines by the Department of Health which they are supposed to follow in relation to organising and doing the measurements. I gather that school nurses are responsible for organising things in their own schools....could you talk me through that?
- R. Well, like I said it was real headache this year because people kept changing their minds...the managers I mean. But it's the usual story...we're expected to do the work but nobody seems bothered if we end up having to chop and change. Like this year, they changed the letter and the time of year we were supposed to be doing the measurements which was annoying...well it was for me anyway because I'd got things planned in terms of when I was going to do it but then had to slam on the breaks. But I guess that's pretty typical of the PCT's...they're always changing their minds...but they don't seem to think it might be better to ask us about things or realise that it can be frustrating or make things more difficult for us in terms of managing our workloads.
- I. Yes, I can understand that must be frustrating. But isn't there a session where things are explained before you do the measurements each year though?
- R. Yes, but even then it got changed. But it would be good if they asked our opinion and then have a session when things are finally decided and about things that are likely to change in the future...giving parents results, that sort of thing. I think parents are going to get results but nobody's told us when exactly. Somebody mentioned next year but I don't know for sure. I think we should be asked about things like that because there are issues like parents not being able to

understand the results and we'll have to pick up the pieces. But it's the usual story...we're expected to do the work but nobody bothers asking us what we think.

I. You sound a bit fed up about that?

R. Absolutely....we're the people doing the measurements and we have to sort it all out and it's difficult enough to fit it into your schedule. I felt really cross this year. The same with the results....we do all this measuring and send the results of to Child Health and never hear anything else about them....you know, like if any of our schools have got a particular problem. But even that would be dodgy because the chubby kids seem to be the ones whose parents won't let them be measured. Sorry, I'm having a bit of a rant but it really cheeses me off.

I. That's okay, I want you to feel you can be honest and say what you think. And you've made some points that I'd like to pick up on again in a minute.

R. You know, we often have a moan between ourselves about not being asked what we think....even just how things went with the measuring each year....but also about what we think about things like feeding back results to parents and how that could be done, you know....we're pretty frontline because we are seeing these kids day-in-day-out....I know our profile is pretty low and, parents don't like think 'oh let's ask the school nurse for advice' if they get a problem. But actually in terms of tackling obesity we're ideally placed....particularly when it comes to being able to signpost people or whatever or get some help. Not that there's much out there. And as for the senior management....the School Nurse Lead is fine because she was a school nurses herself and she knows what the issues are. But people making the policies and stuff and decisions about feedback and things....well who are they? Health Promotion used to do it and we could ask them but they don't seem to be there any more. You know, we have a huge workload and get the measurements plonked down on top of that.

I. Yes, school nurses seem to have a huge public health remit these days....I expect you've seen quite a few changes over the years

R. Yes....it's a great job but I feel like I'm spread too thinly at times and it doesn't help when managers just dump stuff on you and expect you to do it and sort out the problems that could have been avoided if they'd given it a bit more thought. You know, like keep changing their minds. And this year we were all set to weigh the children earlier in the year....and, like, you allocate the time to do it and arrange the schools about dates....and then we're told that we're not allowed to do it until the summer term. So you end up having to reschedule everything and they've put it right in the busiest

term of the year which just seems a bit stupid really....and they don't consider how it might effect us....it's that sort of thing.....sorry, I'm ranting again...just tell me to shut up.

- I. Don't worry....I can appreciate how that makes you feel....and there are some of those issues there that I want to talk about in more depth. But perhaps I can ask you a bit about how the measurements in schools were organised this year. In terms of things like sending initial letters out to parents, were you directly involved in that process?
- R. Yes....we get sent the letter by email and then have to get it to our schools and then they send it home to parents. It takes quite a bit of time to get that sorted....the PCT used to do it but it's down to us now. And like I said, this year that all got changed
- I. So, once parents have been sent the letters, do you get any enquiries from parents as a result?
- R. Not really....obviously we get the opt-out slip or if they want the results, but they don't seem to contact us about anything else.
- I. What about the parents who opt their children out? You mentioned early that you thought it was the chubby ones whose parents opt them out...but do you ever find out why they make that decision?
- R. Well they don't have to say why on the form....they just send it back...although that might be interesting to find out. But, you know, I've had this conversation with colleagues and generally it seems like the ones who opt out are the ones with the problems. I suppose it's natural because the parents probably know there's a problem....or the kids are self conscious about it and get upset when the letter goes home....so it's easier for them to just duck out. I don't know if anybody has looked into why parents opt out...or whether our feeling that it's the heavy ones who opt out is right....I mean, do you know?
- I. There's not been much research into that...but it's interesting because most of the school nurses I've interviewed so far have made the same point...that it's the children with weight issues that seem to be the ones who aren't being weighed on the day. Like you say it would be interesting to look at that in more detail. What about preparing children before you go into schools? Do you go in to talk to the children at all or do anything else in terms of preparing them before you measure them...what's your approach to that?
- R. Well, we try to go in to each class before they come out to be measured and just give a little explanation about that they are going to be weighed and measured and that's a routine thing and that it's private and that the results are part of government statistics. I let them ask questions...and of course you'll get one who say 'do we have to take our clothes off, miss!' or 'can we have our

result'....but they generally just accept it and they are pretty good in my schools about coming out of lessons when it's their turn to be weighed....although it sometimes gets a bit chaotic especially if it clashes with break times or whatever.

I. Yes, it must take quite a bit of organising especially in the big schools. So, do you go in to the schools to do the measuring on your own or with a colleague?

R. Well we usually try to go in twos....which I think we're supposed to anyway....but sometimes you end up having to do a school on your own, you know, for example if somebody is off on the day we've arranged to do it. But, yes, usually there are a couple of us so we can get pretty organised and get them through reasonably quickly...it's a bit like herding sheep!

I. Yes, I bet....does the school help you at all?

R. Some and some. One of my schools is really good and one of the office staff help us on the day with things like bringing children and taking them back to their class...that's really useful, particularly as it's a big schools and it helps things go really smoothly. Other schools just let us get on with it and we do everything ourselves. So it varies really, but it's great when they lend a hand.

I. Yes...I can imagine. Do you ever have children who opt out on the day...I mean when you go in to measure them, do they ever refuse to be measured.

R. Only occasionally...very rarely really...and usually it's the girls....you know, they wind each other up sometimes and get a bit silly. But they're OK and it's usually just a case of talking to them for a minute and explaining and reassuring them...and then they usually don't mind having it done, but I wouldn't force a child if they genuinely didn't want to be measured.

I. But it's doesn't happen often?

R. No only one or two in each school...and sometimes none...so it's not really an issue.

I. What about the equipment you use, are there any issues? And do you just write results on Child Health forms or use a laptop?

R. Laptop? You must be joking. It would make our life so much easier but we're not provided with them, at least not my team. As for the scales, they are bit heavy and it's a bit of an effort lugging them about, but it's not a huge problem. The only other issues is that children aren't supposed to be able to see their weight but they can on the scales we use.

I. What about the where you measure the children in your schools. Are you allocated a room or another area...what usually happens about that?

R. The schools are usually pretty good and try to accommodate us. Sometimes we'll get a spare class

room or sometimes it's in the school hall....but it depends on the school really and what is happening on the day....so it's not set in stone and we just have to be flexible really. We did end up having to do it in the corridor at one school because they seemed to have forgotten we were coming so that was a bit difficult...but it was one of the little schools so it was alright.

I. OK....so it varies a bit and usually it's OK but occasionally it's not ideal. But do you always manage to keep the measuring confidential and ensure the privacy of the children?

R. Usually....like I say it's not always ideal. If we have a proper room we'll line the kids up outside and they'll come in one at a time....so that's fine....but if we're somewhere where the kids have to line up at one end of the room and we have to do the weighing at the other end, then that's not so good. But we do our best and I'd say it's not too much of a problem usually....but, for example, if a child's a bit upset or you need to have a little chat to reassure them it's not so easy to do if the others are looking. And for the ones who are on the large size it might be more embarrassing for them in that sort of set up.

I. You mentioned about children getting upset....does that happen very often? And how do the children react generally to being measured....do they want to know what they weigh for example?

R. We don't get many children being upset....but they are 11 so some of them are a lot more developed than others and they are probably more conscious of their shape and size. And we do have a few tears occasionally so you need to be...well...quite sensitive to that and reassure them if needs be. If they are really upset, I wouldn't force the issue or make them get on the scales. Quite a few of them want to know what they weigh and if that's OK. The thing is we're not supposed to tell them their weights and heights but I don't really see why not. The scales we've got mean they can usually see what they weigh anyway so it seems a bit daft not telling them and I will always explain to a child if they ask...after all, it's their body. What I usually say is that if their parents have asked for the results they'll be sent home. Alternatively I sometimes say to the child that they can come back and see me at break time and I'll measure them again and tell them what they are. I think that's better really because if they want to talk about it you can spend a bit more time in private with them, rather than thinking "I've got another 30 kids lining up waiting to be measured".

I. What would you do if you felt a particular child had a weight issue or you were concerned about a child's weight?

R. Well we're not really supposed to use the child measurement thing as a way of screening for weight problems but you can't just ignore it if a child is obviously overweight....or underweight for

that matter. I think I'd be letting that child down if I just ignored it. You know, I don't think the guidelines have really taken that into proper consideration. So I probably would either talk to the head teacher and then contact the parents and offer to talk with them about it. But it's really difficult...I mean telling a mum that their child is overweight...it's a sensitive issue for a lot of people and the problem is that nine times out of ten they'll probably not even accept that it's a problem for their child. You know, the tubby ones tend to come from families where mum or dad is probably overweight too, but I don't know all the parents so it's difficult to know what to say...you know, how to bring the subject up and engage parents who are reluctant to admit there's a problem or do anything about it. And the other thing is that the letter that goes out tells the parents that it's not about screening so there's a bit of an ethical dilemma around that. But on the other hand, what's the point in weighing them, knowing there's a problem and doing nothing about it...I don't know what the answer is really. But I would always try to do something for the sake of the child. I think we should have clearer guidance about that really.

- I. Yes....I can understand the difficulties. So, if a parent wanted to do something about their child being overweight, what would the options be? Do you have a clear referral pathway?
- R. Well we can give a bit of basic advice but usually we'd refer to the dietician....or if the child was massively obese, perhaps the GP in the first instance. But usually the dietician. There's not really any other options at the moment....at least not that I'm aware of. We do monitor some children who have been identified as having a problem around weight, but that's separate. Referral pathways...not I don't think there's anything officially for children with weight problems...we just use the dietician or GP. But, you know, it would be good to have a clear sort of pathway about the action you should take under particular circumstances if you were concerned about a child's weight.
- I. What about community weight management programmes...like MEND for example....I'm not sure if you're familiar with that or whether it's an option in this area yet?
- R. I've heard about MEND...and I think some of the slimming clubs have sessions for families....but I don't think there's anything locally and we don't have MEND here. But it would be nice to know if there are any other options, and I think there's a real need for options apart from the dieticians, but that's something the PCT should be sorting out. One of my friends works for Brighton PCT and they have MEND there and have a proper directory of weight management services and I think she said there was a sort of telephone helpline too, which seems like a really good idea.

- I. Yes, Brighton are quite innovative in that respect. What about feeding back results to the parents. We touched on that earlier. At the moment parents can request their child's results but in future the PCT is planning to feedback results to all parents. Do you think that's a good idea.
- R. Well if they are planning on doing it, they haven't let us know when! But I think it's a good idea. At the moment parents can ask for the results but not many do. I know it's meant to be a sort of statistical thing...you know the actual measurement programme....but I think parents should get the results and get help if they need it. I mean if their child is already overweight the problem will probably only get worse. But I guess it's how you feedback results that's important. I mean, parents have to know what the results mean...it's no good just giving weight and height or BMI on its own because it probably won't mean anything. So if there's an issue with weight there needs to be a simple way of indicating that in a way parents can understand. And then it's no good identifying a problem and leaving parents dangling....you'd need to offer some further advice or support or whatever if they wanted it....but I say *if*.
- I. Well the proposal is to feedback results by letter and give parents an indication if their child's weight is OK or if there's any cause for concern....and the letter is likely to advise parents to contact a health professional such as a school nurse if they want to discuss their child's result or want some help.
- R. Like I say we don't get asked about what we think about that sort of thing....which is OK if the people doing the letter have got a professional background and know what the issues are.....you know, like giving information in a way parents can understand. I think it needs to be more visual rather than pages of writing....just really simple....and with, well something like bullet points with where they can get help from if they want it....schools nurses or whatever.
- I. OK....that's a good point...some of the other nurses I've spoken to have mentioned that some parents might not have good literacy skills so things need to be done in way they can understand. What if parents are told they can contact a school nurse for advice...would you have the capacity to deal with that on top of the rest of your workload, what are your thought about that?
- R. Well I guess it depends on how many you get. But to be honest I think it's part of my job anyway....and I'd be pleased if a parent was willing to do something about it. But even if they get the results, the problem...like I was saying earlier...is that most parents don't see or accept there's a problem anyway, so I can't imagine we'd be overwhelmed with parents asking for help and advice. And also there's that thing of only really being able to refer them to the dieticians....there's

not really much else. It would be great if we could say to parents about the MEND programme or other alternatives but that's not an option. So what I'm trying to say is that it's all very well feeding back results but there's got to be the support in place if anything is going to happen really....and at the moment there isn't.

- I. Well, a more general question...do you think that having to measure children for the National Child Measurement Programme is a good use of school nurses' time?
- R. Well, yes and no really. I mean, you don't need a band 6 nurse to measure the children....that's just a case of knowing how to do it and write the result on the sheet. But it's good to have an opportunity to see the children and let them know who we are and that they can always come and see us if there's anything they want a bit of advice about or if they've got any worries or whatever. And the year 6 children are moving on so it's good to tell them that they can still see the school nurse in their next school. So it might be better to have a band 6 nurse with some help from somebody who was trained to do the measurements....rather than two of us band sixes going in together. Yes, so mixed feelings really.
- I. OK, well, that's all I want to ask you formally about the National Child Measurement Programme, but is there anything you want to add?....or any other comments you'd like to make?
- R. No, I think we've covered quite a few issues. Just that, like I was saying, it's the fat children that tend to opt out....so in terms of the statistics it's a bit of a false picture really. But also that thing about parents not wanting to admit there's a problem or do anything about it. Feeding back results is good...but I still think the kids who need the help probably won't get it if you can't get the parents on board.
- I. Yes, you've made some very valid points there. Well, if we could move on and talk a bit the role of school nurses in tackling obesity in school settings. I'm talking about tackling obesity both in terms of prevention and also where there are existing issues with children being overweight. In an ideal world....which of course it's not....but in an ideal world what sort of role do you see school nurses having in tackling obesity in schools?
- R. Yes, well, I think there's a lot we could do but there just isn't the time or resources. I mean, we are ideally placed to do more health promotion sort of stuff but there's so much else to do that it's usually at the bottom of the list. Things like child protection and all the other stuff we have to do as a priority takes up most of our time these days so there's not really time for all the other stuff which I think is still important. You know, child protection is just a huge part of our work now. But if there

was time, I'd like to do more in the schools. Actually, I'd quite like to get involved in MEND if there was a chance to, but it's a big commitment. There's more we could do around PSHE as well. And things like drop-ins....we do them but not very often...if that was more regular or we could engage with parents more that would be good. The friend I mentioned who works for Brighton PCT gets involved with after school things like cooking clubs and healthy tuck shops in some of her schools and does regular drop-ins. So, things like that would be good to do more of if we had the time....and I think that's really important...you know, being more involved in what the schools are doing and with the parents....it's got to be a sort of partnership really otherwise you're just scratching away at the surface and not really achieving anything. But, you know, it's no good the PCT saying that we've got to do this or that....like I said it comes down to time and resources....there's not enough of us really and until that's addressed we just have to do the priority stuff. The healthy schools programme is good. I'm not involved but some of my schools have really taken it on board and improved the food at lunchtime and there's a cooking club at one school and a gardening club where they grow food at another one. But, you know, it's the parents we need to reach as well and we need to reach them as early as possible. They're the ones who influence their children's behaviour...but it's important to start early.

But then it shouldn't just be the school nurses that are trying to solve the problem. It's all the agencies...PCT, schools, education, local authorities....not just us....we need to work together and know what each other is doing. Quite how you do that, I'm not sure. There is one place I read about where there is a sort of obesity tsar....someone pulling all the different strands together and sort of championing partnership action....I think that's the only way things will change really, but I don't think there's anybody like that in Sussex.

- I. What about Change 4 Life...is anything going on in your schools around that?
- R. Well that seems a bit patchy....two of my schools have got the leaflets and I've got a supply myself. But the other schools don't seem to have received them...or if they have they can't find them. But just sending out a leaflet or putting up a poster isn't really going to change people's behaviour, is it. I mean there's been a lot of publicity but I put my hand up and say I don't know what it's about really....actually, that would be good to have session about, because I think a lot of the schools and the school nurses probably don't really know what it's about.
- I. Yes, that's a good point. What about training...are you offered any training around healthy weight or

weight management issues or tackling obesity? You've just mentioned Change 4 Life but you were also talking earlier about the difficulties of engaging parents when children are overweight. Do think training around those sort of issues would be useful, for example, or anything else related to weight management and healthy weights?

- R. Yes, I do. I mean, not around weighing and measuring because we can do that anyway....but it would be useful to have training around childhood weight management and what the options are and so on....and definitely around how you engage parents...that sort of thing. I did some brief intervention training a couple of years ago around smoking and it was really helpful to kind of know what approaches you can take. So maybe something like that but with weight management. But there's nothing like that on offer. They should identify the need for training and ask us what sort of training around healthy weight and childhood obesity would be useful first.
- I. OK...well you've made some really interesting points and thanks for talking to me. What I intend to do once I've written up the research is to send a summary to everybody I've interviewed.
- R. Will you do anything else with it....you know, will you show it to people in the PCT?
- I. Yes....I intend to do that too because I think there will be some important points emerging that need to be taken on board....and the majority of the people I've interviewed.....in fact, you're actually the last person now....have said they'd like views heard.

I Well, you've probably gathered from what I sent you that I'm doing this as part of my Master's research. The reason I'm doing it, I've worked in health promotion for quite a few years and I've had lots of informal chats with school nurses about lots of different issues. But there doesn't seem to be any formal research around their views around tackling obesity in school settings or the National Child Measurement Programme that they're expected to deliver. So it's really about formalising that a bit more and talking to people directly to get an idea of their views and experiences.

R Like the Change for Life?

I Well, it's about the National Child Measurement Programme, specifically.

R But it's like the... to use that as an example I suppose, Change for Life, that's all about getting people active, getting them out there, all to do with obesity, not just children but everybody. But we were not given any information... it sort of happened and there was nothing sort of directly for us that we could tap into to take forward, just the odd poster that we could possibly use and you go on their website and you can register, and join them as a... And that was... so I think we do get left behind a bit when we are on the ground floor delivering. And the same with the child measurement programme. We weren't really given anything except this is what we've got to do, go and do it now. And in some respects for us that was quite difficult to manage in the respect that actually it's not that long ago we'd stopped doing all these heights and weights and things, and had we been given a bit more time we could have introduced it through PHSE and actually it wouldn't have been an issue then, it could have formed part of a wider way of tackling the problem. And actually by year six you should have really picked them up...we do with some and keep an eye on their weight over time....but only when an issue is highlighted....and see just how much they are going up the centiles, and then tackle it, and refer to the dietician or whoever else is out there, and try and get the family active and stuff. But measuring in year six is leaving it too late....by the time they've got to year six we should have picked them up and be putting those services in. I mean, obviously horses to water, isn't it, you can take them but they don't necessarily do anything... And I have had a case where I did take it to Child Protection because

it got to the point where the child couldn't get off the carpet once he sat down, found stairs a struggle, very short of breath, had no neck because he was just so obese. And it was an issue.

I OK...well you're raising a lot of points there and we'll chat through those in some more depth. Incidentally, I'm recording this if it's alright with you but it's completely confidential and I'll be anonymising the transcripts so there's no way of identifying comments or anything you say back to you as an individual.

R No, that's fair enough. And you've got specific questions as well.

I I have, yes, I have a list of questions because I'm interviewing a lot of people, but it's very informal and I hope you feel really free to say what you think, and as I say it's confidential. If there's a question you don't want to answer, that's perfectly alright...just say so.

R And you actually appreciate where we're coming from as well, so it'll be an interesting piece of research.

I Yes, I'm glad you see it like that....I do feel it's important to talk to people who are doing the work on the ground and tell it as it is. So, tell me a bit about yourself and how your team of school nurses is set up, and which schools are you responsible for.

R I'm a band seven, that's a practice teacher. I have three schools myself as my caseload. So I'm the lead within the local Partnership for Children. And the area is split up into four local Partnership for Children areas. So each one has a band six school nurse that heads up the team and then you've got a skill mix within that. I personally have got two secondary schools and a primary school, and then obviously I've got the band five who has the other primary schools within the LPT and a nursery nurse and admin support for five hours a week for our team, which is extremely useful.

I Yes, I bet...not all teams seem to have that.

R. No I think we're better resourced on this side of the county.

I. So in terms of organising the measurement of children for the National Child Measurement Programme, who actually is responsible for organising that in the schools that you have responsibility for?

R Child Health will send us the forms, printed off, for us to do it. And then I liaise with my primary school when's a good time. Obviously they have their SATS, the year sixes, so that's a bit of a manic time. So we tend to do it once they've done their exams, because then they've got much more free time, it's less stressful for everybody I suppose. We're quite well staffed so I organise that and then I take in with me... a nursery nurse comes to help me and I've taken in my admin too, to fill in the paperwork really, because we are letting parents know the results if they've asked for them.

I Okay, so there's always two of you doing it?

R Yes. It's not rushed then, it's just a little bit more relaxed and chatty.

I More friendly and informal for the children?

R Yes. We seen them individually, although we might pick up three or four at a time, only one comes in at a time to have it done. So we're in a separate room from the others.

I So you've always got a dedicated room to do the measurements in?

R Yes. And obviously things like the scales are calibrated every year anyway so you know the equipment's up to speed.

I So in terms of the National Child Measurement Programme have you got any particular views on delivering it or is it something that you see as having to do?

R I suppose in some respects we see it as something we have to do, and like I said previously, we felt that there was a better way of introducing it that actually may be a bit more meaningful for the young people that we're doing it with, because they're going to be going to secondary school, so it's an ideal time to talk about that as well with them, that transition, and that actually they're going to be taking a little bit more responsibility for themselves as they get older and things like that. But because we should be picking them up before then, I don't know if

they compare... I suppose we haven't been doing it for long enough maybe, to compare the heights and weights that we do in reception on admission to school with the year sixes that have started in reception and gone through, to see if there is a huge difference, if they have followed the centiles or if they have plummeted up the centile for weight. That would be interesting, to get that sort of feedback, or some sort of feedback. And then it makes it a bit more real for us as well, because we're actually participating in something and we know why, we can see why, we can see the need. I mean, we can see the need anyway, walking into school now I suppose, you can always argue that actually we know who our obese kids are because we see them so often, without actually getting them to stand on scales and take their measurements. ...but the ones who are overweight or gradually getting too heavy might slip through the net

I In terms of doing the measuring, the PCT have Department of Health guidelines that they are advised to follow closely. So, you said you measure after the SATS tests generally each year...so that's the summer term?

R Terms five and six now, because each – yes, I still go on three terms – but each three term is divided into two terms, so it's a six term year, so it's five and six, so, yes, it would be the summer, it's after Easter. And they do their SATS about May, I think it's about May, so after May.

I And how many children roughly then would you be measuring in your particular school?

R About 60.

I In terms of training and awareness, are you offered anything relating to the measurement programme and the guidelines each year?

R Doing the task?

I Yes.

R I suppose when we start the job we have training and we're lucky that we have a growth nurse who is also a school nurse, who works at a local growth clinic with consultants, so she's very keen that we all know how to do it properly. And I suppose there's always variables, aren't there,

in schools? You know, if you've got a skirting board and you put your millimetre up on the wall, that could be inaccurate... so it's the best of what we've got really. And then again, like I said about the equipment, we do have the scales calibrated every year, as best as they can be.

I And in terms of preparing children before they're actually measured, parents are sent out a letter to let them know what's happening and that their children are going to be measured. Do you get much comeback from those letters from parents? Do they contact you and ask you more about the programme?

R Sometimes more than others. Some years more than others. Sometimes you get a few parents ring you up and just ask for a bit more information, others just send the piece of paper back saying, yes, they'd like the results. Occasionally we get some that decline to have it done. And I think in this area as well most of us do a year six drop-in, so any of the year sixes that have any concerns or worries or want to talk to us or ask us anything can come along and do that. So in that respect I think we're more able to respond than nurses in some other areas.

I It's easier and more communication going on you mean. Yes, that doesn't happen everywhere, does it?

R No, it doesn't. But it's something that we started a few years ago. I think quite a few of the school nurses in this area do sort of like a drop-in for year sixes. Again it's that transition, it's to aid that transition, because when they do get to secondary school it's not us going to find them, it's them coming to find us.

I Yes, it's a bit different in secondary school, isn't it?

R Yes, it changes, the dynamics change, so it's getting them used to that, and being able to ask questions if they're worried, and hopefully that will continue as they get older then as well.

I Okay. Do you find you get any problems cropping up when children are coming to be measured, do you have any children refusing on the day or getting upset or...?

R Occasionally you might get one that refuses. I think the biggest thing for us is when they want to have it done and the parents have said no. It quite often works that way round and because all their classmates and they're like, "Well why aren't I? Why can't I be part of this?" And that's

difficult because of their age and parental consent. So in those instances, if we can get hold of the parent there and then we'll try to, but obviously if we can't then we can't do them. And we obviously don't go back and do those that are absent on another day; we just do the ones that are there on that day.

I So there's no follow up if a child's off school sick or away for whatever reason?

R No, we don't tend to go back. Because they're all done on the same day then and, and...and...

I It makes it easier?

R Yes.

I And do children ask you why they're being measured when they come in? Do they ask you why or do they ask you for their results?

R Well, they can see the results when you're doing it really. Sometimes they might ask a question about it, and if that means they are underweight or overweight and why they're doing it, but on the whole they just get on and do it really.

I They accept it's part of the school day?

R Yes.

I. Do your schools offer any help when you go to do the measurements?

R. No, but then there are sometimes three of us going in so, unlike other school nurses in some places, we're better resourced.

I You obviously know your children....probably on an individual basis...more than some of the nurses do that have got bigger patches, but if you were concerned about a child's weight what would you do and what options have you got?

R I'd talk to them about what they do and if they do any exercise and stuff, and what they eat. Because it's not a case of saying, "Right, you can't have chips, you can't have chocolate," because they're growing, they need the fats and sugars. But it's not living on it, isn't it? It's understanding that and putting it into some perspective for them. Talk to parents as well, but

there are lots of other places. We're lucky in this area that we have people that we can... well, we don't necessarily need to refer to, but we can give parents a leaflet, lots of activities through holidays and things, and after school clubs that are free, or minimal cost. There's the dietician and we've got other people that have been commissioned by the PCT....Lifestyle somethings..whatever they are.

I Lifestyle change facilitators?

R Yes. And health trainers, which are for the over 18s. Which is a little bit frustrating because nowhere on the flyers and things did it say it was for 18 and over, because I had somebody that would have really benefited, but what we've done is actually get the mum and adopt a family approach to healthy weight but with the mum as the key person...I think that is really effective

I Oh, yes, sensible approach.

R So we've done it that way round. And there are other agencies, have you heard of the Excellence Cluster?

I Yes, but I'm not entirely sure how it worked in practice.

R It used to be Education Action. We're lucky enough to have that in this area and they do lots of things, cooking clubs for mums on budgets. And then I suppose there's also the initiatives that we do within our own schools.

I Okay, I'll talk about that in a minute if that's okay. Do you have programmes like MEND in this area ?

R It's funny you should say that, but I don't think we have, but I know my secondary school was at one point trying to get hold of someone from MEND to look at that within the secondary school.

I But you don't refer to that in your patch?

R. No, not at present

I. In terms of recording the measurements, do you write them down or do you use a computer for data entry

- R It's on the forms that the Child Health give us and then we just send them back to them.
- I So it's just written down and then back to Child Health?
- R Yes. And then they put it all on the computer.
- I In terms of feeding back results, at the moment it's an optional, parents can request their child's result, but that's likely to change so that results will be fed back to all parents. Do you think that's a good idea generally?
- R I think it needs to be fed back on a chart. Because if you just give them figures I don't think that necessarily they'll make that connection so much as to how much their child might be overweight or underweight, because that is just as much an issue. There are some of our children who are underweight. So I think if we had a specific... you know, we had a growth chart that sort of they can understand, because it's more visual for them and we have a lot of parents as well that can't read. So I think that's really important.
- I Yes. I think one of the ways that's being considered is to present it visually...indicating if children's weights are any cause for concern. But generally do you think it's good to feed back information to parents?
- R Yes, I think it's good to feedback results but I'm also aware that actually you can tell some parents till you're blue in the face but they won't necessarily see that as a priority or as a problem even. And quite often when you see some of these kids and you see the parents, the parents are quite often overweight as well. Yes, and I'd guess it's the kids who opt out who are the overweight ones....and they won't get the results in that case so they'll slip through the net.
- I Yes, other people have made that point about the children who opt out....and about weight often being a family issue.
- R Yes. So it's not just about the child. So you can tell the child all you like about a diet and so on at school but they're not going home and doing the shopping and doing the cooking. So it's got to be looked at holistically...a family approach.

- I When the results are routinely fed back to parents, it's likely that parents would be encouraged to contact a health professional such as a school nurse, would that be likely to impact on your workload in a way that you could manage and cope with...and what if you were asked to follow up children?
- R I don't know, because I've got a work mobile, and every parents' evening regularly in the schools' newsletters, leaflets that go out to new parents at my schools, I put my mobile on there, and the days of the week I'm in the school, and I do get parents that ring me on it, and I do get young people that ring me on it, but I'm not inundated. And I think people automatically think that they will get inundated, and I don't think they probably will. Sometimes it's just knowing that there is somebody there that they can contact. So maybe... and again it's that almost denial, isn't it? If they don't see it as a problem, why would they ring you. So is the onus on us then? I don't know. If we're expected to proactively contact parents of overweight children that's going to be a lot of work. I really don't see how we can be expected to do that...I'm barely keeping on top of my workload as it is. Personally I think it might be better if there was somebody or a team that parents could contact or that would follow up the children who have unhealthy weight...it would be more consistent then in terms of following up and trying to engage with parents.
- I Yes, it's a tricky one, isn't it?
- R And that would then cause a lot of work.
- I Generally do you think measuring children and the programme itself is a good use of your time as a health professional...to be actually doing the measuring? Or do you think it could be done by somebody who's suitably trained so that you don't actually have to give your professional time....or do you think it's beneficial having this contact with children?
- R I think it's quite beneficial, purely and simply because it's for year sixes and they have got that huge transition. And my primary school feeds into my secondary school. What I haven't done this year, which I have done previously, is arrange to help the band five in her primary schools, because some of those are feeder schools for my secondary school, which is a way of introducing myself and just saying, "Hello, what school are you going to? Ah, see you there." So I think in that respect it's beneficial, not necessarily for the reasons that you need to be a band six or a band five to do them. The actually mechanics of doing the heights and weights...

because quite often if you go to outpatients it's not the nurse, specialist nurse or anyone else, that does them. And like I say our nursery nurse quite often will do our reception children. Any concerns, she'll clock them, she'll come straight to you and say, "Right, I've got a pile here," and she'll go through them all with me. And that's for me to sort out after that. So, no, in that respect I don't think it necessarily needs to be a band 6 or 7 nurse doing the measurements but nevertheless I think it's useful to have that contact with the year 6 children and then they know your face and that they can talk to you if they need advice.

I Yes, it's an opportunity to talk to the children you mean...and raise your profile?

R Yes, a huge opportunity to engage and just generally chat, non-threatening, about anything.

I Right. Could I just clarify....with the reception children, the nursery nurses do the measuring but with year 6 children it's you and another person doing that?

R Yes, the nursery nurses can do reception for me. And again I suppose it depends what's going on on my caseload at the time, whether I've got the chance to do it or whether we do it together, because we do the hearing as well, so it just makes it a little bit quicker, if you like. So it varies a bit.

I I think that's all I want to ask formally about the National Child Measurement Programme but have you got any other comments or thoughts or feelings about it?

R No, I just think that had we been allowed to not have to rush into it right at the beginning we could have actually sat down as a team and thought about it and actually introduced it in a much more non-threatening way, because I think the letters were quite blunt. We could have personalised it a little bit. We could have spoken to parents at parents' evening just to say that this is what the government want to do, they want to collect statistics, that's all it is, it's number crunching. Because that will take pressure off them as well. You will get fed that information back. But I think we could have managed it a lot better. But it is beginning to be part of that established year six, that's what happens.

I Yes, it takes a few years to get that embedded really, doesn't it?

- R Yes, and it wasn't that long ago that we stopped doing it all, because of the Hall Report. You know, we were doing, I think it was year fours, and then year sevens and then year nines. So actually had we still been doing some of those, I'm not saying all of them are needed, but if we were still doing some we could have just moved it a year or two.
- I OK. Well I'd like to talk a bit now about how you see the role of school nurses around tackling obesity in school settings, not just in terms of picking up where there might be weight issues with some children, but also in terms of prevention.
- R It must be coming up to about two years ago the PHSE coordinator and I had just a conversation in passing, and I'd always wanted to do something like a fitness club or something, and the PE department weren't very helpful, because I thought they'd be ideal to do a club after school with me. And she thought it was a really good idea, so we sort of started and she took it on board, because she was a PE teacher as well, she sort of did the fitness bit. And it was a bit woolly. It was open to staff, pupils and parents, and we had the odd staff coming and going and the odd young person coming and going, and what was interesting was not all of them were overweight, some were coming after having discussions about not eating breakfast and not eating tea, and only having a small meal a day. So they were the complete opposite, but same issues. And then eventually I got some funding through Public Health and through the Excellence Cluster and every week after school on a Monday we have it. I'm now up to 16 people every Monday, one is a regular teacher, one is a regular parent who attends, and not all the kids are overweight, but the Excellence Cluster bring along low fat carrot cake or home made couscous and the kids are trying all these things, and they can take the recipes home, they're very easy to make, and these are kids that don't do running, don't do this, don't do that, and actually when we did sprinting we weren't sprinting that far but we were being taught the techniques of how to work out how far back from the line you put your hands and your feet and stand to kick off properly, and when to lift your head up. And they were only beating their own times, we weren't racing against each other; they didn't stop. And it's really good to see. And like I say now we're up to 16. So it's about a non-threatening way of just getting them interested, we're making it fun, we don't do the same things every week, we try a little bit of some of the sports, we just play games. One session a few months ago we didn't have the hall at all so we had to do it in a classroom, so we all had a football each, we were sitting on chairs the majority

of the time, and we were all knackered afterwards; it's surprising what you can do with a football and a chair. But it's those things that they can take away. It's not about necessarily having to have all the equipment and doing it outside or inside, sitting in a chair watching telly with a ball – you could do it. And still actually gain from it. And even I was surprised how knackered I was, and it did raise your heartbeat, but we were sitting in a chair most of the time. And it's getting those messages across. But they seem to think it's got to be netball or it's got to be hockey, or it's got to be this and it's got to be that.

I Yes, about offering alternatives do you mean?

R Yes. I was concerned that the parent wouldn't want to come because of the things that we do and she went "No, I'm all for team games," she said, "It reminds me of school, I'm really looking forward to it actually." Because somebody had explained to her about it. So it's good, and it's making it fun, and I think that's what's missing, the fun element of it. Because the kids love extreme frisbee at school, they've introduced that into some of the lessons. It's about the different things that they can do to keep fit that they don't even realise is keeping fit and exercising. And, you know, you can still have chocolate cake, "It's low fat, it tastes the same, try it." "Oh, yeah, it does doesn't it?"

I That's sounds a really good initiative. Do you feed back to the PCT about what you're doing?

R Yes, because the PCT have been helping to fund it. So I've got one person that comes in and does all the exercise bit with us, and then the lady from the Excellence Cluster helps with the healthy eating bit and the lifestyle bit, and I have to attend because if I don't, for some reason, it just all falls apart. I get the kids running up to me through the school, "Are you coming tonight, are you coming tonight?" "Yes, I shall be there." Which I find quite amazing really, that if I don't turn up it's not quite the same.

I That's good.

R And it's role modelling as well, isn't it?

I Yes, absolutely.

- R Having the adults. And what's really interesting is the kids don't see the teacher as a teacher when she's at club; she's a member of the club and she gets picked in their teams and she's a club member and they see her very much like that. They don't call her 'Miss' but at school it's very different and she's the teacher. Which is fantastic, which is really good for them, that they can distinguish as well, because some of these kids I'd never have thought in a million years would come, and to actually partake and enjoy it, you know, chasing each other round the hall with a balloon tied to our ankles one day. 20 minutes solidly running, trying to chase a balloon, pop each others' balloons. It's just we have different ways of doing things.
- I Yes, and are school nurses generally on this side of East Sussex, the Hastings and Rother side, do you get together at all and share good practice at forums and that sort of thing?
- R Yes, we do. We have a cross-county one which is really good as well. That's been really useful. But we do have team meetings and things, and I've let everybody know about the club because there's more funding, because it's so cheap. For the amount of people that are turning up each week, for the cost, and it's free for everybody, so it's quite cost effective really. So they are aware and some others are looking at doing something for their schools similar.
- I That's good. And as a school nurse do you get an opportunity to get involved healthy weight or other initiatives at your schools?
- R I think some schools are better than others at involving us. I suppose I'm lucky that I do get asked about things like that and actually in one of my schools, if I say, "What do you think about this?" they go, "Just do it." You know, it's almost like I don't have to ask them, I can just get on and do.
- I Yes, well it sounds like you're very proactive in your approach.
- R Yes. It is good in that respect, there is a lot of working together. And also I was at a meeting recently about the food initiative in school and fed back, because at one of my schools, the canteen had been completely revamped, new cutlery and crockery, and a different way of serving up the food, and I just said, it just seemed so much nicer having lunch with them. It just seemed a much nicer atmosphere and it just looked better, the food had improved. So it was

good for them to get that feedback. But even the kids were saying that it was better. And that's really important. I still think we should have a few tablecloths and flowers.

I Well you never know!

R Just to make it a little bit more sociable.

I Well I suppose some kids aren't used to sitting down at home and eating as a family are they?

R Not at all.

I It's not just the food, it's the whole social context of eating.

R It is a social occasion, isn't it, and it's learning those boundaries within that, which like you say they don't have if they don't have a table at home, they don't get that.

I I'm half way through doing these interviews now and I've interviewed people on both sides of the county but over in this side of the county there seems to be a lot more going on, I guess perhaps because there's more funding over here and it seems that people are working well together in partnership.

R I think we've been lucky for many years that we have worked very closely with our schools and with other agencies and things, that actually there's a lot that we don't have... not have to do, but there's a lot that we can offer but without actually having to do it all ourselves. The other side of the county have had lots of issues with staff and things like that and have not necessarily been as proactive, not because of the want of being able to do it, the semantics of it all. So I think we've just been very lucky in that respect.

I In terms of staffing levels of school nurses this side of the county, do you think that's a reasonable level?

R This side?

I Hastings and Rother.

R No, I could still do with more...but I suppose where do you draw the line...but we're much better off than Sussex Downs and Weald in terms of staff...at least from what other people have said.

But we are very lucky that we do have a very good number of staff. But that's been built on over the years. When I started there weren't as many as we've got now.

I And of training and skills around health weight...thinking of both prevention and supporting children with weight issues...do you think there's a need for more training to be provided to school nurses, or is that something that's already happening?

R I think that's something that's happened quite recently, over the last couple of years they've had a PHSE module that was validated by a university, so you can either do the module without doing the written piece and not get the credits, or you could do the written piece as well and get the credits, to help with the delivery of PHSE in the school. Because you go into the job as a school nurse and actually somewhere along the line there's part teacher, part educator, that actually you're not really aware of until you actually do the job, and then that's quite daunting. "Oh, can you do a session on healthy eating in front of 30 five year olds?" And you're, "Right." And there are PHSE people at County for education and they have very close links with the schools and they've done quite a few sessions for us over the years on delivering things like sexual health, or any delivery really of PHSE to help us. But it's been more formalised, I think with the PHSE certificate that's actually been validated, I think it's Roehampton University. And I think a lot of our school nurses have done that. But also the training has changed so that those that have recently done the degree as well, within the degree have had to do much more presenting and part of it now they can choose a couple of optional modules and one of those is Health Promotion. So I suppose that equates in some respects to the PHSE module. So I think there's been some recognition actually that a lot of what we do... and a lot of it can be ad hoc one to one with kids, with parents, just on the off-chance.

I Brief intervention?

R Yes, very brief in some instances. You know, you're walking along the corridor, "What's that you've got?"

I. What about training offered by the PCT...around healthy weight, childhood obesity and so on?

R. No, that's something we need more of really. We're expected to do the measurements and we'll be expected to be involved when they feedback results, but we need the necessary skills to do

that effectively and to be honest, I don't think some school nurses are sufficiently skilled to do that. We do have forums and we had somebody from MEND but it would be useful to have more training offered....not just about the issues of obesity but things like how you get parents on board when they don't see it as a problem.

I Yes, that point keeps coming up...how you engage parents. What about referral pathways...is that something the PCT provides or advises you about? For example if you had a child with a weight issue is there a clear referral pathway and guidance on referral or action?

R I did have something, but I'm not sure where I've put it now....but I don't think it was a formal referral pathway.

I Okay, so have you got your own way of referring?

R I suppose because we've always been very proactive and work very collaboratively anyway, there's lots out there that we know that we can refer to and specifically we can refer direct to a lot of places, which some areas across the county still don't do that. They have to go through other people, where we do it directly to consultants, to dieticians, we quite often just send copies to the GP. So we don't have to go that long route round. So I think we have quite often a lot of knowledge of what's going on. And with the voluntary agencies, like I said, things like the Excellence Cluster and so on. We work very closely with them and they always let us know what new programmes are out there and the stuff to get people active and things. Because they do do an awful lot of things. And a wide variety. I mean, some of it is just fishing down the local pond, which is fantastic. But they're out in the fresh air. It's about getting them off that sofa and out to start with, isn't it? Anything that interests them.

I Yes, that's right. So from what you're saying the sort of weight management services in this area are pretty good and you've got good networks and partnership working in terms of signposting and referring.

R Yes.

- I That's all I really need to ask you formally, but have you got any other views about the role of school nurses in terms of tackling obesity in schools or how you think things could change for the better, or what works well, what doesn't work so well?
- R I suppose it depends again on how the school engages with you, and how they use you. You can keep saying to them, "Look, I can do this, I can do that," but if they don't fully understand or engage then it can be difficult. But what was really nice at the beginning of this academic year, in September, was the woman who runs the canteen in, they'd taken on the services themselves so they've gone away from the conglomerate, and she said to me... I was in the canteen and they'd got Lucozade Energy for sale, and I said to her, "Lucozade Sport's better because it's hydration, but Lucozade Energy's like giving them a Red Bull or a can of Coke." So she went, "Oh, really, I didn't realise that." So she took that off and got Lucozade Sport. And then a couple of months after that she said, "I bought this new drink, but it's got natural caffeine, is that all right?" So she was coming to me and asking. So I really feel part of the school, which is really good. And I think if you've got that sort of relationship then you can do much more and you get that sort of relationship with the kids then as well.
- I Yes, that's another thing that's been mentioned by some school nurses, especially ones that are managing lots of different schools in a patch, that they don't have a working relationship with staff.
- R It is very important. And it's really difficult to build up. But I would like to think that if I left that school, because of what's already there they would work with whoever it was, everything would carry on that's already there. And if that person saw something else that maybe needed to be addressed they'd work with them. And I think they probably would actually.
- I Yes, it's sometimes about starting the process off and supporting it and then handing over the responsibility to others.
- R Yes, and it is about the school staff and their dynamics and what's happening for them at the time, I suppose. You know, if they're doing special measures the last thing they want is the school nurse saying, "Now I've got this idea," and they're clearly concentrating in getting past the next Ofsted, regardless of the fact that they can tick a few more boxes with us around, which

they tend to forget, because that's important overall. Everything really, home, school, life in general.

I Well that's been a really interesting conversation. You've made a lot of interesting points. Any other comments? Anything else you want to add?

R I just think that it's in place now and we're doing it, and I think it has been getting easier each year. I think the first couple of years was difficult. A lot of people were aggrieved about having to do it as well because we weren't involved in the setting up of it as such. Like I say we might have introduced it in a completely different way, which would have been less threatening. But I think it's becoming an established part of school life now. The year sixes will be telling everybody that they got weighed and measured so it'll have that knock-on effect, so next year's year sixes will be expecting it at some point. But then there's the issue of what happens between reception and year six....and how do you engage with parents who don't want to accept or don't even see their child has a weight problem.

I Yes...it's difficult isn't it. In terms of school nurse voices being listened to by the PCT and being able to make those sort of comments, do you think you get enough opportunity to express views like that?

R I think for a long time when the PCTs merged and things we didn't have so much of a voice, but now we've got the school nurse forum across county up and running I think we do have. But I'm quite confident that our line managers listen to us in the respect that my first line manager was a school nurse in the past and then obviously we've got a school nurse above her, and a head of service who's very thumbs up, pro school nurses, so I think that does help. And they've got insight as to what we do struggle with, even though the job has evolved enormously. I'm not so sure about the people in charge of obesity or healthy weight strategy or whatever you want to call it. I don't know who that is or whether they know what it's like for us or what our roles entail. Now everything is being commissioned I think it's important that the people making decisions and commissioning services know what the issues are and try to join things up and make action for healthy weight cohesive and equitable across the county...but it's important people understand the issue and not just do things to tick boxes. It's like here where different partners are pulling together and working together....it really makes a difference in terms of what can be

achieved but it's not happening in other parts of the county....but it's the only way things will change for the better. And school nurses should be part of that partnership.

I Yes, there's a much bigger public health remit now isn't there and working in partnership is important?

R Yes, completely. We did a bug busting day down at the shopping centre. We had about 450 contacts. And we just had a stand down there, which was fantastic. So actually we're looking at what we can do, it doesn't have to be bug busting. We want to do that again, because they have three bug busting days a year, but maybe look at doing something different though, healthy lifestyles could be one. We had more contacts than the fit the army blokes that were down there, that have a stand there every week on the same day. We had more than they did! But we had nice eye candy for the day, so that was all right. But, yes, and it is looking at different ways to get that information across. And like I said, a lot of our families can't read or write, and they're very threatened by that, so being aware of that, having a day down the shopping centre's fantastic, because they can actually have a look and say "Oh, what's going on here?"

I Yes, sometimes how parents are given information is not really appropriate to their needs.

R That's right.

I Good, okay, well thank you very much....you've made a lot of interesting comments and you're obviously working in a really proactive way in this patch.

R No, thank you, I'm glad to be of help. Do we get to see what you write up?

I When I've interviewed everybody and analysed it I'll send a summary to everybody who has participated.

R Yes, it would be really interesting actually, to see what has come out of it.

I There are already some common themes coming up, but also some variation in terms of where people are located in the county.

R Is it just this side of the county you're doing?

I No, I'm doing East Sussex Downs and Weald and Hastings and Rother although technically we're supposed to be all one cross-county service now.

R Well, we're getting there I think. It all does take time and if there have been things like the staffing issues and things like that then there are going to be inequalities in the service. But the forums are good at getting us all together.

I How often do you have the cross-county forums?

R Three times a year.

I So that's quite regular. Okay, good. Well nice to have met you and thanks very much again

R It's nice to have met you, too...good luck with it all....I'll look forward to reading what you write up.

I I'm going to record this if that's alright with you. I can't write fast enough anyway but it also means we can sit and talk more easily.

R No, that's fine.

I But it's completely confidential and nothing you say will be identifiable back to you as an individual.

R I hope I can help you enough. Have you interviewed many people?

I I have now, yes, I've done quite a few interviews. The reason for the research in the first place was that in my health promotion days I'd spoken to lots of school nurses over the years, but it seemed that the PCT hadn't asked them directly about the National Child Measurement Programme and how it was going, or for their views about tackling obesity in schools, so I wanted to formalise that a little bit more.

R That's how you became interested?

I That's how I'm interested. And the Master's I'm doing is in obesity management, but my background is in nutrition and health promotion so it's kind of a whole mixture of different things. So, yes, I've interviewed quite a few people so far and lots of interesting comments are coming out. Anyway, that's a bit about me. What about you? How long have you been school nursing?

R I've been school nursing since 1992, so that's 17 years, quite a long time.

I Yes, it is a long time. What banding are you?

R I'm a band six.

I And in terms of schools, what's your patch?

R This is a fairly defined locality actually, because it feeds one secondary school and we've got the four kind of little town schools, as it were – they're not so little actually. Altogether there are 3,000 children in this locality, and there are eight schools. The majority of them go to the

Community College here, that's where they feed into. But I've got four very rural schools so it's quite a nice mix actually. You've got the sort of high deprivation areas here, very high... I think it's A, whatever that means. Is it A something or other, whatever the banding is. And I can't remember the percentage of that now we've got in A. 18%, I think. But there's a high traveller population in this locality. And I'm just trying to think what other things they have here... But slightly mixed, so we've got pockets of deprivation, we've got some more affluent areas, and then we've got the outlying rural areas, which is a little bit of a mix as well. And 3,000 children.

I Right, so quite a range of schools with pockets of deprivation as well.

R Yes.

I And in terms of your team, as well as you?

R There's me and a community staff nurse, a band five, and she works 20 hours a week. And then we have the use of a community nursery nurse, that's a band four, who helps us with the screening, but not the year six BMIs, she helps us with the school entry screenings.

I So reception age you mean?

R Reception, yes.

I Okay, and then you do all the year six then?

R Yes. The band five, does the year six screening as well, yes.

I I should have said that I'm following a sort of script....it's so I cover consistent areas of questions, but it's very informal.

R Yes, that's okay.

I So please feel free to say what you want to say....and as I said it's all treated as confidential. Well, looking at the National Child Measurement Programme, PCTs are supposed to follow guidelines in terms of how it's delivered and fed back. In terms of measuring children in your schools, how is that actually organised in terms of sending out initial letters and then actually doing the weighing?

R We have regular meetings with our colleagues and these kinds of things are told to us, really, they're giving us the information. And then we share how we actually do it. So things like standard letters that we need to use, for example to give the parents the results, come through an email so that we use standardised material. The letter to the schools also is sent to us electronically and then we send that out to the schools. So it starts off with a letter generated from our managers and people like that, or Child Health, somebody there, sends us this email with that letter and then we then send that on to our schools so that the head teachers and the parents know about the programme. This is the year six ones I'm talking about, not the reception. So we kind of all follow the same format, and we've had quite a few meetings to discuss these kinds of issues, the whole school nurse team meetings, where all the school nurses get together and talk about the process and how it's going to be done. Originally, obviously, it was quite difficult. It was launched on us, I think, one April time with dreadful letters and it was all awful. So it's been quite a process to get to this point of actually doing them and for things to be running quite smoothly on that point.

I Okay, so it's got better over time from that point of view?

R It's got better, definitely. And then we had discussions around when we would do it, so that we were all doing it at the same time, because that made sense so that a defined month was chosen. And in fact this year it was June so that we've all done the actual measuring at the same point in time, everybody in our group. And then it's down to our band 5 nurse to organise to do that. So what she's done actually this year is she's doubled up with a colleague, another band five community staff nurse from the North of the patch, and they've kind of done it together, so that there are two of them.

I Yes, I've spoken to her...she said they were doing some teamwork on that, yes.

R Because it just felt easier, I think. Well not easier but more efficient and it is quite useful to have two people so that somebody can be writing, or at least you get through them more quickly. And I think in planning it we've also this year done a body image session with the year sixes before they have the heights and weights done, which has gone down very well.

I That's to prepare them for the actual measurements?

- R Yes. It is to prepare them for the measurements, but also to make them... well, it's kind of a good timing for that kind of session anyway because they're at that stage of year six when they're sort of growing, changing, and being quite body conscious really. So alongside we've tailored a body image session to go along with it, so we do that before we do the measuring.
- I And that's an idea your team that's come up with that, or is that what you've been advised to do?
- R Yes....our team...I don't know what other people do.
- I Do you get very much guidance from the PCT how to prepare children in terms of going in before measuring, or is it very much left to individual teams, nurses?
- R Preparing children is left to individual teams, nurses.....we don't get any set advice and I don't know really know what other teams do in that respect. I have been out to do them; I haven't done them this year because the two band fives got together and they did it very efficiently. But certainly in our discussions we've certainly talked about privacy and not giving out results and the actual way that you would do it and making sure that it's to the standard that it needs to be in terms of measurements and how to use the scales and stuff like that. So we have definitely thought about it, and I think, as I say, privacy probably is the biggest factor in making sure that it's a place where they don't feel as though people can share that information.
- I Okay. So you did all your measurements just in June this year?
- R Yes.
- I And as far as the letter going out to let parents know that it's going to be happening, do you get very much feedback from parents as a result of that, asking why it's being done for example?
- R No, no, no, very little, very few contacts.
- I And what about opt outs?
- R Yes, we get some. I couldn't say exactly how many we've had, maybe Child Health, they would give you that data. But I'm just thinking of one of the schools that handed me a pile of – now which school was that? I'm just trying to think where I was and somebody handed me some

pieces of paper, and there were about four or five I suppose. And that would have been one of the smaller schools, but probably again out of 60 roughly about four or five didn't want it done.

Oh, no, sorry, wanted the results. Sorry, I'm thinking of the wrong thing completely. I'm not sure about the opt out, actually. That was wanting the results. Yes, I'd forgotten about that.

I Okay, well don't worry, I could follow that up with Child Health.

R Yes, could you, sorry about that, I don't know the answer to that one.

I But in terms of parents opting out, they don't give the reason why they opt out usually, do they?

R No. I don't know actually if I know that, to be honest with you. Because I haven't had any direct conversations with parents who have phoned and said, "Look, don't do it." When I was involved in the first round of doing them we had very few opt outs. Very few. But then again I can't be exact on that one so it would be difficult to say, so I'd better not say, rather than guess.

I Okay. In terms of actually measuring the children, obviously different schools have different set-ups. Do your nurses have a room where they do it....what tends to happen?

R We try and ask for somewhere that is out of the way, not exactly out of the way but not in the public limelight, so a separate room, not in their classrooms, not in the hall, but in a space that is designated for something other than, you know... just not a classroom anyway, but away from where their classroom is. So it could be a classroom, but as long as it's an empty one. And they're very helpful with that, so that's no problem.

I Okay, so you're normally provided with a room and privacy and dignity is not an issue really with the children?

R No, it isn't. It's very high on our agenda to make sure that they don't feel that they have to share that... you know, that it's a public event really. And often, because it can be quite fast moving actually, because you can really efficient and get it done really, really quickly, it's almost as though it's there and gone very quickly and I don't think they have much time to think about it too much. And I suppose also because we're not prepared to kind of talk about the actual figures that are involved there isn't very much conversation that goes on at that point really. In a way I kind of feel that's a missed opportunity in some ways because it would be quite nice actually to

perhaps spend some more time with all of them. But I guess the way we cover that is by doing the body image session beforehand so that we've kind of made that relationship with them before we go in anyway.

I Okay, so if they feel they have any issues they're aware that they are able to come and talk to you?

R Yes, because we always say we're coming in very soon to do the measurements.

I Do the schools give you any help organising the measurement of children

R. No they generally leave us to it on the day....but the teachers are fine about children coming and going

I. What about equipment? Scales and measures...any issues with that.

R. Not really, although the children could see their weights if they wanted to.

I Weighing children in June, they're just about to move on to secondary school, do you think that's a good time to be doing the weighing and measuring?

R I don't know. I've got two thoughts on that. Firstly there's a big gap between reception and year 6 and something happens in between because the rates of obesity go up quite a bit....so there's something happen during those years and we're not monitoring it. But I also feel that actually it would be a really good time to do them in year seven, actually, when they get to their secondary school stage. Only because I think actually to have contact with every student at that stage would be excellent, because it would actually raise our profile, which is somewhere they then could go on to seek help, guidance. And also there's a big gap between reception and year six where some children start to develop a weight problem that could go for years without being picked up and starting a new school may be a good time to help them.

I Yes, that's a good point.

R And actually I'd like to see it as a little bit more of a larger intervention really, that it could be part of. Like what we used to do, which was sort of a health interview really.

I Is that still done in any of the schools?

R No. Not here. It never actually has been. What we used to do, when I very first started, we had a year ten health interview, of course by that time they'd all started smoking, having sex and doing everything, so it was slightly after the event. But it could be a very valuable if we did it much earlier....in primary schools... it was a very valuable exercise. And the way we set it up was kind of in a nice setting, really giving them time, half an hour or so, which is quite a lot. But if you can get round the whole lot of them in a year... so that would then cover the whole year, if you see what I mean. You couldn't do that in a month because there'd be two hundred and... I mean, you could do if it was a sort of mass operation with two or three of you doing it, yes, you could do that. But I would just like to see it as a bit more of a... I don't know, just a bit more than just height and weight and off you go.

I That's a really good point. When you're doing the measurements on the children do they ask for their results or ask anything else?

R It depends again how you do it really, and I think if you're slightly... if one person asks it can lead to a bit of a sort of following on.

I What, because one asks and then others do the same do you mean?

R Yes, it does a little bit. But I think that's why kind of we just approach it matter of factly, actually. Because it does go against all the things that you would normally do. I was a family planning nurse for a long time, the first thing we did for anybody was their height and weight. And it's only natural that you would comment really, if you were doing that for somebody it feel quite natural to say, "Oh, well what is... We're doing this, that's what it is, that's the answer," so it's a bit strange to be doing it but nothing happening after, no sort of interaction about that but it does stop them sharing their results with other children and for the chubbier ones not to get picked on. So in a way it does become a little bit like that, so I think that blanks off the idea that they'll even ask really. And then if they do ask we then have to say, "Well, no, nobody's getting their results today, and only the parents who've asked, that will be sent to them."

I In terms of picking up on weight issues?

R. Yes....why weigh them and then do nothing?

I. Perhaps we could come back to that in a moment. In terms of actually recording the data, you just do it with pencil and paper, and then back to Child Health? Or do you have a laptop to gather data on?

R Yes.

I Pencil and paper...you don't use an electronic system at all?

R No.....we could do with more computers in the office let alone laptops

I And what about children that are absent from school on the day that you measure?

R Well, that's it.

I So if children are not there on the day you don't follow up?

R No.

I Okay, fine. In terms of feeding back results, at the moment, as you say, parents can request feedback. In future it's likely to be fed back as a matter of course to all parents.

R Yes, but I don't know when.

I How do you feel about that approach?

R I think that's good. But I think it needs to be part of... it needs to be thought about very carefully because interpretation of results, especially about somebody's height and weight, can be very difficult, either to write, because if you just put figures down they don't necessarily mean anything. Somebody either needs to know, well that's okay. But it's not as simple as saying that's okay actually, or not okay. You know, satisfactory, not satisfactory. So I can see that there's potential for problems possibly, and I do think that will have to be carefully looked at, because people's understanding as well, we would have to make it easily understood as well. So that would be very important.

I Yes, it's quite a sensitive issue for families too, isn't it?

- R It is, yes, just say, "Well, I'm sorry, their BMI's through the roof," kind of thing, that's not something you'd want to write down necessarily. Just sending a letter home is not enough...you need a bit more follow up too if there's an issue with weight...you'd maybe want to ring that parent, so that needs to be thought through and what you can offer parents too. Because then you'd think, "Well, what am I going to do about it?" I think if you're telling parents what the results are then you think, "Well, I'm telling them the results. If the child's way off the scale by anonymising it you can't really do anything about that. But if you then identify who those children are, I think the PCT has a – well we have a duty really – to kind of take action, or offer action, or offer some sort of help, a service or something.
- I Yes. There's an ethical issue around identifying a problem but not having any recourse to do anything about it. But the letter for feeding back results would likely advise and suggest that parents contacted a health professional such as a school nurse if they wanted support or help.
- R Oh, okay.
- I Would that be practical in terms of your workloads to do that?
- R In this patch we're gaining in establishment of school nurses to sort of give us a better ratio between children and school nurses. I see that as part of our role, we're public health workers and I think that would be definitely something that we should be undertaking and supporting parents with, because it is a growing problem. I'm not saying we've got the answer to it, because obviously that's multi faceted, isn't it, the answer to it. But I do think we should be part of addressing.
- I You mentioned that there's quite a big gap between reception and year six in terms of weighing and measuring children. What do you think about those interim years in terms of identifying problems and helping to support families where there are weight issues?
- R I think we work very closely with our colleagues in Education and certainly I have had some referrals from teachers about children who are overweight. Mainly because they can't do PE, they're really having some difficulty with physical movement and it's just all becoming quite difficult. So I suppose I would see our role perhaps a little bit more about letting other people know that that is an issue that we could be perhaps addressing in those interim years. I certainly

don't go and broadcast that to people, if you see what I mean, I don't take that out as a message to my schools, "oh, send them all to me." Mainly because at the moment the ratio of work to school nurses is so huge. But if that was better then I think part of our work of going into school entry and doing the screening at that point would be that we let staff know that that is part of our agenda, and that if they have any worries about peoples' weight or that, that we could be somebody that they might point the parents to.

I Okay, so it's really around your available time and resources at the moment?

R Yes, it is really. I think it is a sensitive issue, in terms of sort of overdoing it, and if we plan to kind of go in more often to do their heights and weights... I don't know. I think perhaps... I was only thinking that it would be nice to feel that we could have almost like a clinic system, a bit like baby clinics when they're pre-school, that we could perhaps have more of those kinds of things in the community, that anybody could access really.

I A sort of drop-in approach?

R Yes. But the only problem is, it is always the same that those who have the problem either don't recognise it or know it or see it or want to do anything about it really.

I That's quite a problem in itself, isn't it?

R Yes. So it's all very well having those kinds of things but children that we do identify at the moment as being overweight...their parents might not want to acknowledge that or feel it's a problem. We had a little girl recently, actually, in reception, who was way above, and we phoned the mum and I said we can offer a dietician or something, and she wasn't having any of that, she just denied it. "Oh, I feed her very well," but in fact they're all the same, all the family were overweight. I mean it can be an issue, obviously, of child protection as well really, in its extreme....but that's quite rare...but how do you engage with parents who won't see it as a problem in terms of their child's health....you can't drag them to the dietician.

I Yes, there are a lot of issues around engaging with parents and deciding where the line is around child neglect. I think that's all I wanted to ask about the actual National Child

Measurement Programme itself and how it's working. I don't know if you've got any other comments you want to make about it?

R Yes, I think it has got more efficient over the years. There was one school we have now though, just down the road, that was not very keen on the idea, and actually felt it was kind of the government, big brother and all that business. And the head teacher was the one who said, "Well, why are you doing this? Why do you want to know their postcodes and their ethnicity?" So that was a bit difficult. We just sort of sweet talked him round. Once people understood a little bit better then that was fine. But I think it's becoming more of a routine part of our work and people see it like that so they just understand.

I So it's just an annual exercise and people are more accepting of that?

R Yes, part of what we do, that we just do that. Not that we ever get told the result.

I So you don't get feedback, once all the analysis has been done?

R No. Oh, hang on second, I think we might be. I'm just trying... before I say no. I'm not terribly sure. We have had feedback of some measurement things but I'm not sure if it was the year sixes actually. Maybe it was, I don't know.

I That's okay. Moving on to the role of school nurses in relation to tackling obesity in school settings, both in terms of prevention and where there are weight issues. One of the points you raised is at the moment it's not necessarily well resourced to be able to spend time doing those sorts of aspects of your work. But in an ideal world, I know it's not, but in an ideal world how would you see the school nurse's role in terms of prevention and also if there are issues around weight management for families and children?

R I am quite lucky in this locality that we've got a MEND programme that has run, certainly has run, and is planning to run again. So that's been very useful, to be able to refer young people and children into that, who have got a problem. But then in terms of... sorry, what was your question again? In terms of our role...?

I Ideally, how would you see a school nurse's role in terms of tackling obesity in school settings, where do you feel you should fit in with that?

R Obviously our remit is health, so we do go in and talk about healthy eating and all those kinds of things, and exercise, so that's in our PHSE, which is a bit hit and miss, I have to say, depending on... I don't very often go out to schools and say, "Do you want me to do this?" Although having said that I do that with my very deprived schools, I literally go and say, "Look, I'm going to come and do this for you." And generally they say yes. So that's part of our agenda anyway, but that doesn't specifically tackle obesity. I think it's about using the figures that we've got, certainly in terms of the school entry, and addressing it at that stage. If we identify it at that stage and then offering support and, as I said before really, if referrals do come into us then supporting young people and families by... well usually I refer on actually, I have done so far really, to dieticians and things. And just generally get to know the family, but also support them going to a dietician's and then follow on as needed really. I had a family at one stage where she was grossly obese, this poor little girl of 13 stone, and there were other issues around that, do you know what I mean? So sometimes I don't think it's just that in isolation. So I think it's looking holistically really at what's happening for the whole family. So I see that, doing that. It would be nice to think if we could do groups, and I'd like to be able to offer more – here particularly because it's an ideal clinic that's centrally located so a lot of people use the little town so they come this way – and as I said to you, offering community interventions, where the people could go with others, away from school and not feel that it's something that is a bit... to be ashamed of in some ways.

I Not being singled out or blamed do you mean?

R Yes. Because I do think that element is difficult. We give lots of education to the children but it's still the parents who are buying the food. So it has to be tackled from both sides. And I think, in my general work with families, part of an assessment involves food. So I think I would bring that into everything I do and try and get those messages across all the time, which is why when we do those health interviews with the children when they first start school we used to see all the parents with their children at screening at school entry. And that was very useful. We don't do that now, we tend to just see the children, and only those who are targeted, the ones who are priority families that we would try and see the parents. But then there are so many other issues sometimes that you're trying to deal with, it's just...

I Yes, it's often one of many, and very complex issues sometimes.

- R Yes. And being careful not to make them feel as though you're being judgemental or... I don't know, not attacking exactly, but you know what I mean, sort of picking on them. But it's the quality of food that I find is the most shocking aspect of what children are eating, it's eating all the wrong things, and I think that mostly is why it leads to obesity, and also watching telly, not doing enough exercise. So it goes hand in hand with that really. Things like those pedometers and all those kinds of things like that, I'd love to be able to run groups and encourage families to be doing a bit more of that and exploring their exercise and... But it's very difficult with large numbers of children to be able to feel you can kind of focus. Which is why the MEND thing is quite good, because it does target families from all over this area, it's not targeting a school, it's just inviting from the whole population those that might fall into the criteria.
- I So in terms of referral, it's the dieticians, GPs or MEND in this area then. Do the PCT give you any guidelines in terms of referral pathways for children with weight issues? Or are you left to your professional judgement to know what's happening locally and how and where to refer to?
- R I feel it's kind of down to us. We do have guidelines in terms of the difference between where they are on the centiles, looking at disparity or if they drop or raise, mostly drop really, over a certain distance between the two centiles, or more than two, then we'd have to do something about that. But generally I'm not aware of clear pathways. There probably are, but I just don't know about them.
- I And in terms of things like Change for Life programme, what's happening in your schools about that?
- R I know about it, but I don't really know enough. I've had a few emails and things mentioning it, but I haven't actually had any first hand experience of it. I think one of the problems is that we get quite a lot of stuff that comes via that means and I have to draw a line. And I've got a pile of things on the left hand side saying 'to read' or 'to do', stick it in there, okay read it another time. If you're just flying in and checking your emails. I know it's a really good medium, or way of communicating, I do agree, but there are some elements to it that just really annoy me about computer communication somehow.
- I Yes, you can become awash with things really, can't you, if you're not careful and it can be difficult to prioritise?

- R Yes. You just end up looking at what you really need to look at and ditching the rest. But I'm not saying that Change for Life isn't what I need to be looking at, but I haven't actually seen anything that I can read about it.
- I That leads on, in terms of awareness raising and training that's offered to school nurses by the PCT, do you feel it would be a good idea to have sessions or training around healthy weight or weight management that you could tap into?
- R Oh, yes, definitely. It would be absolutely excellent, because it is a really big feature, I think.
- I At the moment then are you offered very much?
- R No. There's a training session I've booked onto that's taking place fairly soon, but that's about the opposite problem, problem eating actually, it's nothing to do with obesity. But I think that would be brilliant. We did have a guy, Tam whatever his name was from the growth place.
- I Tam Fry?
- R Yes. He's been down... well actually I haven't seen him for years, but he's... he's a bit controversial in some ways, but he certainly was quite a dynamic character who really believed in... And I learnt a lot about just using the charts and that kind of thing.
- I And was that training organised by the PCT?
- R Yes, it was....one of the forums I think.
- I The school nurse forum?
- R Well it was, as I say, a long time ago, yes.
- I So training could be something that was part of school nurse forums or offered at other times?
- R Yes. I'd have thought it should be kind of mandatory really, in terms of our clinical input, just updates on all those things, and what we can and should be doing. Because recently we had a school nurse meeting and the MEND woman, Jo Templeman she's called, she runs the programme up there, the other school nurses were really interested in it so I invited her down to

the meeting so that she could talk to us about it. Because all of them were really interested in being able to refer people that way. And she's had quite a lot of success in her programmes.

I It's a well evaluated programme, isn't it?

R Yes.

I And the programme that's run here, is that aimed at primary aged children?

R They've had both actually. They had the older ones and then they had it... because actually, although it's here, it moves around as well, so it then went somewhere else and it was younger children.

I And do you feel that there's more need for those sort of programmes in the community?

R I think so, yes, definitely...especially if they're well evaluated and sound then it seems to me that if it's something that works then it should be... because it links in with this Freedom Leisure place as well, which is good, so it kind of brings people out and into using the local services. There was talk about it being held in Eastbourne at the Sovereign Centre. Do you know the Sovereign Centre?

I Yes.

R Jo told us. But it was interesting actually, because she said she'd give us loads of leaflets about that so I could give them to school nurses, and I never heard another thing and I don't know if it's being offered at the moment.

I I think that's actually all I formally want to ask you. Do you have any other views around what's going on around healthy weight in schools and particularly relating to your role? We've talked about quite a lot of issues there, haven't we, but...

R I don't know, I think it's interesting really because I was at my comprehensive schools this morning and walked back from there back to the office. I must have passed ten fast food joints literally between here and the school, which takes five minutes to walk to. Kebabs, pizzas, fish and chips, curry – that's not so bad. And they're springing up all over the place and it seems to me that somehow, I don't know, and I know that's maybe not about schools and about my role

as such, but it just seems to me that despite all the messages and the good intention it almost feels as though society is going the way of relinquishing its responsibility to even feed children. Because I do feel that once they get out onto the street a lot of these kids, they've got busy working parents, and I'm not saying everybody's like that, but it's really... that seems to be quite acceptable. But not only that, you then see these young people who are now parents feeding their children the crap they had. And I do feel that generally, in terms of obesity, and as a person who's been doing my job for some time, that we're really losing the plot as far as educating people in how to feed babies and children, and young children and older children, and that's just being emphasised by the fact that you can get the kebabs etc, it's just all there.

I It's almost the norm for some families, isn't it, to eat like that?

R It's almost the norm, and certainly when I was up at the school, when I first went up there I was part of some young people's council and they were talking about the food, I think they were changing the canteen system or something up there. And basically they only wanted food they could walk around with. It had to be kind of on the go food. And that's what this fast food stuff does. So I do think there's a bit of a battle out there. Actually there's no McDonalds here, which is incredible, but there is now a KFC and kids can go out to that at lunchtime.

I Do the schools or PCT ask you for you views about healthy weight and tackling obesity in school settings?

R Not a great deal. There was a bit of a kerfuffle when Jamie Oliver and that lot... I think there was generally a bit of a change. Water, for example, is now widely available. And at some point some time I've had to campaign about that in schools, but that's in the past. And the school food chap....Paul...I can't remember his surname....but he's done a lot of really good positive stuff in some of the schools here and they seem to have taken it on board. But you know, like I said, it's got to be the parents you engage as well because they have the influence...and it's got to start early and then be ongoing.

I Do you feel it would be useful to ask school nurses for their views or input around healthy weight initiatives?

R Yes, definitely. There was one area last year when I got involved with a parents' group because they wanted to do something about healthy lunch boxes, because the lunch boxes were dire as well. And in fact that lovely leaflet... you probably know this one don't you?

I Oh yes.

R And I love that, we just about managed to get... Because they wanted to make a leaflet and I said, "Well you can't really do better than... that's got to be the leaflet, why reinvent things?" But it was quite good really, they wanted to involve the dinner ladies and everybody on kind of focusing on that. So I was involved in that. And true enough, by involving me I was able to come up with some resources that they probably would not have had access to. So schools certainly look to us to give nutritional advice and they're always asking for that, encouraging them to eat healthily.

I Well, you've made some interesting comments and thank you very much for your time.

R That's okay. Good luck with all your things.

I Yes, well what I'm doing, once I've interviewed everybody, I'm nearing the end now, but I shall write things up and then circulate a summary of findings to people who have participated.

R Yes. Are people saying the same things do you think?

I I haven't formally analysed things yet but it's interesting because people are making very similar comments, so hopefully I'll be able to pull out some key points, for example around training opportunities and awareness raising and that sort of thing. So I hope to be able to make some recommendations that might be of some use as well.

- I I see you've bought the information sheet I sent you....
- R Yes, I read thoroughly....it looks really interesting.
- I So you've gathered that I'm doing this as part of my Master's degree – it's the final research. I'll be asking you about the National Child Measurement Programme and also your views on the role of school nurses in tackling obesity in school settings. I used to work in the Health Promotion Unit at Lewes before the restructuring, so I've had lots of informal chats with school nurses when they're popped in for resources and bits and pieces, and got a general flavour of what's been going on and what their views are...but that doesn't appear to have been formalised in terms of nurses being asked for their views by the PCT.
- R No, so it's a good project to do.
- I Yes, so that's where I'm coming from really. As I say, everything is confidential but what I will do at the end is sort of draw out the key issues and points that are coming out from all of the nurses I've interviewed.
- R What I will say is because I've only worked in Eastbourne since last year so I've obviously only experienced the measurements mainly in Brighton and just the one here.
- I Okay, that's good actually because you might have some interesting comparisons. I'm going to be taping the interview if that's OK with you....it means we can sit and chat freely. Obviously whatever we discuss will be treated as confidential and what you say won't be identifiable back to you personally. I'm also following a sort of script so I ask consistent questions, but the interview is very informal so I hope you'll feel free to say what you feel....but if there are questions you don't want to answer, that's perfectly alright. Anyway, that's about me and what I'm doing, but tell me a bit about yourself. You said you'd been in Brighton as a school nurse before here?
- R Yes. I'm a paediatric nurse so I worked at the Alex in Brighton for, altogether, about ten years. Part of that I was a nursery nurse, then I did my nurse training, and then I stayed for another two

years. So I left there in 2006, and then went into school nursing. I've always worked with children, almost the whole of my life I've been working with children. So I've got quite a diverse background working in different settings, and in Sweden too but mainly in England.

I Oh, that's interesting, things are a bit more progressive in Sweden aren't they. What band are you?

R I'm a band six nurse, the same as my colleague here.

I And you have your own schools that you are

R We have our own allocated schools, because that's how it works, that you have your own, we both have a senior school and then primary schools. Then I've got a special needs school.

I So how many schools have you got in this patch then?

R I've got one small primary, the secondary school, and then the other primary school is one of the largest junior schools in Europe.

I Yes, it's a big one isn't it?

R It is a big one. And then there is also a pupil referral unit, which is only a small unit, there's about eight pupils there. And then I've got a Special Needs School, which is over two sites. So about 3,000, 3,500 children.

I Yes, that's a big workload.

R I did my degree in school nursing, I finished two years ago. In this area you can't be a band six without the degree now. You can be if you're already in, but I think there's only one nurse that is a band six without having either migrated over to that part of the register with the NMC.

I Well I'm following a sort of script because I'm interviewing so many nurses and I need to ask consistent questions, but it's very informal, so we can chat around things that come up in more details if necessary and if you don't want to answer a question just say so. I

R I wouldn't have thought that will happen.

- I Looking at the National Child Measurement Programme, obviously the Department of Health have guidelines that PCTs and trusts are asked to follow. So if we can just have a look at that, how that's working on the ground. In terms of before you actually do the measurement, when letters are going out and that kind of administrative side...are you responsible for that for your schools?
- R Yes, we do send them out, but the letters are actually quite official, from higher up. So, yes, we are responsible to make sure that they've had the letters.
- I And do you get very much response from parents when that initial letter goes out to say that their children are going to be measured?
- R I can only go from this year, but there weren't that many that actually queried it for starters. The ones that we heard about were the ones that didn't want their child to be measured.
- I Yes, the opting out ones.
- R Yes, opting out, which unfortunately is usually the ones that have some sort of weight issue.
- I Right, you find that do you?
- R Yes. Whether it be on the small side or on the larger side. The ones in the middle you don't usually hear about.
- I But in terms of parents, if they do decide to opt their children out is it just a straight 'no', you don't know for certain what the reason is as to why they're opting out?
- R No, we don't go and persuade. No, no. And also, even if the parents have – we're talking about the year six children now – even if the parents have said that it's okay for them to be measured we never force a child to be measured, so that it can be opting out on the day by the child.
- I Do you have many instances of that?
- R Very rarely. It's usually – and this sounds a bit funny – but it's usually a little group of girls that have sort of worked each other up a bit. And then you tell them that when we measure them it's

done away from the group and they go in one by one and it's totally confidential and we don't really look at it either, we just... and we don't discuss it with anyone.

I Okay. In terms of preparing the children, do you go into the schools before you go in to do the measurements, do you do have a session with them or anything else...can you tell me about that?

R On the day we usually go into the class and remind them. They will already have had a lot of information sent to their home, so we just go in and talk to them and say what's going on basically. We only usually have six children at a time and they line up outside the room where we measure them, and then we call them in one by one.

I So do you normally have a room that is dedicated to measuring them?

R Yes, that's what we arrange with the school beforehand.

I So that's always the case?

R Yes. It's never that they have to stand in public to be measured, that's definitely a no-no.

I That's good, because there seems to be quite a lot of variation across the county in terms of some measurements being done in inappropriate places like corridors and hallways and that sort of thing.

R Oh, right, no.

I But in your schools you always have a room?

R Absolutely, that's something I insist on....I insist on having a room and they seem to respect the reasons why

I And the schools are cooperative in that?

R Oh, yes. I don't give them an option! I say 'I need a room'....I mean, you've got to respect young people...that's the only way they're going to respect us as professionals as well.

- I Exactly. And you've been weighing and measuring in term five/six for this particular measurement?
- R Yes. It's in the summer term usually.
- I Does that work well?
- R Yes, I think so.
- I There aren't any issues coming up that might be avoided if you were measuring at a different time of the school year?
- R There can be, because obviously they're going out on school trips and everything in the summer term, so that can be, but usually we can work around it, so it's not usually a huge problem. You also have to listen to the schools as much as anything. You know, try and work in partnership, because school nurses are quite unique in that we are working as health professionals in the educational setting, so we're quite privileged really.
- I And in terms of actually doing the measurements, do you always go in as a pair?
- R Yes.
- I And who do you go in with?
- R It's not actually necessary for me to do it, although I do. I'm quite an expensive person in comparison and it could easily be our band five nurse going in with a nursery nurse.
- I But there are always two people?
- R There should be two people....occasionally it ends up being one....and that might be me or our band 5.
- I And is it a paper and pencil exercise and then results go back to Child Health?
- R Yes.
- I So you don't have access to any IT to help you?

- R Not at the time, no, unfortunately not....ha!...but that would be really useful.
- I In terms of school nurses, particularly at your band, going in to do the measurements, do you feel there are benefits to actually doing it? For example some nurses feel it's actually quite a good opportunity to have some contact with children, particularly when they're at a point where they're moving on to secondary school. What's your take on it?
- R Yes, I can see that point, but I think also we're not going to make much further contact with them at that stage. I think what is important is perhaps to make sure that they know that there are school nurses in their secondary school, because at the secondary school we offer weekly drop-ins during lunchtime, so the children can approach us. Also any child that is of concern, we can call them during even lessons and also that way we are very approachable, we do work with the school. And parents can refer their child to us, parents can come and talk to us. Teachers can come to talk to us about any issues in the school, not necessarily... it could be a health issue for the school, or it might have been a death or something like that. So they pursue us for support from us. But also the teachers can refer a pupil to us and because of the age they are but then at secondary school they don't really tend to. I think it's a shame that school nurses don't have a higher profile really....a lot of people don't seem to know what we do or that we can be a source of support around all sorts of issues...not just nits!
- I When you are actually measuring children do they ask for their results very often?
- R Yes...some do.
- I How do you deal with that situation if it does arise?
- R It does arise quite a lot. But we say, "No, we're not discussing it," it's just when we write down the figures. But they do look, they're not silly. But we say it's not something they need to discuss. Sometimes I will say, "Everybody's different and we don't just look at the weight, we look at the height and if you're in proportion." And sometimes you get some, they're really anxious and you might say, "Well, I'm not discussing it, but I can say to you now that you look absolutely perfect." So a bit of reassurance with things as they are, with the fashion world and magazines and everything. There's a lot of anxiety out there.

I Yes, that's understandable.

R Yes.

I And if you had a child where you thought there was a weight issue in terms of excess weight, what would you do in that situation

R Probably what I'd do is make a note, a little mental note, because there are ways of helping them, both on a personal level... I mean we're not supposed to make phone calls to parents but if we know which school they're going to we just might highlight it to the next school nurse or something like that. So not making a big fuss about it. Obviously there can be an issue with... it could even go into Child Protection if somebody's really large. I've got some experience from that in Brighton where we actually went through Child Protection.

I So do you mean your response would be on an individual basis if you thought there was a problem and what was appropriate for that particular child?

R Exactly.

I In terms of feeding back results, at the moment parents have been able to request their child's measurements if they want them. In future they will be fed back as a matter of course. What's your view about that...in terms of whether it's a good idea and also the appropriate way to do that?

R I think that it's a good idea. Unfortunately what I would say about that is that most people seem to still be measuring in pounds and ounces and inches etc, and I think the figures actually don't tell most people much. It seems like when I've seen young people they say, "Oh, yeah, I weighed myself this morning," and they will tell you how many stones etc they were. It's a shame that people are not converted really.

I I hadn't thought of that....

R Because obviously I grew up with kilos and centimetres, so for me I had to learn the other way. And I'm so glad that we're now measuring in kilos, because it tells me much more. And also

having always worked with children I'm pretty good at looking at a child and knowing, I just know if they're overweight or about right...yes.

I So that's based on your experience really, isn't it?

R Yes. But I do think it's important to send the results to parents...they should know....but they should know what to do if there is some sort of concern about their child's weight to....so you need to think about how you feed back and what you can offer....and to be honest there is much to offer.

I Well, the intention is probably that when parents are fed back the information they will be given advice as to where they can get help and support if their child has a weight issue.

R Well I don't know whether it will. I don't know what the plan is really.

I At the moment the PCT are thinking about how to adapt the Department of Health's draft letter parents which would probably include information about what parents can do if they've got concerns or they want to discuss things. Potentially that could be a school nurse.

R Yes.

I If that's the case, do you feel that you would be able to cope...in terms of your capacity and workload?

R Yes, I was going to say, I think it's a good idea that they are, that everybody should know their child's weight. I think parents are the ones that do the shopping and feed their children, so, yes, it might just give them a little thought about... but then just because somebody's within measurements or low measurements might not necessarily mean that they have a healthy diet either or do enough exercise....so it's not just about weight.

I Yes, good point.

R. I can see us being inundated with queries but nobody has bothered to ask me if I can cope with that...you know, where am I going to magic up the time to do it? There's just me here, I'm the team and I haven't got time on top of everything else to offer weight management advice to parents if there was a big demand for it. Maybe our best strategy is to be prepared and have lots

of information etc, and then only see the ones we have real concerns about. But proactively following up children is a big job...it takes a lot of time....I doubt the PCT have even considered the implications for us. I suppose we could phone the ones with the worst problems and then we can see the ones that really concern us. But it would be better to have a proper service across the county to deal with that...you know, following up children and offering advice and support. It needs to be done properly and consistently so everybody gets treated fairly and it's not just down to what the school nurse can manage in a particular area. But I imagine the PCT will just say 'the school nurses can do it' and it'll get dumped on us to sort out without us even being asked. I'd like to make these PCT policy makers come and have a look at what we're expected to do, how stretched we are...you know, if they did the job for a few days they might understand that we can't keep on taking on more and more work.

I I think that's all I wanted to ask you about how the National Child Measurement Programme is working on the ground in terms of doing it. Is there anything else you want to add, or have any other thoughts about it?

R I think ever since it started it really made you wonder what was it all about, because it's obviously just statistics really. I think the important thing is actually it's quite good that it's moving on, because just having a paper exercise and not doing anything with it seemed a bit pointless really. You think, well, this is just figures. So I think, although it could potentially blow up a huge extra workload for us, I think if we are going to make a difference and help children be healthier then we need to do something with it. In that way I think it probably is a good thing.

I Yes. As well as gathering trend data for the government it's intended to help at a local level to identify perhaps where there are particular areas of concern and where resources could be placed....and more recently also as a way to engage with parents

R Exactly. It might even come out more that there are certain areas where there are more children that are larger in a certain area, who knows.

I Are you given any feedback for your schools?

R No, we aren't, not at as far as I know.

- I Moving on to the role school nurses have in terms of tackling obesity in school settings, both from the point of view of prevention but also where there may be existing weight issues for children. I know it's not an ideal world and school nurses seem to have a huge public health remit now, but in an ideal world how would you see the role of school nurses in tackling obesity, how would you see yourself being involved?
- R I'd really like to get more involve but unfortunately there aren't enough of us, we are stretched and as a band six there's child protection and at risk families mainly. So although I'd love to get into health promotion much more... we do try and fit it in, but I think in terms of how I see it the ideal way would be to be able to go into schools, in the primary schools right from the start, going in, even before they start school, and talking to the children and parents. We could talk about healthy eating and we could talk about lots of other things as well, but health information leaflets and things like that. And then as the year progresses then go in once or twice a year, talk about healthy eating, talk about healthy stuff to put in the lunchbox, be there for the parents' evenings. There are so many things that we could do.
- I Potentially, yes.
- R Potentially. At the moment we're just sorting out all our health promotion stuff, so trying to update it and everything. Yes, lots of interesting things that we could do. I know some schools have parents that come in and they have little parents' groups and things like that and they do different projects. At least they did that in Brighton. I think maybe they do that here as well. And that's something we could do, give a presentation to the parents in these groups; there's usually needy parents, it might be another way of getting through. And then obviously as the children grow up they have a bit more say about what they want to eat etc. I find it particularly difficult with secondary school children where they want to get slimmer but they stop eating, they often don't have breakfast. Lunch is probably not, and then after school they might have some unhealthy snack. They often drink lots of fizzy drinks. And then they have a meal late after they come home from seeing their friends. And then they wonder why they are rather large. So I think that is a real issue that school nurses really could get involved with, so get the message over that you don't get slim because you don't eat. And the fact that fizzy drinks are not good and eating late at night, if that's the only meal you have, you're on very dangerous ground.

- I And if schools are planning initiatives around healthy weight do they ask for input from you at the planning or the actual running stage?
- R It hasn't really happened much here yet. I need to get more involved with my secondary school in particular. But in Brighton, yes, definitely we were involved with healthier diets. We had a fantastic day in one school, we had a bottle of Coke and showed how much sugar there is a bottle of Coke, it's about seven teaspoons of sugar. And we had lard to show them how much fat there is in a sausage roll and things like that. And they all were, "Urgh."
- I So you feel there's definitely a role for nurses to work more closely with the school in terms of planning and being involved initiatives....if they had time?
- R Yes....but we don't have much time...health promotion always gets put at the bottom of the list...under the core priorities...but we have to prioritise, that's the reality of the job
- I What about when children have a weight issue...if parents or children asked you for help or advice, in terms of signposting to services in the local area, what are the options in terms of weight management?
- R We've got the new MEND programme starting. I've already made a referral to that, because I know about MEND from Brighton.
- I Yes, there's quite an active programme in Brighton, isn't there?
- R Yes, it's really good. I've missed it since I started here, because they're only just coming in to Eastbourne starting from September. So with a large child that is definitely something that I would recommend. Because having seen the difference in the children in Brighton. You don't really want them to lose weight as such, it's more growing into their weight and getting more active and things like that. And the difference to their self esteem is just absolutely amazing. They glow once they've been on that programme.
- I Yes, it's a whole family programme as well, isn't it, so it's really tackling issues that are involved in a more holistic way.
- R Yes, exactly. It's absolutely incredible so I hope it really takes off.

- I What about locally here...is there just one programme running at the moment?
- R It's only just starting in September, there hasn't been anything before. I think it was Hailsham that had it first .
- I It's only been on a very limited basis across the county so far.
- R But this will be the first one here so it's really quite exciting.
- I Apart from MEND what other options would you have for signposting people?
- R Signposting? Well there's the GP and referrals to dieticians. But also we can also keep measuring children... if it's not a huge problem then we could... it's no good measuring a child every month or whatever, you're talking about at least three months in between. If you measure much more than that then you're making it a bigger issue than it needs to be. So I'm very hesitant in measuring more often than at least three months in between. And then we can encourage them and advise and so on. There's lots of leaflets and lots of information on the internet so we can print out and give that, things like that.
- I I know you're new to this area and Brighton's very different and there seems to be a lot more joined up working in many ways, but what's your experience here, particularly in terms of weight management services?
- R It seems like the GPs are more involved, and referring to dieticians.
- I Does the PCT provide a clear care or referral pathway?
- R I'm not entirely sure about that, I haven't come across it a lot but I'm quite new to this area and PCT.
- I Yes, you're relatively new, to this area.
- R Yes, and when I first started it was quite a few months before... I was looking after all the schools in the South area so nothing much was done in the way of weights when there was an issue for a child. I've been covering two areas here up until recently so it's only now that I'm going to really be able to get into my proper role here, so I'm quite excited.

- I Yes, that's good, you'll be able to focus more on your own schools.
- R Exactly.
- I In terms of training that school nurses are offered, particularly with healthy weight and weight management in mind....have you been offered any since you've been at this Trust, or are you aware of any?
- R I think there's been some... I'm not sure... no, it's been more mental health issues that have been offered, but I don't think anything particular about weight that I can think of. Oh, we had a day about it... no, we had a school nurse meeting and the MEND person was invited to talk about that.
- I Do you think there's a need or want for training opportunities around weight management and healthy weights?
- R Yes, particularly maybe for more junior staff, I think maybe that. For myself I think I probably know enough.
- I You mean you have the knowledge and experience you need around health weight issues?
- R Experience, yes, you know, it's sort of gone past that point where I need basic training. But I think, yes, definitely maybe for... because we're hoping to get some nursery nurses just working with school nurses, so for them it probably would be a very good idea.
- I Yes. And what about the Change for Life programme? Do you feel that school nurses are familiar with that?
- R What, you mean in the actual schools?
- I Yes.
- R We were involved with it, as I say, in Brighton more because we did more health promotion there. But I think maybe it's something that we could get more involved with here....do you mean the Healthy Schools initiatives you mean?
- I Well, I actually meant the Change for Life campaign.

- R I'm not sure about all that. Which probably an area that we could have training around then. But also I think with the more junior staff, if they had more training and if they were given enough hours, they could be going into schools and doing more health promotion in the schools.
- I Yes, resources in terms of time can be a really limiting factor and in terms of prioritising health promotion work as well.
- R Yes. So it's one thing what we want and need, and another thing...
- I ....what you can actually do in the real world?
- R Yes. But I think it's good things like the children are given fruit in their infants schools. I think that's made quite a big difference. Because some children, if the mum doesn't buy fruit they wouldn't ever taste it, or vegetables, they have carrots and stuff like that as well. So I think that's a really good thing and I hope that continues. Because they'll say, "Oh, yeah, I really like it, I didn't know." That's the comments I hear from children sometimes, so that's good.
- I Do you have any contact with the school food worker, Paul Aagaard, at all...he runs the healthy eating in schools programme?
- R I haven't. I did go to a school nurse meeting and I think that must have been the gentleman that was there, I can't remember his name now, but I think at this particular school nurse meeting he was talking about school lunches and things like that....it's good to know what is going on and what programmes other people are doing in your schools.
- I Yes, that's part of his remit. But that whole issue around information sharing and partnership working with other people around healthy weight....do you feel that's lacking or could be developed more?
- R Yes. Things need to be joined up and coordinated properly...and that doesn't seem to happen in here like it does in Brighton. I think it should be developed more. Otherwise there's something going on here and something else going on there and nobody knows what everybody else is doing. We need to join up the dots to make a difference and tackle obesity.

- I I think that's all of the questions that I formally want to ask you, but do you have any other comments about your experiences around the National Child Measurement Programme or about tackling obesity in schools? We've covered an awful lot and you've made some really good comments.
- R Oh, thank you.
- I But is there anything else you'd like to add? For example, you've worked in a different area where there's more priority given to tackling childhood obesity and it sounds like there's better coordination of services around healthy weight.
- R It was really good to work there...we were more involved with the healthy eating stuff. And I think what we should also emphasise a lot more, and I do try to when I see parents and children, is the way of actually moving, exercising, in combination and getting that message across but also backing it up with support to do that and involving all the agencies and having someone in charge for a change.
- I A more coordinated approach with things in place to facilitate and support people?
- R Exactly, yes. So I think that would be one of the big things.
- I Okay. Well as I say, you've made some really useful and interesting comments so thank you very much.
- R Thank you. Can we read what you do?
- I What I intend to do....I've got a couple more people to interview and then I'll have finished all the interviews across the county.....then I'll analyse and write up and send the summary round to people who have participated.
- R Oh, excellent, yes I would love to.
- I As I say, I'm going to pull out key issues and comments and areas and themes...and make recommendations if necessary.

- R I think people that have a weight issue, either they just... it's become such a problem, you can see the – I hate to say it, but it's probably from the States – it's gradually coming more and more over here. I don't know whether you are interested in this, but my son has just come back from Japan yesterday, having worked as an English teacher in ordinary Japanese schools for three years. And the approach to food, the whole thing is quite different, but what they do over there, they have people that cook their food but then the children are responsible... they haven't got a dining hall but they are responsible for bringing their food to the classroom, the children serve the food up, and it's all eaten by everybody, and then the children are responsible for clearing away. That is also another slant on the whole thing, where it is something that you do together.
- I Yes, that's really interesting. Is that general in all schools there, does he know?
- R I think so. So it's quite interesting. But then the children clean the schools as well
- I Oh, really...but then perhaps it's about being part of a community, isn't it?
- R Yes, exactly. But, yes, it's quite interesting. It's not going to happen here...
- I Probably not!
- R Probably not, but it's an interesting thought. I think the main thing is that children, especially young children, have no say in what they eat. So I think that school is quite an important factor in broadening the variety of what they eat and teaching them about eating and cooking....but then they go home and do what their mums tell them to do....which might be the opposite.
- I Yes, there's a conflict isn't there and I guess these days parents may not have those skills or knowledge around cooking.
- R. Well that's just it...it's a vicious circle.....overweight mums, overweight kids.....somehow we have to break that.

I I'm going to record this, if that's all right with you, it saves me having to write down and scribble, which I'm not very fast at and it means we can chat more freely.

R Yes, that's okay.

I Okay, you've probably gathered from the information sheet I sent you that I'm doing this as part of my Master's degree in weight management. My background is originally in nutrition, I was a nutritionist, more recently in health promotion with a particular focus on children, so I've been working for the PCT in Health Promotion for quite a few years. The study I'm doing is looking at school nurse experiences of the National Child Measurement Programme, how it's working on the ground and what their experiences are of it. And also how school nurses see their role in terms of tackling obesity in school settings. So that's the flavour of it, and it's where I'm coming from in terms of interest. So, as I say, I'm recording it, but everything you say is completely confidential.

R So we can speak honestly?

I You can speak honestly, nothing that's said in interviews will be related back to individuals. I'll be pulling out common themes and issues that are arising but it will be completely anonymous as to who has participated or made particular comments.

R Oh, that's good.

I So that's a bit about me and what I'm doing, so tell me about you, how long have you been a school nurse?

R I've been a school nurse now for four years, did my degree a couple of years ago. Before that I was district nursing in the community and then before that I was a foster carer for about ten years, all ages of children. And then before that I worked in London in hospitals, mostly in cardiac care and general chest medicine. So I've been a nurse for about 30 years altogether, apart from the ten years that I was fostering, but I still had children with disabilities and things, so still had to use my nursing skills and a lot of child psychology and coping with behavioural

things. So I came back to nursing, went into district nursing because a friend suggested that it was much more relaxed and wasn't as stressed as in hospitals, and then once I was doing district nursing – I did district nursing for about three years – I just really felt for me personally there wasn't much room for promotion or to progress, and I wanted to progress. And I also it was quite a lot of old people really and leg ulcers, and I just thought I really wanted to get back to working with children because I just think they're really funny sometimes and I think you make a much bigger difference really. Hopefully you have some kind of say in shaping their future, which is quite nice. And I'd never, even heard of school nurses, I didn't know they existed, which probably says a lot for the school nurse in my children's schools, but I just had no idea there were school nurses. And I can't remember how I got into it. I think another district nurse left to be a school nurse and so it made me think, that sounds interesting, I'll find out about that. I found more about it and decided, yes, that would definitely be what I wanted to do. But unfortunately there weren't any jobs along the south coast so I had to apply for a job much further inland and it was about an hour and a half's commute away every day. So it was a good three hour round trip. But I really wanted to do it, and I really wanted to progress, and I think if you want to do something badly enough you'll compensate, won't you? So that's how I got into it. And then as soon as a job came up back down here nearer home I moved back down here, and I love it. Absolutely love it.

I That's good, you're obviously really enthusiastic about the role. So you've a very varied background in terms of nursing?

R Yes.

I I'm not familiar with all of the areas of East Sussex in terms of which school nurses are covering which schools, so what schools do you cover in your patch?

R I cover all the schools in <<name of area>> and a tiny little village school in <<name of village>>.

I So how many primary schools is that?

R Five primary schools, one secondary school broken up onto two sites, and two special schools.

I That's quite a lot isn't it? And how many are in your team based at this locality?

R Just me.

I Oh, really...you mean you're the team?

R This is it! They say there's no 'I' in 'team' and I say, "Yes there is, because there's me, I'm a team!"

I Looking at the National Child Measurement Programme, the Department of Health have guidelines for Primary Care Trusts to follow in terms of how it's administered and delivered and reported back on. So, in the schools that you're responsible for how have you actually organised the collection and measurement of weights and heights?

R We all have to send out the letter early in the year to parents, or the school send it out to parents, so that we can... it's negative consent that we get, so if they don't consent they write in. And then I normally say to the schools I want to do it within a week. So I want to do all the schools within a week. This year it didn't quite work out that way because unfortunately I had some child protection things going on and I had to cancel some of them. But what I try to do is go into a school and do it very much on a conveyor belt style, because if you've got 60 children to do in a morning, and bearing in mind that they have assembly and then they have playtime. So as a school nurse, although you might work 7.5 hours a day you can't get into a school for 7.5 hours; there are windows of time that you can get into that school. You can't pull children out of playtime because they won't like it, you can't work over their lunchtime. And we tend not to pull children out of assemblies because they quite like to be in assemblies and if they get pulled out it's rather embarrassing because it's in front of the whole school, or year, or whatever. So I do try and do it within a whole morning or a whole afternoon, and it is literally I go to the class and I say I want four children at a time, and every time a child goes back one has to come back out. Now that works reasonably well, but sometimes... the problem is with it, because it all has to be confidential so you're only allowed one child in a room at a time. Each child is meant to go back and send the next one but the problem is that they will then go back outside and discuss it with their friends outside, and then they all wait together, and then go back. So then you're sitting there sort of drumming your fingers, waiting for more children to come. And then on the way they've discussed it all with other people and... So although you say it's very much

conveyor belt style, it doesn't kind of work... sometimes it does work quite smoothly, with smaller groups you can get them in and out fairly quickly. But with a larger group, if you've got 60 or 90 children there are going to be fits and starts.... and there's no help from the school staff because they're all busy

I Yes, it's quite a lot to manage for one person isn't it?

R Yes....ideally there should be two people...that's what they tell us....but there's only me for the whole patch...so I've got no option....it takes a lot of my time up.

I In terms of that initial letter going out to parents, presumably the schools send it out once you've sent it to the schools, do you get very much response from parents enquiring any more what it's about?

R They just send the opt-out form back, or this year they had the choice of having the results, and so they sent back the slip with the results. But I don't think I've ever had a parent phone and ask what it's about. They are given a leaflet at the same time and the leaflet will tell them all what it's about and that it is a national programme. But I don't think I've ever had a parent ask me anything about it.

I And in terms of the ones that decide to opt their children out, do they ever give a reason for that, or is it just a straight, "I want to opt out of this"?

R It's just an opting out.

I So you're never aware of the reason why?

R We do have a theory on it, because if you see most of the children... I would say 90% or 95% of the children that opt out are actually obese.

I Yes, that seems to be a general perception.

R Yes, by looking at them. And I think it draws more attention to them, because quite often the children will come in to be weighed and then I ask their name and I say, "No, I can't weigh or measure you because your parent said that I couldn't do it." And sometimes they're quite disappointed and I just think it makes them stand out.

- I Yes, that's an interesting point. Yes, it's almost highlighting them because they're not joining in.
- R Yes, because then they will go out and they will say... or if they're in class and I say, "These are the children who won't be coming," and then all the other children want to know, "Well, why aren't you going then?" So it just draws attention to them and I don't think the parents realise how much it draws attention to them.
- I Yes, that's a good point.
- R And also we're not getting a proper accurate picture of children's weight.
- I It's skewing the results do you mean?
- R Yes, exactly.
- I I'd need to contact Child Health to see how many children do actually opt out, but do you have sense of the numbers?
- R I would say roughly in my schools I had probably about four or five to a class that opted out. The other thing you find as well, it was more noticeable in one of my schools, the girls, by the time they get to year six, particularly towards the end of year six, they're very body aware, because they're going through puberty and they're going through changes anyway. And some of them were getting really hysterical at having to stand on scales; they were crying and I said, "No, okay, don't do it, I'm not going to force you," as soon as the tears came on. But in the end, in one of the classes, about 75% of the girls were refusing to be weighed, so I did have to go back to the teacher and say, "Look, this is the problem," and he said, "Now, girls, come on, it's only a set of scales, no-one's going to say anything, we're just going to write your weight down and that's it. And so a few of them did come back and be weighed. But you'll get girls stand on scales and they'll say, "Oh, I know I'm fat," and it's, "You're not, you're perfectly normal, just by looking at you, I don't have to weigh you I can just look at you and know you are perfectly normal, you're perfectly average." None of them ever worry about their height apart from the very, very small children. And they will always say, "I'm really small," which obviously it's very noticeable that they're really small. And then I always try to say, "Well, never mind, you haven't been through puberty, you'll shoot up," or "If you are small maybe your parents are small." But

less so with height. I think the height thing is only a worry to the very small children. It doesn't seem to be a worry to the children who are much taller than the rest of the children. But the weight is a real worry. And this year I even noticed some boys were very tentatively standing on the scales, as if they didn't quite want the needle to go up. And yet they were all perfectly normal weight children, the ones that were worrying about that. So I wonder if it's just drawing attention to them at that time of their life when they're beginning to go through puberty.

I Like you say, it can be a sensitive time children at that stage, isn't it?

R Yes.

I Especially when they're moving on to a new school as well.

R Exactly, they're very aware of the pubertal changes and changes in school life, and probably changes at home because they're suddenly growing up to secondary school. And we're coming along and perhaps drawing attention.

I Okay, really interesting points. Do you go into the schools beforehand and do any sort of talk with the children as to why you're going to be going in and doing it, or any sessions with them before to prepare them?

R I normally tell them literally just before. So I go in on the morning that I'm going to do it, and I go in and I say, "This is who I am, this is what I'm going to do, the government wants it, your name won't be recorded, we're just recording your height and weight when it goes off to the government. And that the government aren't going to have John Smith weighs so much and is six foot tall or whatever." When I first started doing it some of the children said, "Well, why are we having this done?" And I think Tony Blair was in at the time and I said, "Well, because Tony Blair wants it." And they actually said, "Is Tony Blair going to be doing it?". I said, "No, I don't think so." But some children have a greater understanding of the government than others. Some don't understand, they don't know what the government is, they don't understand why. So we do tell them that it is anonymous when it goes off to the government and that it's just all the children in year six are having it done. And then we do do it very quickly, and afterwards when you've done it they'll say, "Oh, is that it?" And they're quite surprised that, yes, that's it, that's all we want. We just want your weight and your height. We're not going to sit and lecture you... today

anyway. Or we're probably not going to sit and lecture you anyway about anything, because we don't have the resources to follow things up.

I So you're doing all the weighing and measuring yourself, you don't have any help to write down the figures or anything?

R No, I do all that for all of my schools.

I And is it a paper and pencil exercise or do you use any IT to help you do it.

R No, it's just literally, you get a long list and that's it....write it on the form....a laptop would be so useful.

I And you go through the list.

R You find the name, the names aren't always in alphabetical order, which is a real pain because you have to just trawl through the list every time trying to find who's standing next to you. And always you say to the child, "What's your name?" And they'll always say, "Dominic," "What's your last name?" "Oh, Dominic so and so." So you always have to ask them the two questions, they'll never tell you their whole... because they just automatically assume that you know their last name. And if you've got two with a familiar name, at year six they're not always familiar with their date of birth so you could say to them "When were you born?" and they'll tell you the day and the month, but if you ask for the year a lot of them won't know the year so you're having to be very, very aware when you're filling it in that you have got the right child, because you can't rely on the child giving you all the information that you want.

I Okay. And whereabouts in the schools do you measure the children... obviously you've got lots of different schools so the school set up's different, but do you generally have somewhere where you can actually do the weighing measuring, that is private?

R No, you literally have to find a room that's empty, so you do have to book it well in advance with the school, because you've got to book it when they're not doing... the time of year that we do it here is round about June time. We need to do it after they've got the SATS out of the way, but we need to do it before they start all the school trips and all the sports days and the performances and everything else, so it's a busy school term. So you need to fit it in in between,

and you do need to book it well in advance because they might be off on a day trip or they might have gone for a week long trip, because in year six they go off for the week camping or whatever. So you do have to book it. And if you book it in advance you should theoretically have a space booked. But you do end up, you arrive at the school and they will say, "Oh, yes, we've booked you in. Oh, someone's in that room now." Or "That room's now not empty," so then you are going round school trying to find a private corner or place to do it. And the problem in schools is space is at a premium.

I Yes, busy places aren't they?

R But mostly I've been lucky. Once I had to do it behind a curtain, so we just had to have the children waiting quite far away down the corridor so that they didn't hear what we were saying. That wasn't ideal but it was as confidential as we could get it on the day.

I So you sometimes get a room but other times have to do your best to find somewhere private to measure the children?

R. Yes....it's not always ideal but I manage.

I. What about children who are absent on the day? Do you ever follow up or do you just go in and just take that snapshot of who's there on the day?

R No, if they're absent they're absent. But this year there were quite a few absent, actually, in one of my schools.

I Looking at when you've been measuring them in term five/six time of the year, do you think that's a good time or would it be better or more practical to do it earlier in the school year, do you think?

R I think it would be better probably at the beginning of the school year. Personally I think it would be better not in year six at all. I think year six is far too late to be dealing with problems of obesity. I think we should be measuring them in year three or maybe year two. Year three might be a good time because that's when they move to the junior sections of the school, or to a junior school. By the time you get to year six... you know, there's a limit really, they're just moving on to secondary school, I don't know whether they would engage with anything that we suggested

anyway, whereas year two or three there might be more... Year three they're very enthusiastic to join in things and to do things and when you go and do PHSE in year three there's a thirst for the knowledge. You get to year six, you go and do a puberty or sex education or something and they find everything funny and they know it all; they're already getting to that sort of teenage... it's almost like they're practising to be teenagers with the attitude and everything. So that's why I think year six is just a totally wrong time.

I Yes, quite a few people have said that actually. And also when they're younger, I guess the parents have got a bit more... not control exactly but, you know, influence over what they're eating and the exercise they're doing.

R Yes, exactly....by year 6 if they've got a problem it's much more difficult to help them.

I So a bit more chance to perhaps make a difference in terms of healthy weight.

R Because you can't police those secondary school children at school with what they're eating. You can suggest, you can encourage, we can tell them, the teachers can tell them. But at the end of the day they're given money and it's their choice whether they want to spend it all in the sweetshop on the way or actually buy some lunch which is fairly healthy.

I Okay. When you've done the weighing and measuring, or while you're doing it, if children ask for their results what do you say to them?

R Well I always tell them anyway, they can see their weight on the scales anyway. Mostly, to be honest, they don't really understand because it's in kilograms and centimetres. The centimetres I do change into feet and inches for them. The kilograms I wouldn't... it depends what it was, sometimes I might be able to change it into stones, but mostly I can't. But I will tell them at the time anyway, which is why they can go out and discuss it all with their friends. But if that's what they want to do it's their information and if they feel comfortable doing that I don't see that that's a problem. And, like I say, mostly they have no idea; they don't understand it, so I don't think... I mean I have measured a few obese children that have been 65 kilograms and they've gone, "Oh, right, great." And you think, "No, that's horrendous really for your size," and you can measure another one and say, "You're 35," and they'll say, "Oh, right, great." So I don't think they understand really.

- I If you're weighing and measuring children, in year six or reception, and you had a concern about a weight issue in terms of excess weight, how would you deal with that? Would you contact the parents for example? There seems to be a difference in how school nurses approach that situation.
- R It's a really difficult problem, because the parents won't agree with you at all. I've never had a parent yet that has actually said, "Do you know what? Yes, you're quite right, they are overweight and I need to do something about it." They will make all the excuses, they're big boned, they've got something wrong with their thyroid, their father's large, I'm large, it runs in the family, they're ill, they've had a difficult time. They'll make so many excuses. I actually had a little boy... I haven't actually said anything about year six children, partly because there's not really an awful lot that we are offering. We can say, "You can go to the dietician," but there's probably I think about a three month wait, and a dietician is just going to give them a list of foods to eat, which they know what healthy foods are. I think you'd be hard pushed to find people that don't know what healthy foods are in this day and age. They know that they have to exercise more and eat less.
- I It's interesting, isn't it...they've often got that knowledge and awareness but don't see excessive weight as a health issue for their own child.
- R Yes. In reception I have actually contacted a few mothers and said that we are seriously concerned about your child's weight and mostly, like I say, they don't see it or they'll say, "It's puppy fat and they'll grow out of it." And when you try to explain, "No, they should have grown out of that by toddler age really, or long before... you know, once they're up and running around. And that this will be an ongoing problem. I think they take it very personally and I think they think were criticising them as parents. No, most of the time I've never really been successful at all.
- I Quite often it's a family issue, isn't it, for not just the child but for the parents as well?
- R Yes, and also I think that by the time the child gets to year six their eating habits and their exercise and activity habits are quite entrenched. So to say to a child in year six, "Well now you've got to start being more active and you've got to totally change your eating style," I think is very difficult and it's just one more thing to put on them another burden to put on the parents. Although it is the parents' responsibility.

- I Okay, good points. Sorry, it's a bit late in the day, but I should have mentioned that I'm following a sort of script of questions because I'm interviewing lots of people so I need to just ask consistent questions. Yes, in terms of feeding back the results, at the moment parents can request their child's result. In the future it will change to parents being given the children's results as a matter of course. Do you think that's generally a good idea, to feed back results to all parents whatever the child's weight and what do you think about the best way of doing that?
- R Good idea in principle but I don't really know what parents would do with it though. Again, I think if you just say, "This is your child's height and this is your child's weight," I don't really think it makes much sense, just seeing figures written down I don't think would mean anything to them really, unless they actually went away and went onto a computer, checked the BMI or checked a centile chart. I think possibly if you gave them a centile chart and said, "This is where your child should be, but this is where they are," I think that would have much more of a visual effect; I think it needs to be visual, it can't just be figures.
- I Yes, and different parents have different understanding and literacy skills anyway, don't they?
- R Yes. And I wonder whether parents would know what the average weight and height for their child at that age should be anyway.
- I One of the things that's being considered is to present it more visually....to have a sort of visual scale of where their child is in relation to their weight and height and an indication if they may be a bit of a cause for concern.
- R Yes, I think that would be a much better way of doing it. All the parents this time that requested the weight and height, none have come back to me and said they're concerned. I think one or two should have been concerned, but they certainly haven't come back to me, so I don't know whether for them it was just a sort of, "Yes, my child's not going to be weighed and measured unless I know the results." Because a lot of parents do have the attitude of, "I want to know who's doing what to my child and what the results are," but not for any reason other than they just want to exercise their rights. And that's fine but in this case they need to be doing something with those results, not just as a "I am the parent and I need to know".

- I In terms of feeding back that information, the draft of the letter is likely to suggest that if there is a concern that parents can contact a health professional such as a school nurse. Would that be something that you would find manageable in terms of your workload, if parents are told there may be an issue, about their child being overweight or underweight for that matter, to contact the school nurse. Would you feel that was a manageable?
- R Yes, I think so. Partly because I'm just probably cynical and I don't think a lot of them would, for a start. I think it would be very few that would. So I think it's perfectly manageable and I think if school nurses are under the impression that all of these parents are actually going to phone in, well I think most of them would know anyway that they probably wouldn't. And it would just be a case of offering advice. But again you can offer advice till you're blue in the face, but if they don't want to actually do it there's not really a lot that we can do about it. And a letter on it's own probably won't have much response...even if they are told to contact us.
- I But do you think in your experience that parents would think of the school nurse as a useful person to contact in terms of help and advice, as opposed to perhaps going to their GP?
- R I think some parents would. There are still a few parents here that will go to a GP and the GP will say, "You need to contact the school nurse." And then they'll say, "Oh, sorry, I didn't think of contacting you." I think it depends on the school, how high your profile is within the school, and whether the school also will say you need to contact the school nurse. I think the more established you are in a locality the more they will contact you first.
- I And you said that, if a parent did want some help and advice...apart from the dietician in terms of referring or signposting parents, is there anything else in the local area? Do you have a MEND programme here or something equivalent?
- R In this locality we've got one starting in September. How many spaces are available, I don't know....we haven't been told yet. The local schools did start up a sort of six week after-school cookery club for parents and children. It tackled healthy eating, but it was more a sort of time for the families to bond. So it wasn't necessarily for children with underweight or overweight issues, it was all about attachment disorders as well. So we were trying to sort of be very holistic. Apart from that, no there isn't anything.

I Right, so really it's dietician, GP and possibly MEND, depending on availability of places?

R Yes.

I And does the PCT or trust give you a clear referral pathways, for children with weight issues?

R No....there's nothing I'm aware of.

I Okay, so it's left to your experience and knowledge of what's available locally?

R Yes.

I That's probably all I want to ask you about the National Child Measurement Programme specifically, unless you've got anything else you want to add?

R No. No, I think my only strong view is that it's done at the wrong time in a child's life and it's no good starting these things up if you haven't got anything to follow it up with. But then that's often the case, isn't it?

I It seems to be, yes, unfortunately. Moving on to the role of school nurses in tackling obesity in school settings. When I say tackling obesity I'm looking at both prevention and also where there are existing weight issues. Obviously nurses have got a huge public health remit now and have to cover so many different aspects of their job, so possibly health promotion comes sometimes low on the list. But in an ideal world, I know it isn't ideal, but in an ideal world how would you see the role of the school nurse in terms of tackling obesity in school settings?

R In this area I have done quite a lot in schools around healthy lunchboxes and healthy eating earlier on, in years one and two. Now, what I tend to do is I tend to give the parents about a week's warning that I'm going to do into school and check lunchboxes or – not necessarily check – but let them know we're going to have a healthy lunchbox day, so we're going to be discussing what the children have got in their lunchboxes. And strangely enough, if you speak to the teachers they will say, oh, yes, everybody then had a piece of fruit and a fairly healthy lunch. But you still amazingly will still get children who will have crisps, a chocolate bar, a cereal bar, and maybe some other unhealthy item, and they'll have nothing healthy. And when you discuss it with them and you say, "What's healthy?" they'll say, "Well, cereal bars are because they're

made from cereal. And chocolate is because it gives you energy.” And they’ll have this very warped view of their food. You know, “I can drink lemonade because it’s made of lemons, and that’s fruit.” And they’ll say things like that, so it’s quite good to get them at that young age. But the problem at that that young age is that they’ll often disagree because their parents have been maybe so sort of vocal in saying, “No, you can eat that,” that they’ll say, “No, my mum said I could...”

I Yes, and their mum’s providing the lunchbox so perhaps at that age they accept what they’re given.

R Yes. So you end up having this argument with them. But we do healthy eating and I do healthy teeth as well, so I give them a talk on keeping their teeth and bones healthy. And I do that round about year three, when again they’re at that stage where there’s this thirst and they soak everything up that you tell them, which is great, which is why I think we should maybe do something like that, and then go on and do a child measurement programme. And then I will give them out leaflets and things from Health Promotion...although Health Promotion has gone now which is shame. And that’s all I do really. When I get into secondary schools, in my secondary school they did have a programme, it was a bit like a boot camp actually, for overweight children. But quite a few that I didn’t think were that overweight were on this programme, and I went in and I weighed them and measured them and took their blood pressure, and discussed with them about smoking and alcohol and stuff like that as well. There were a couple of girls who desperately, desperately needed to be on it, but their parents refused to let them because they said they might become anorexic. And again in secondary school you quite often get the parents will say, “Oh, I don’t want them to end up having an eating disorder.” So I really do think it’s the parents that are the barrier.

I Yes, there are some real barriers that need to be overcome, aren’t there, in relation to attitudes and engaging parents?

R Yes. So if you can go in in primary schools and do all the healthy eating talks and the healthy teeth and really sort of drum it into them then, hopefully at some stage in adult life they will think, “Oh I remember the school nurse saying, or someone saying, that that was healthy and that isn’t and this is what you should be doing.”

- I And in terms of the schools you work with, when they're planning healthy lifestyle initiatives in their school, do they ask you to get involved with planning that and do you get some input there?
- R Yes, they do. Not all the schools; I would say out of the five probably... most of them will invite me in, probably only... two have asked me on the planning stage on what they're going to do... oh no, it might be three actually, it was a bit informal, the third one. But when it gets to that certain time of year when they're doing the healthy eating, healthy bones thing, they will say, "We're doing this in our science project, can you come in and give them a talk?"
- I The points you're making about doing things when children are younger are really interesting. Do you feel, in terms of what schools are planning to do around healthy weight and healthy eating, that sort of thing, that it would be useful if school nurses had more input into that kind of planning process?
- R Yes, I think so. The problem is, though, they have to follow the national curriculum so I don't think they have an awful lot of choice on what they do. And a lot depends on the interest of teachers at individual schools. Some are more proactive than others.
- I Yes, not necessarily in terms of the formal curriculum but in terms of maybe after-school activities, like the cooking sessions you mentioned.
- R Yes. I think something like that would be absolutely brilliant. But again it boils down to who in the staff are going to do it, have they got the room, have they got other resources, there's always a barrier. I have tried to start up after school things in schools around exercise and healthy eating, but there's always barriers of either finance or people's time or space, and you're always going to get that. It would be nice if you could just go in to maybe a school that was just starting up an extended school programme, but most schools now have got lots of clubs going on.
- I It's all in place, I guess.
- R Yes. So trying to fit into their programme already is quite difficult. The other thing that I did start up, not in this area but in the previous area I worked in, and it was in year seven of secondary school, was a sort of transition programme for parents, because the children get lots of transition work but the parents don't get any. And the secondary school and outside agencies and myself

all set up a transition programme for parents. And it was basically... the school came at it from 'this is how your child will settle in'. And then the other agencies came at it from a 'this is what we will be offering to your child in the school for citizenship and PHSE'. And we went through sexual health and diet and drugs and other substance misuse and things like that. So we had the police and we had dieticians, we had myself, I think Youth Offending, I think Under 19 Substance Misuse, so a lot of different agencies, and we had this whole programme, it was only for five weeks but it was fairly good. Other schools were also saying at the time that they'd be interested in it, but then I left that area so I don't know what happened after that. But something like that as well, because I just think any opportunity that you can come across with any kind of PHSE, any kind of health advice, I think it just needs to be done. And in secondary schools parents don't have a lot of input; they leave their children at the gate or the children walk there on their own and walk home, it's not like primary schools where you can catch the parents and you've got a much better relationship with them.

I What about the Change for Life programme, do you have access to those resources? Are your schools doing much around that?

R I have given out the booklets to children. And I have said to take these home and you can go online and you can register and you can get some resources like stickers and a wall chart with some stickers on having your fruit and veg and stuff like that. I don't know whether they do. Once again you can give them to the children, but it's the parents that you need to get on board. And I don't know how much time the parents would have. But I think something like that is good, because if the children think they're going to get something through the post they'll be far more enthusiastic about going online and doing it. Whether they keep it up or not, I don't know. I think things like that are great, but I think it's perhaps difficult for individual families to do it. I think it would be better done in a group, maybe at school.

I Yes, so it's supported. What about the schools...are you aware of anything going on around Change 4 Life?

R. Nothing really, although one school had a display and they had the posters up....but putting up a poster isn't going to change much is it. I'm not sure that everybody...I mean teachers and other school nurses....are really sure what Change 4 Life is. You see the logo and the odd poster but

what is it exactly and how are we supposed to use it? It's a huge waste of money....you know like other campaigns...for not much result. If things are going to change it needs people to work together and I don't think that's happening here....we all just seem to work in our little silos but it should be more joined up. School nurses are an important part of the jigsaw, don't get me wrong, but nothing will change unless we start working together....health, education, councils, even the private sector.

I. Yes, I think you're quite right. What about training that's offered to school nurses, and obviously you've got years of experience and a broad knowledge, but in terms of any training around healthy weight and weight management issues, are you offered very much by the trust as a school nurse? You mentioned you thought a lot of people didn't know about Change 4 Life and about how hard it is to engage parents...is there any training offered around those sorts of things?

R No. In this trust I don't think I've been offered any. Every year, late in the year, we discuss what's happening in the National Child Measurement Programme. We don't exactly have any training. In a previous trust we had some training there from... who's that man that does the child measurement...the child growth foundation chap...

I Tam Fry?

R Tam Fry, yes. We had some training from him. It's minimal though. I think we need to have training around ideas on how best to approach parents, and how to get the message across to parents. I think we're all very good at getting the message across to the children, because we can all go out and do PHSE and we can all do health promotion at various events. But it's the children that we're getting to; they don't buy the food, they don't cook the food, and they don't do their lunchboxes. It's the parents that we need to get to, and it's very difficult to engage those parents.

I So perhaps training around those issues would be useful? That's a good point. Any other things? Obviously with the weighing and measuring, you're skilled to do that. But anything else around health promotion intervention type things, or just a better awareness of weight issues?

- R I think so. I think any kind of training would be useful. But I think it does all boil down to... you know, we can have all this training, but if you don't know how to approach the parents, and it is a very, very thorny subject. It's amazing that you're only telling these parents because you want to help them, but they will just immediately see it as a criticism.
- I They're defensive or don't see there's a problem in the first place?
- R Yes. And it's approaching the parent so that they don't immediately put the shutters up.
- I Yes, that's a good point. Just one other thing, talking about weight management services and dieticians and what referral options, do you think there should be more programmes like MEND available to refer children or families into at a local level?
- R Oh, yes, definitely. I know there's one starting – it's not actually in this area though – in September; it's either starting in Newhaven or Eastbourne.
- I Eastbourne, there's one starting there, yes.
- R So they've either got to go there or they've got to go over to Newhaven. I would like to see a MEND programme in every single area, and I'd like it to be a continuous rolling on programme that you can go onto this MEND programme but then you could perhaps dip into... if maybe you think, "I've forgotten what they told me on the evening that we did the shopping, or the cooking, or something like that," that you could actually go and dip back into it when you needed that extra support. Because they might go on that programme, but when they're off that programme they're on their own again.
- I Yes, it's supporting that whole cycle of change.
- R Yes, so they need the support to keep them on that steady track.
- I Okay. Well that's all I want to ask you. I don't know if you've got any other comments you want to make? You've made some really interesting points.
- R No, not really. I think I've said everything. Have you got many more people to talk to?

- I I've almost finished now. I've really enjoyed getting out and seeing people and listening to what people think. I get the impression that school nurses aren't always asked for their views, which is a shame because they talk a lot of good sense and are the ones who actually are doing the work. Anyway, what I'm doing to do once I've finished the interviews will be to do the analysis and then pull out key points when I'm writing up my dissertation. But I also intend to write a summary and circulate that round to people who have participated?
- R Oh, that would good, yes. And what about the people who are in charge of obesity strategy and the measurement programme...will you show it to them too...please say yes.
- I Yes, I think that's really important and I shall make recommendations around key issues...you know around better provision of training for example and anything else that comes out of the interviews. Whether they choose to act on it is another thing.
- R. Well good luck with it all.

- I** I'm going to record the interview if that's OK with you?
- R** That's a bit scary
- I** Don't worry...I'm recording it because I'm rubbish at writing quickly and it's nice to be able to sit and chat really....but it's all confidential and when I analyse the interviews they it will be anonymised so whatever you say won't be identifiable to you as an individual. Well I've got a script that I'm using because I'm interviewing a lot of different people and I need to ask fairly consistent questions to everybody...but the interview is really informal so just say what you think and if there are things you want to talk about in detail we can spend time doing that and if there are questions you don't want to answer then that's fine too.
- R** Alright
- I** Well you've probably gathered from the information that I sent you that I'm doing this as part of my Masters in weight management....so it's the final piece of research. Over the years....my background is in nutrition and health promotion by the way....over the years I've had lots of informal chats with school nurses so I've got quite a good idea of what's going on around the National Child Measurement Programme....but it seems the PCT haven't asked school nurses for their views in a formal way.
- R** No we're rarely formally asked about anything....sorry, I'll try not to be too cynical!
- I** No, that's OK...you're not the first to have said that. Anyway, I'm interested to find out what's going on around the National Child Measurement Programme and also to find out people's views on the role of school nurses in tackling obesity in school settings....and to get school nurses' take on things in a more formalised way.
- R** OK...that sounds good
- I** Well, perhaps you could tell me a bit about yourself first of all....how long have you been a school nurse?
- R** Well I've been a school nurse since March last year...so about a year and a half. My

background is in practice nursing so I've had quite a lot to do around nutrition and health promotion in that. I also work one day a week as an occupational nurse...and before I was a practice nurse I did a number of jobs...I worked in a hospice and day care and with old people....so quite varied.

**I** Yes....a lot of experience then. So in terms of the area you cover and the schools you're responsible for....can you tell me a bit about that...I'm not so familiar with this side of Sussex.

**R** We we're split into two teams to cover the patch – East and West ....and each team has 2 secondary and I'm not sure how many primary schools...but it's sort of split down the middle. So depending on how many hours you work depends how many schools you cover. The senior nurse works full time and I work 3 days a week....so I have really 2 schools although one is on two sites. It's only us band 6 nurses that cover the secondary schools.

**I** Yes...that seems to be the same across the county. OK in terms of the National Child Measurement Programme....PCTs are supposed to follow national guidelines...so if we could talk around that a bit. In terms of the schools you do the measuring in, how is that organised...from sending out the initial letters to doing the measurements....could you talk me through that process?

**R** Well, there was a letter informing parents with a slip attached for if they want to opt out or get the results.

**I** And is it you that sends that letter out?

**R** Yes...to the schools....then we get that back as many as we're likely to get....then we arrange a time and date with the school for when we're going to go in. We usually do it in twos...three in the bigger schools because it makes life easier. In reception we do all of the children anyway and don't need to ask permission specifically because it's not necessary.

**I** Yes...that's pretty standard isn't it?

**R** Yes....but, actually, in year 6 probably around 10% opt out I would think...yeah, yeah...I

would say about 10%

**I** Right...that's quite a few, isn't it. So, are you offered any sort of training around the National Child Measurement Programme or do you have an update on how things are going or an opportunity to feedback?

**R** Well yes we have...sort of....there was a lot of stuff bought up at a meeting we had recently....swapping leaflets, changing wording in letters. And then we do get the NHS guidance which is some great tome we're supposed to follow but that's just so over complicated...I mean we're just measuring and weighing them. If the parents want to know what they weigh then we'll send them the results....I mean it's not rocket science is it.

**I** And the letter that goes home to parents....do you get a lot of response to that?

**R** No....let me think...no I don't think I had any queries. I mean it's only the second time I've done it but I don't think we had any queries.

**I** What about the children....how are they prepared in the schools before you go in to do the measuring?

**R** I don't think they are prepared particularly....I think they're probably just told by the parents I guess. I mean, we give the teachers a bit of warning and they obvious tell them when we're coming. We've got a kind of thing we stick on the back of the door to say we'll be gathering your statistics...but no, there's not huge preparation and most of them just take it in their stride too. There's a couple of 11 year old girls that go a bit daft....but you always get a bit of that I suppose.

**I** So the actual weighing....you said you go in twos or threes?

**R** It's to make it easier really....you've got the paperwork, you've got the weighing and it's a bit like herding cats. We do one big primary school and 3 of us went there. And geographically it's quite a big patch, so yes.

**I** Yes, it's a big patch you're covering isn't it. And in terms of doing the measuring....do you have an allocated space in the schools or does it vary?

**R** No, not usually...it varies. Some schools like the really big one is beautiful...it's huge

and there's usually a nice comfortable room to do it in....but it's not like that in some of the smaller older fashioned schools....there's just not the space and there's no kind of allocated area so we just pop from one place to another...but because we book ahead we usually find somewhere that we can do it

**I** But in terms of each child being measured privately and confidentially...do you manage to find a way around that?

**R** Yes, I mean hopefully...but, no, not always...in some schools there just aren't the facilities....I mean we make it as private as we can and they come in one at a time...but it wasn't idea in one school we had by any stretch of the imagination. I mean it's all, you know the scales were in a separate place to where the children are coming in and out....but there was nowhere to hang our height measure which was ridiculous really so it had to be on the outside wall....so they were coming in and out...they were being weighed in this room and measured on the outside in the corridor

**I** So you have to go with what you get and need to be flexible?

**R** Yes....we get pretty good at doing it though

**I** Yes, I expect you do

**R** We try to be discreet when we write it down because they are of an age...you know year 6...where they can be quite sensitive about things

**I** And what about when you do the weighing...do you do it all at the same time or do you spread it over a term...how does that happen?

**R** It's all done in the summer term now....term 5 and 6

**I** And what do you think about that in terms of timing...is that ideal?

**R** Well, it is a busy time...just for the schools when the year is coming to an end...you know, there's school fetes, visits to new schools, secondary outings, cricket matches...you know...so there's a lot of planning involved around that. So it's not the most perfect time....but then if you do it at another time it's never going to be ideal....I mean schools are just busy, busy, busy

**I** Yes...Ok. Well, generally how do the children respond to being measured

- R** Yes...certainly in the schools I do it's seems to be no big deal and they take it in their stride. Like I said there are sometimes a couple of girls that say 'aaggh...I don't want to do it' but like I say, you'll always get a bit of that with kids.
- I** Yes, I guess you're probably always going to get that.
- R** Yes...but we're used to dealing with kids so it's not an issue or a big deal. But obviously if there was one that didn't want to do it then you wouldn't make them do it under duress.
- I** Yes, sure
- R** But most of them you can talk round....you know I say something like 'come on your mum wants you to be measured...just hop on the scales'
- I** Do you find many of them opt on the day though?
- R** No not really
- I** And what about when you've measured them....do you get many that ask for their results?
- R** Yes....but then they can see what they weigh ...but we say that if their parents have asked for the results we'll be sending them....we don't tell them.
- I** What if you had a child that you'd measured and were concerned that there might be an issue around them being overweight...do you have any way of dealing with that...what's your approach?
- R** Well yes, I mean we'd usually speak to the parent and say, you know 'the child is too short for its weight!' It's really one of the hardest conversations we have to have....but fortunately this year it hasn't been too bad. But what is interesting....one of the reasons I wanted to talk to you ...is that one of my biggest bug-bears is that the parents of overweight children invariably opt out
- I** Yes, that seems to be quite a widespread view.
- R** Yes...and that just skews the statistics, doesn't it
- I** Potentially.
- R** So we don't have a lot of follow up because most of them know that their child's

overweight...and yes, I guess we have a few kind of underweight ones but we check them out and monitor their weight for a while...but, yes, a lot of them are tiny but then they just shoot up. But anyway, yes, if there were any major concerns then we would follow it up.

**I** What about referral pathways if you are concerned about a child? Do you have anything to refer to.

**R** Well, I know there's NICE guidance but we haven't had anything from the PCT....I just know what the referral options are in this area....basically it's just the dieticians.

**I** What about if you have children absent on the day...do you go back and follow those up?

**R** Well at one school there were a lot of them absent because they were at a cricket match that day...about a quarter of the class....so I did go back but if there's 2 or 3 then no.

**I** And as far as recording the data...is that a paper and pencil exercise

**R** Yes...we write it on the forms and send them back to Child Health....we have these big MEF forms..the blue ones...we use those

**I** So you don't do anything on laptops...or have any whizzy software to help you do it?

**R** Ha...laptops...don't be daft...we're school nurses! But seriously, it would make things so much simpler if we did

**I** No...silly question...but I have to ask! Okay, so if children have been opted out, is there any way of knowing why...or recording that?

**R** No there's just a code we put on to say that parents have opted out. But like I said, it's fairly evident that it's the larger kids who always seem to have opted out.

**I** Alright. In terms of feeding back results...at the moment parents can request results if they want it but in future results are likely to be sent out to all parents...do you think that's a good idea?

**R** Yes...I think that's fine....I don't have any strong feeling about that...but it's interesting to know about what they are going to do with it.

**I** Well, the feedback letter is likely to suggest that parents can contact a health

professional such as a school nurse...or it may be case of proactively following up parents of overweight or obese children. Would that be something that's workable for you if you've suddenly got parents coming to you for advice and help...would you have the capacity to do that?

**R** Yes, but I can't honestly see that there would be a huge uptake....you know, as I said people that have kids that are overweight don't want to know...they don't want to be monitored, they don't want to see school nurses to be told their child is overweight....they don't want dietary advice...you know, nine times out of ten. And, you know, I think as children get more and more overweight, then there will just be more and more opting out...so I think it's a bit of a ridiculous exercise...you know, I'm a firm believer that if people sign up when their children are entering reception classes then they will accept care from the school nurse. I think we should just be able to go and measure these kids without having to ask the parents. I also think we should follow up children who are overweight and offer the parents help, but that would be a lot of extra work...I doubt I have the capacity for that, unless they somehow staggered it over the year.

**I** That's an interesting point about children opting out

**R** Yes....you know, if the government want accurate statistics, it won't be ....if you've got say 10% of these children opting out because they are obese, then well...well...what's the point really?

**I** Because it skews the results do you mean?

**R** Yes....but then I think I'm a bit of a weight fascist! But it makes a nonsense of it and it's a complete waste of time because it's not accurate.

**I** Yes...well one of the stated aims of the child measurement programme is so PCTs can target services more effectively....and also to engage with parents.

**R** Well if they can draw anything from the amount of people that opt out maybe that would help....but how can we engage with them if they opt out in the first place.

**I** OK...well in terms of your time, do you think that going out to measure children is a

good use of your time?

**R** Yes, I do in some ways actually...even though I think the measurement programme has got some queries over it. If it's going to do any good. I think definitely with the younger ones because it gives you a chance to engage with these kids as much as anything...and you do pick up things...you know we do heights, weights and hearing as a job lot and you do pick up on things. In terms of gathering data on what children weigh I don't think it's that good a use but certainly in terms of engaging with the children it's good...I think, yes.

**I** Yes, that's a good point...it's come up in some of the other interviews too a few times

**R** But I'm not sure how valuable weighing and measuring is. You know, we know the ones we need to monitor...if you have any experience at all of children you know the ones who are overweight...and the ones who are not growing. If they opt out we'll probably miss them....I mean the overweight ones who don't get measured...they just slip through the net. But as I said early I think following up parents whose kids are overweight should be more proactive....they might not like being told, but then some of them aren't even aware their child has a weight problem and they need to be made aware of it and what the health consequences are for their child and encouraged to do something about it and offered support. Don't you think?

**I** Yes, I understand what you mean, if parents aren't aware of the issue it's unlikely they'll do anything about it spontaneously. Well that's all I wanted to ask you formally about the National Child Measurement Programme....but do you have any other comments or views you feel you want to add?

**R** No, not really...only that thing I was saying about it's a ridiculous thing that they can opt out...and that it's always the overweight ones...or at least invariably...it is. But interestingly, you know, because when they're just in reception class and their parents have recently signed the form to say that they'll accept that their children will be weighed and measured and their hearing will be done...that we don't send anything round again to say can we do it...you know, we just do it....and it should be the same in year 6.

Especially as now these children have already been weighed in reception...so why can't we just go ahead and do it in year 6 without having to ask for consent. That's my biggest thing really.

**I** Okay. Well moving on to the role of school nurses in tackling obesity in school settings...two threads really, both prevention and also where children have got weight issues....thinking about both of those things, in an ideal world how do you see a school nurse's role?

**R** Well...it would be good if we could go into people's kitchens and pack their children's lunchboxes for them...but we can't! So I guess in PSHE it would be good to have more time working more closely with the schools and having time to educate children from and early age. I mean we have healthy schools around here which is good. But I mean really, I guess a good proportion of our time should be spent educating the parents which is...you know, when you see what these kids scraps get in their lunchboxes...my hair doesn't curl...it goes straight.

**I** Yes, I can imagine.

**R** Yes...you know, I was a parent-governor at my daughter's school for a while....and I was the PSHE governor and I was interested in diet and nutrition and I did a bit of research on what these children were having in their lunchboxes....120 children and only one had wholemeal bread....and it was really quite awful what these kids were expected to eat...and some of these little scraps had things that you wouldn't give to a builder!....just so much food crammed in. So I would start off in reception teaching about healthy eating...and I think the school dinners could be better although I think there's somebody working on that.

**I** Do the schools ask you for your input around healthy weight education or initiatives?

**R** Yes, sometimes...and we always offer....but it's the parents that are the problem. You know, children are very open to change in spite of what parents tell you. You know, the children make vegetable soup in one school reception class and year 1...with every known vegetable and they wolf it down quite happily....but the parents would have you

believe that won't eat anything apart from chicken nuggets. So how you do that...educating parents...I don't know...but that's where it's got to start.

**I** And in terms of training around weight management and healthy weight...do the PCT offer any training or update sessions or is there any other training you can tap in to?

**R** Well we all do some training...sort of.

**I** Is that through the PCT...can you tell me a bit more about that

**R** We had some training with a paediatrician and dietician...they gave a bit of background but it was a long time ago...I can't actually remember when it was. It wasn't really about healthy weight...actually I can't remember much about it now....it was more awareness raising I think, around referral mostly...I'm having a senior moment, I can't actually remember now.

**I** Don't worry. But in terms of referral, is there an established care pathway that you use if you were advising a parent or is it based on your own knowledge of dieticians and GPs and anything else on offer in the community?

**R** Well, we just write a referral letter usually...does that answer the question? If we have any grave concerns, there's a nurse at one of the local clinics and we can refer to her. Otherwise we refer to the dietician and paediatric dietician. But we would monitor for a while before doing that. But there's no care pathway....we've been asking for one for ages, but nothing ever happens. I think it's important to have one so that we are basing our decisions on evidence and giving parents a consistent response if they need help

**I** What about locally....I'm not so familiar with this side of the county but are there and community based weight management programmes....MEND for example?

**R** There was a *fat club* as they called it and I suppose that's still going. But it's very difficult to refer to something like that....you know, it's like saying to parents your child is overweight...and that's a really sensitive issue. I mean, it shouldn't be as bad as it is, but nobody wants to be told their child is fat do they.

**I** No, it is a difficult subject to broach...and it must act as a barrier to helping those children. Do you think from your experience there are ways of getting round that?

**R** Yes, I think there are but I don't think it's easy. One of my colleagues had a child who was humungous and she tried and tried and tried to liaise with the mother and she saw her so many times...and she referred her to the dieticians and this mother wouldn't take the child to the dietician. And this child was morbidly obese, you know, to the detriment of his health....and in the end she referred to Social Services...and although it's not a Social Services issue there was no choice because she was putting this child's life at risk. I'm digressing...

**I** No that's okay...it's all related to that question of what do you do when you have concerns about a child and where do you refer them and how do you get parents on board....yes, like you say, it's really difficult to get round those issues. And I guess for some children it does come down to being a child protection issue.

**R** Yes, well I think we're all quite sensitive and you do get good at bringing up those issues...but it's still....you know, we all strut about the office going 'right, what am I going to say...should I tell this mum that their child is 10 kilos too heavy'. I think, personally, that we should have a clear protocol about that, but there isn't one. And some we should have training around engaging parents...particularly the hard to reach ones and what's appropriate for different types of families....you know, deprived families and ethnic minorities.

**I** Yes, there can be issues around parents not recognising that their child is too heavy or that it could be a problem

**R** Yes....they often say that it's puppy fat or they are a large family...well, you can imagine...the usual excuses. But even if they accept there's a problem it's flipping hard getting them to do anything about it so you've got to be able to offer support that's appropriate for them.

**I** OK...just going back to training...you mentioned you'd had a session with the dietician at some point...but around things like we were just saying about what to do when you're concerned or how to talk to parents or general updating about childhood obesity ....are you offered an training? And, another question leading on from that...is there any way

that you can feedback your views or address issues around the measurement programme with PCT managers involved in managing the programme?

**R** I haven't got a clue who's meant to be managing it and we certainly don't get asked anything. There's all sorts of training on all sorts of things...mostly mandatory...so it's hard to keep up...but there's nothing really around obesity. I'd really like a training day that covered everything from how you assess children, how you should be referring them...assuming there's anything to refer them to....and things like how you engage parents. Everything really would be good...perhaps as a whole day....other people like the health visitors would probably be interested in that too. But there's nothing like that. We get stuff by email...there's that government thing...Change 4 Life....but again it's finding time to read it all...so you could include that too in a training day.

**I** You mentioned Change 4 Life...how do you perceive that...are your schools doing anything with the resources they were sent?

**R** It seems like a good idea....the schools have got the kit....but to be honest I don't know much about it apart from the leaflets I've seen with tips for parents. And don't know how effective that is anyway, you know just sending a leaflet out. I just think it's really hard to reach out to parents...particularly the ones you want to reach...and the ones living in deprived circumstances...they often have a basinful of issues....they're busy and there are so many issues and so many problems they have to deal with and so much information...and this is just something else on top. But, they've got to be seen to be doing something, the government I mean, and I suppose it will have an impact on some people. It's well presented but I do despair about whether it will get to the people who need it or change their behaviour....I mean that will take a huge amount of work and I doubt you'll get to the ones you want to influence anyway.

**I** Do you mean it's difficult to influence the behaviour of the people you want it to target?

**R** Yes...it'll probably be the ones who know it anyway but not really change anything for the ones that need to make the changes. You know, one of the schools I work for has become such a middle class enclave...lots of arty parents...and they're preaching to the

converted there. But in some of my other school you don't stand much chance of getting them to change...I mean some of these poor souls have got so much on their plates....a healthy diet just isn't a priority and probably never will be.

**I** Yes...you've got a lot of deprivation in your patch, haven't you.

**R** Yes...and so it's a great idea but I doubt it'll be effective...and how do they measure whether it's effective anyway? And it's having time to act on it....there's just not always time or enough of us to do it all

**I** Is that because school nurse staffing levels are inadequate, do you think?

**R** Yes, we're really stretched here. We really have to prioritise the core work, you know, child protection and things and there aren't enough of us to go round. I think it would be good to have like a floating school nurse that could help out when the rest of us are busy....yes, we could do with being better manned. And some parts of Sussex...Seaford I think....are even worse off...I mean I don't know how one nurse is supposed to cope single handed with several schools...it's just ridiculous really.

**I** Yes, staffing it does seem to vary a lot across the county.

**R** You know, I think people think you can do without school nurses but when you see what we do and how we work with children....you know everything we do....and I think the schools where they work well with the school nurse realise how much they rely on them for all sorts of things. But as a service we're understaffed and our work loads are too heavy to let us do everything we'd like to....so things like health promotion that I'd really like to do more of ends up at the bottom of the pile. Quite how they expect us to fit in supporting parents as well when they start to feed back results, I don't know....I doubt they've even given it any thought...they'll probably just assume we can do it at the drop of a hat.

**I** Yes, your whole public health role has grown...it's a huge role these days...I guess you have to prioritise so things like health promotion slip down on the list of priorities...

**R** It's certainly true...especially in the busy schools....we have to let things slide, you know around health promotion, if it's not part of the core work which we're expected to do.

- I** OK well, that's all I want to ask you formally....but do you have any other thoughts or things you'd like to add.
- R** Well, not really...I was looking forward to talking to you because this whole weighing year 6 thing is a bit of a mockery really because it's ...well when you can opt out...it just seems crazy...I mean, do you agree
- I** Well, it's certainly something that a lot of other nurses I've interviewed have commented on....I'm certainly getting that message coming across.
- R** Yes, well I suppose it depends on what they do with the data...we have to do the work but it just goes into the PCT's black hole....I don't really know what happens to it or if any of our schools are worse than others in terms of numbers of kids being overweight ...although I could probably hazard a guess.
- I** Do you mean you aren't given feedback about the data you've collected?
- R** Well only at the forums, but we don't ever get told what the levels are at our individual schools....but I wouldn't put much faith in it anyway because of the overweight ones opting out. I suppose our managers should be feeding back. But, you know, the forms that were going out...they were changed about 6 times and you think these people couldn't organise a...well, you know...but you do think that. So it all goes over my head a bit and I think 'when they actually decide...then I'll take notice'....otherwise I just ignore it....I mean there's all these highly paid people that just can't seem to organise something basic such as writing a form...it's not rocket science....I mean if you know what you've got to put down and you're fairly articulate...well it can't be that difficult! The other thing that concerns me is how we'll be able to fit in advising parents or following them up when the give results to everybody. I don't know when that's going to be....maybe next year, who knows. But we'll need some training and a decent care pathway to support all that....nobody seems to see any urgency though.
- I** OK....well you've raised some really interesting points...thank you for being so open about what you think.
- R** Well I hope it's been useful...I mean school nurses are probably a bit passive....I mean,

when we have meetings with the Health Visitors, they seem quite a vocal lot compared to us.

**I** Really...I've not found that...probably the reverse actually.

**R** Ah well maybe it's the ones who feel strongly that said they'd talk to you.

**I** Yes, that's probably true...but I had a good response actually and picked a sample from the replies I had.

**R** So are the same sort of things coming up?

**I** Well I haven't analysed all the interviews yet and I've still got a few more to do...but, yes, the same sorts of points are coming up....you know, things like access to training, lack of a care pathway and the difficulty of engaging parents when there's a weight issue with a child...and the things around it not being organised very well this year in terms of the letters and when the measurements were meant to be done.

**R** So what will you do with the results when you've finished?

**I** Well I need to analyse and write up the research but then I intend to feedback the key findings along with some recommendations to the people in the PCT who are responsible for the measurement programme and obesity strategy and commissioning. And I'll also circulate a summary to all the school nurses who I've interviewed.

**R** Yes, I'd really like to see that

**I** Well thank you for finding the time...like I said you've made some really interesting points.

**R** That's OK....it's been good to get it off my chest.....and nice that somebody has finally taken the trouble to ask us what we think and what it's like down here on the ground for a change....perhaps you could say that in your summary.

- I. I'm recording the interview if that's okay with you. It means we can sit and talk without me trying to scribble down everything. I've got a sort of script I'm following. It's because I'm interviewing quite a few school nurses across the county and want to ask things consistently, but it's very informal. I've lots of informal chats with school nurses over the past few years....my background is in Health Promotion at the PCT....so quite often if nurses have popped in for resources or whatever, we've talked about the National Child Measurement Programme. So I've got a flavour of what their views are about it, but the PCT doesn't seem to have formally asked for their views about the programme or how things are working in practice. So I'm doing this research as part of my Masters in weight management to find out more formally what school nurses' views of the National Child Measurement Programme and also their views about tackling obesity in school settings. As I said I'm recording this, but everything we talk about will be treated as confidential and when I write it up, all of the data will have been anonymised so it won't be possible to identify any of the individual school nurses I've interviewed. So, I hope you'll feel free to say what you think.
- R. Don't worry....I will!
- I. That's good....but if there are any questions you'd rather not answer then just say so. Okay, well, that's a bit about why I'm doing the research...but what about you...tell me a bit about yourself...how long have you been a school nurse for?
- R. Well, for this Trust, 15 years. I previously worked in Worthing when it was skill mix and you were sort of school mix for Health Visiting. Then I worked in Brighton and had a gap before coming here. I'm a clinical lead and I'm quite interested in the obesity side.
- I. Yes, so you're band 7....and I think you'd mentioned on the phone last week that you were on the PCT's Obesity Steering Committee?
- R. Yes, the Obesity Strategy Group actually...and I've also got this very situation of what we're doing in our schools. Because the proportion of obese children rises between reception and

year six, and I brought that up at the last meeting and said surely we should be looking at what's going on between reception and year six. I'm not talking about overweight because children are coming into puberty in year six, I'm talking about obesity. There's obviously something going on in those in between years that needs to be addressed in between reception and year six around health promotion.

Anyway, so there's a sub-group from that strategy group – that's myself, another clinical lead, Paul Aagaard and Stuart Ramsbottom. Anyway, we are having a meeting to see what's out there and specifically the Change 4 Life Programme because I've looked at it in great detail on the internet and sent off for a pack as a parent...I changed my children's ages to get it. So I got the pack to see what it was like. Parents can get a good pack and I've also got the stuff we get for professionals. I've also done a survey around the schools...or rather got the school nurses to do a survey in their schools....as to whether they've got the packs which were meant to go out to all schools. So the school nurses have been asking whether the schools have got the packs and what they have been doing with them....how are they using them.

- I. Yes, that's something I wanted to talk about – it's interesting you are asking that question about how Change 4 Life is being used, because I've been asking about Change 4 Life in schools when I've been doing the interviews.
- R. Well, yes, we've got Change 4 Life and there's no point reinventing the wheel...and if we've have the materials it's good and it's a community thing and includes the Leisure Centres and some of the courses they are doing for weight loss for adults. So it's a community programme which is what it should be about. It's not just about what school nurses can do it's about what we can do as a community.
- I. Yes, I completely agree...it's about working in partnership and bringing things together and properly coordinating the approach.
- R. Yes, up until now there hasn't been the joined up thinking of providing services...and the same with parenting....you see it's not just school nurses setting everything up and being all-singing, all-dancing...it's just not possible, it's too big for one service to do it....you've got to work together.

- I. That sounds really promising in terms of future strategic approaches.
- R. I do wish they wouldn't call it the obesity strategy though...I wish they'd call it the Healthy Weight strategy....it would create less consternation with parents if it wasn't referred to as the Obesity Strategy but was talked about in more positive terms as healthy weight.
- I. Yes, that's a good point....do you mean something parents perhaps would understand better?
- R. Yes and it would also address those children who are underweight too.
- I. So the survey you did around Change 4 Life resources....what have you found from the school nurses you've asked? I've been getting the impression that some schools either haven't received the resources or aren't using them....or they've got buried somewhere and are sitting lurking under other things.
- R. Well I've asked for them for school nurses but as a cross-trust service provision, it's not happening. I've asked nurses to ask the schools what's happening. Some schools are saying "oh no, we haven't had a pack". But then there was another nurse who went rummaging and the boxes were there under a pile of stuff, gathering dust. Some schools have put up the posters and distributed the leaflets but that's all. Other schools have used it as part of the healthy schools programme....you know a lot of schools are doing things around nutrition and lunch boxes and so on. But I would say in the vast majority of cases it's not really being used probably as well as it could be used or as it was intended to be used. What I've been asking isn't a comprehensive survey...it's been down to the whim of the nurses as to whether they ask the schools or not....so what I'm telling you is not a formal review but it does raise some issues about how the resources are being used.
- I. The obesity subgroup...does the subgroup represent itself at the school nurse forums?
- R. Well I go to the School Nurse Forums and so does the other clinical lead and we go to virtually all these meetings it would seem. The very first subgroup meeting is only just about to start. Paul Aagaard who is on the subgroup has been to the forums to talk about his work....school food. So whatever we get from the first meeting that is appropriate will be taken back to the school nurse forums. It all depends what come from the meeting. Come September there'll be a whole review of the school nurse service and looking at what is core,

what's enhanced and the rest. It's quite prescriptive and it will help us look at how we resource the service and whether we've got sufficient resources...which we know we haven't. Unfortunately things like health promotion will inevitably come at the bottom. So unfortunately when something's got to give...like if we suddenly have to do a mass immunisation for swine flu...we haven't got time....we have to do the child protection and the core work and that's prioritised....so health promotion doesn't come high up in the priorities which is disappointing....especially as several of us have been doing the PSHE course which is very much about health promotion and health education and it was a lot of work that course. Yes, it will be part of our service but not with the priority other things get.

- I. Yes, that is a shame. But then school nurses seem to have such a huge public health role now.
- R. Absolutely. But regards the obesity strategy...because it's so government driven, hopefully it will give us, whatever plan of work we have, some scope to do something and it will be looked at favourably, one hopes. As far as doing the measurements goes, it's not the school nurses that are doing the measuring, it's the nursery nurses and staff nurses, not the school nurses that do it. But what the staff nurse can do is to talk to the children before we do the heights and weights...we go in and talk to them about healthy eating. So whether something can be incorporated into that, I don't know. But the trouble is they're in year 6 by then and you're shutting the door after the horse has bolted.
- I. Yes, they may already have a problem and have slipped through the net do you mean?
- R. Yes it's about what we should be doing earlier, after reception. You know, between reception and year 6....years 2, 3, 4 and 5....that's where the work has got to be done. Now whether we can put together a plan and it can be given to schools to do, because teachers could deliver that as part of PSHE, rather than just leaving it to the poor old nurses.
- I. Yes, that point about involving teachers has been mentioned by some of the other nurses I've interviewed...and the whole issue of tackling obesity in partnership....
- R. Yes, well PSHE will become statutory as part of the curriculum.
- I. Okay, well perhaps we could come back to some of those points in a minute.

- R. Just stop me if I waffle on, but it's good to discuss this.
- I. No it's great. One of the comments I get over and over and over again is that "people don't ask us what we think".
- R. I think most of us, probably all of us, recognise that something needs to be done and the importance of it. So it's not the strategy as such that's the problem it's how it's delivered....that we are concerned about. And what I don't understand is, for data collection right, and statistical records I think it's a bit skewed. Because in reception we weigh and measure in the term they are 5 and I think we should weigh the year 6s in the term when they are going to be 11....but we don't, we just do it once a year. At the moment there's a bit of argy-bargy going on about whether we should measure in the summer or the spring term....we are pushing for the spring term. But to my mind that is not really giving an accurate comparison between reception and year 6...but the people who do the statistics say they can adjust for that....so there you go.
- I. In terms of the National Child Measurement Programme, the PCT as you know have guidelines they are supposed to adhere to. You said that you have nursery nurses to do the weighing?
- R. Well, that is the plan...some areas have nursery nurses but the plan is that every single Local Partnership for Children will have a school nurse, staff nurse and nursery nurse and admin. That's not in place yet but hopefully by September that will be in place across the county...certainly in this side of the county. That means the nursery nurses will do the measuring but the school nurses will go in and do the talks. That's good because the school nurses seem to be saying that it's not appropriate for them to be going in to do the heights and weights. I'm actually a clinical lead and a practice educator so I still have a small case load...but only about 5 schools and no secondary. But in this LPC there are 13 schools and we try to work corporately so although there's a named nurse for each school we try to work as a team with a corporate caseload and our caseload from September will be about 23 schools and we'll work that caseload as a team.
- I. That sounds a more effective way of working.

- R. Yes, well it makes better provision for if somebody is off sick or if somebody is a bit overloaded then you can share it out.
- I. So, at the moment I gather than measurements are being done in the summer term...what are your thoughts about that.
- R. Yes, at the moment it is but the schools and the schools nurses would like it to be done in the spring term. I know the programme when it was set up said it should be the summer term but it's not written in stone. Our reasoning to do it in the spring term is that it's bang slap in the middle, there's less going on that term and also in terms of data collect, at the moment Child Protection have just a 6 week period to get the results in and send the letters back out to parents with the weights...and then there's the long summer holiday when the schools nurses are on holiday and not around to get the letters out. And the summer terms when they have school trips, sports days, end of year things...so we feel that March is an ideal time and gives Child Health plenty of time too.
- I. What about organising things like sending letters out....that seems to be the responsibility of the school nurses now whereas a year or so ago it was Health Promotion that handled that.
- R. Well we give a copy of the letter to schools who photocopy it and they send it out for us.
- I. And do you get much response to that letter going out from parents?
- R. Well it depends on the area I think. Up here we usually have a favourable response and only get one or two refusals. We have a few who opt out...you could probably look at the list and guess that the ones who opt out are the ones with the problems.
- I. Yes, that seems to be a common perception...I mean, the ones who are opted out are the children with a weight issues.
- R. Yes.....it has created issues. It is a sensitive area, particularly year 6 children. When we do reception children, if I have any concerns about a child's weight, I will always phone the parents to discuss it. It's sensitive and some parents are upset by it. But I always phone and discuss it explain why we are doing the weighing and make sure they are on board. Most of them are OK with that but others don't really like you phoning. You know they'll say "oh if you focus on weight they will become anorexic" or others will say "oh well her dad's overweight

and so am I but we are alright”.

- I. Yes, it's quite often a family issue and I guess it's understandable why parents might not like you phoning about a weight issue in their child.
- R. Yes, but generally speaking, parents are OK with it...particularly as it's not an area of deprivation
- I. What about the year 6 children....what would you do if you were concerned about a child's weight....would you take the same approach as you do with the reception aged children?
- R. We're not supposed to, are we. With the data collection it is purely that....it's not a screening....so we are not supposed to act on it. But obviously as school nurses we've got our antennae out about all sorts of things. But you do have to be careful how you go about that because the letter that goes out explains it's all confidential and just data collection only and not screening. But a lot of those children where there might be an issue, there's a strong possibility that we are already involved with them already....not always....but sometimes...but we do have to be careful.
- I. What about preparing the children. You mentioned that the school nurses normally give a talk to the children before doing the measurements – what's the flavour of it?
- R. Well the letter that goes home does seem to create some anxieties. I think we're probably all doing something slightly different and because of the time factor it probably is literally just 5 minutes of talking to them. When I go in the first thing I do is to explain it's happening all over the county and they are not being singled out and that seems to relax them a bit. And then I just talk in general and try to get them to ask questions and tell me. You know, I ask them “ why do you think we are doing this?” and I get them to tell me and then we talk about the trends and how things have changed and I ask them why do they think that it might be a problem. So I try to get them to think a bit....rather than me just telling them.
- I. Yes, that sounds like a good approach
- R. Yes, and then I ask what we can do about it and how can we avoid it. But I also say that around puberty there might be a bit of a tendency to naturally put on a bit of weight but that it evens out. And of course I explain that everyone is different and I go into the confidentiality

things about not sharing results and information and not comparing because it's not just about weight it's height as well. They want to know but I tell them their parents will be told....and then they don't have the chance to compare.

- I. In terms of measuring do you have designated areas within your schools...or where do nurses actually do the measuring.
- R. It varies from school to school. We try to do it so we can't be seen so where we do it, others are waiting somewhere else so they can't see what's happening. Sometimes we'll have a room and usually there's 2 of us doing it...one measuring, one writing down...and we try to do 2 or 3 schools in one day....so it's quite a rapid turnaround. We sometimes have a room, which is ideal, but sometimes we just have to make do with a hall or whatever is available on the day....which isn't always ideal. And then we measure them class by class.
- I. And what about children who are not there on the day?
- R. Well we've been told if they're not there, they're not there and that's it. We had previously been going back but now they've said not to and that that sort of thing will be factored in to the statistics.
- I. Do you get help from the school in terms of bringing children along to you to be measured?
- R. Not really, although it varies with which school you're at....we generally have to do the herding which can be a bit of nightmare.....it would help if there was somebody, ideally from the school, who the children know, who would help with bringing and taking the children back to their classes.....and doing a bit of crowd control if we've got them lined up in a corridor or whatever.
- I. And do you write the results down?....or do you have a laptop or programme to help you collect the data?
- R. We wish....we'd love laptops!! No we write it onto a sheet and we keep one copy to refer to and the top copy goes to Child Health.
- I. And in terms of feeding back results, at the moment parents can request their child's results but in future it's proposed that all results will be fed back to parents by letter. What do you feel about feeding back results ...and how it should be done?

- R. It's the mechanics of it...and what we are concerned about is the content of the letter. I don't know if you've seen the proposed letter?
- I. I've seen a draft of it.
- R. Yes, well some parents are going to look at that a go "eh, what?" and put it in the bin. Others will unpick it and be questioning things. We thought a different letter would be better....but I understand they have got to give parents the information...and then what parents do with it is up to them. But we will have fulfilled our responsibility.
- I. But in general, do you think feeding back results is a good thing?
- R. If you think about it, by providing feedback is a way of involving parents. I think sometimes the reason they get upset or anti, is because they don't know what's going on and don't feel involved or have no say. So I think it's so important in our job to involve parents as much as possible. The problem with the letter is the mechanics of getting it out and how that will be achieved...whose responsibility will that be?
- I. In terms of feedback, the draft letter suggests parents can contact a health professional and school nurses would obviously be fairly front line in that. Do you think that's something that's reasonable to expect nurses to take on especially as time and workloads are so tight?
- R. Personally I think it's part of our responsibility. Our responsibility is the health of children in schools and that's part of it. The vast majority of parents won't have a concern...but for those who do it's important to have a point where they can get information. It seems obvious it's us...because if it's not the school nurse who will it be. Would they set up some sort of call centre with somebody answering questions or what? I don't know what the alternative would be. And if we're the named nurse for that school then chances are we already know that child. It seems to me we are the obvious people...and it's part of our role.
- I. Well, that's all I want to ask you about the National Child Measurement Programme, unless there's anything else you want to add?
- R. No, I don't think so.

- I. Moving on to tackling obesity in school settings...both in terms of prevention and when there are weight issues for children. I appreciate what you said earlier about having to prioritise and that things like health promotion and health education often end up at the bottom of the pile....but in an ideal world, how do you see a school nurse's role.
- R. How we could be involved....well, there is a programme, I've forgotten what it's called...the one they run in Brighton for the families...
- I. The MEND programme?
- R. That's the one. It's only in Brighton at the moment. It's a huge commitment for families as they have to go to Brighton. Now again, this is just an opinion, but it's a shame that we can't introduce those programmes more locally and perhaps, probably in each school it would be too much, but perhaps if there was a school where figures indicated that was a problem....especially in the bigger schools. I'm thinking on my feet....but perhaps that's something that school nurses could get involved in running in the community for the schools, so there is something local that we can signpost to. I'm not sure if it would work actually in the schools though.
- I. Some of the nurses I've spoken to have mentioned drop in sessions where parents can discuss concerns or ask for advice.
- R. Well we have that anyway, but it's for anything....we have sessions for older children and for parents and teachers....not all schools take it up mind you. I don't know how we could do anything around obesity, healthy eating in schools though...unless it was part of the healthy schools programme....and bearing in mind our capacity.....there's the idea world and the real world. But to my mind it's something like MEND that's in the locality and is accessible rather than having to traipse to Brighton.
- I. Yes, in some areas MEND is available in the local community, including leisure centres which are familiar with people.
- R. Yes, you see that's something the leisure centres could do more of. They have things for adults but they should have programmes for children. But it's something the PCT and council have to do....and that means working in partnership which isn't really happening to the extent

it should be. Like I was saying, with Change 4 Life....it's a community thing and we should all be getting involved....I really think that's the only way. Anyway, I think Change 4 Life and MEND together...combined...in the community where the school nurse can get involved. But I can't see us being able to do anything in the schools individually...other than one-to-one support for parents and children....because school nurses just don't have the capacity to take it all on. And, you see, sometimes children are on board but sometimes the parents don't want to know. If you can't get the parents on board it's a struggle for these children until they are older and can make their own choices and decisions. Parents need to see the impact of their children being really overweight....they can't manage PE, they do get teased and bullied and sweaty and smelly....and it's just getting that message home without offending. Finding a way to engage parents and acknowledge the problem and signpost them to the appropriate support.

- I. You were talking about the referring children and having things to refer to like MEND. Do the PCT provide clear referral pathways for what to do when a child has a weight issue.
- R. Right, referral pathways...not as such. Our criteria when we assess height and weight....you know there's a wide normal range. If they fall in the shaded area or if there's more than 2 centiles between height and weight either way, then we have to monitor them and we need at least 3 measurements to get an idea. If a child suddenly crosses a centile up or down, then we have to action that and if it's out of the shaded area we have to refer. At one time we would have referred to the school doctor but they don't exist any more....they're a prehistoric breed....so we can refer to the GP or dietician and it's usually the dietician. The other ones we can sort of monitor and support....so we talk to the parents and find out what's going on, the sort of exercise and diet they're getting....and just support them through that. And then if, having done that support and monitoring them there isn't a change then we can refer on. But, I do find that a lot of the children I monitor as they go through primary it does balance out and of course you have to be realistic...you've got to look at the family. There's this equation that we can do to look at the child's potential centile range so as long as they are falling within that, then they are in their normal range...so, we've got that as well.

- I. What about training. I know that as a school nurse you are highly trained. But do you feel there is a need for training around healthy weight and weight management and things like engaging parents?
- R. Yes, well we get very little training offered around weight management and obesity and all that. I think there's a real need for sessions that help raise awareness about weight management and, you know, perhaps how to catch....you know, engage...the parents that don't think their child's weight is an issue. And also about what alternatives there are. We did have someone from MEND come and talk to us but we generally rely on our own knowledge. But I suppose the problem is that there isn't anything else on offer at the moment and the services currently aren't joined up. I know in Brighton the PCT commissions a weight management advice line that helps to signpost people and they have a proper directory of obesity services. That would be really good for the rest of the county but it's not happening here yet. I think for some school nurses, perhaps the ones on lower bands there should also be regular update opportunities around BMI and weight management in childhood and where they can sign post people to. But, you know, it really comes down to joining everything up across the county and having somebody leading who knows what they're doing and who can coordinate training and influence commissioning. Without that nothing is really going to get any better. Don't you agree
- I. Yes, I do. And certainly from what other school nurses have been saying, trying to tackle the problem without that joined up approach is unlikely to bring about much change.
- R. Yes, it's got to be everybody...us, the schools and teachers, the councils, the PCT in terms of services and health promotion. A coordinated and joined up approach...like I said, it's not just the responsibility of school nurses.
- I. Yes, that's really important isn't it. Well you've made some really interesting comments and I think that's all I want to ask you. But is there anything else you want to add or feel we haven't talked about in enough depth?
- R. No, I think I've said it all

- I. You've probably gathered from the information I sent you that I am doing this as part of a Masters degree in weight management. My background is in nutrition and health promotion. I'm recording the interview so I get an accurate record of what we talk about and to allow us to be able to chat freely without me writing notes. But everything we discuss will be treated as confidential information and only myself and my supervisor will have access to the taped interviews. The transcripts will be anonymised so that none of the people I interview can be identified from what they say. So please feel free to be open and say what you really think. And if there are any questions you'd rather not answer that's fine. Okay, well I'm using a script for asking questions because I'm interviewing a lot of different people and want to ask consistent questions, but the interview will be very informal and allow us to chat freely around things and give us the chance to talk about any particular issues or views you have in more in depth if we need to. So, what I want to do today is find out about your experiences and views around the National Child Measurement Programme and your views about the role of school nurses in tackling obesity in school settings. I've had lots of informal chats about the programme with school nurses in my Health Promotion days and have got a feel for what their views are, but they don't appear to have been asked by the PCT on a formal basis about their views. So that's what I'm interested in finding out on a more formal basis and to hear what people are saying and what their experience is.
- R. Well it's been the bane of my life for the last 6 weeks!
- I. Well, that's good because it will be fresh in your mind. OK, well I've told you a bit about myself and why I'm doing this research. So perhaps you could tell me a bit about yourself....how long have you been a school nurse for and what schools do you cover?
- R. Well I'm a band 5 staff nurse, so it's a developing role but a fairly new role. I've been in post just over 18 months so it's my second year of doing the BMIs.
- I. And how many schools are you responsible for?
- R. I've got five small schools but there are 18 primary schools in our area...and because I'm band 5, I help the other school nurses to do a lot of their screening. With the BMIs, I've been helping out the nurses in another patch as well...mostly because there's a lot of children and we're short

staffed at the moment. And it's friendlier and easier if there are two of us doing it, so I've paired up with another band 5 and sometimes there's another band 6.

I. OK, so there's usually two or three of you doing the measurements between you in those 18 schools, but you also do a bit to help out the nurses in the other patches as well?

R. Yes

I. OK...well what sort of number of children is that in terms of measuring?

R. Oh...no idea...but a lot...hundreds...because there's a few larger schools. A lot of my time gets taken up in child protection, core groups, support meetings, following up things...and I do a bit of PSHE but there's not much time for that. I mean, the service is now becoming a core service and LPCs are having to pay for extra services....that's changing. I do school drop ins as well where children can come and have a chat with us.

I. And is that where children come alone or with their parents?

R. Yes, children come alone but we also have a drop in after school where parents can come with their children and talk about anything really. We try to offer that half termly and it seems to work really well...the LPC requested it....it takes a couple of terms for parents to start utilising it but it seems quite beneficial. When we've done it in schools we seem to get quite a lot more parents phoning us up and asking questions and they seem more aware of our services and of our existence. You know, parents are very aware of the Health Visitors but when their children start school they don't tend to think of us as a resource or for support.

I. So do you feel you have time to do everything your workload expects of you?

R. It's quite tight and obviously towards the end of term when you've had to cancel things for child protection and core groups it obviously means we have to juggle and we say "I've got this measuring left to do can someone help out". It can be a bit mad particularly at the end of term when parents are in a bit of a flap about the holidays and teachers might be worried about kids not meeting their targets so they might be getting us in to do hearing checks and general checks and we are getting referrals off left right and centre....it's very busy.

I. Well, you've given me a good idea of how things are for you in terms of the way you work. So moving on to the National Child Measurement Programme, if I could ask you about that now?

R. I think it's a very good idea in theory, but in practice I'm not so sure. I don't think parents really embrace or understand it and a lot of them aren't aware of what it's trying to do or about the issue of weight in their children being a potential problem for that matter. That Change 4 Life

thing seems quite a good idea and there was a lot of publicity to begin with. The leaflets got sent home but then when we asked schools what else they'd done they didn't seem to have done much. They said things like ' we put up a couple of posters and sent out the leaflets' but they didn't take on the fact that they could have done sessions on it or that's it's ongoing. National Healthy schools week that we had last week helps raise awareness a bit too...especially for parents....like some of the schools had a healthy lunchbox session....but then when I go and look in the lunch boxes they've still got crisps and fizzy drinks. Anyway, the measurement programme seems a good idea....I mean it gives a chance to measure these children... but in a practical way at schools I think we're missing opportunities to do something about it...you know in terms of preventing obesity and helping the kids who are stuck with the problem. When we're doing the measurements with reception children, parents know what we are looking at and they are more used to having their children weighed regularly because that's what the health visitors have done. But by the time we are doing the children in year 6 I think it's too late.

- I. Yes, some of the other people I've interviewed have made that point.
- R. Yes, and obviously we get a lot of children with weight problems opting out...and children can be quite upset and tense about it as they are at an age where they are more aware of their shape and size. We are doing the measurements in the last term of year 6 where they about to go up to secondary school too and personally I think it's the wrong time....we should be doing it much earlier. We should also be doing it at the beginning of the school year because if we are picking up children with problems there's more chance to do something...like talking to parents or signposting them.....like we could say would you like some advice or would you like to see the dietitian. Mind you, we haven't got any resources to use for signposting parents to....so if there's a problem or parents want support we're pretty limited in terms of what we can suggest. And, you know, by year 7 when they go to secondary school parents have less control over what their kids eat and do. And I think the relationship between school nurse, child and parents deteriorates....they're engaging less with us and it's not as informal. So, yes, I think the measuring should be done when they're a lot younger....and in terms of timing at the beginning of the school year if we have to do it in year 6.
- I. Okay, you've made a lot interesting points there and perhaps we could come back and talk about some of those in a bit. So, you're probably aware that PCTs have to follow DOH guidelines in terms of how they deliver the NCMP programme and undertake the measurements and so on.

- You've said that you currently do the measuring in term 6 in your schools - presumably that's the case for all schools in this patch?
- R. That's something we question. The measuring itself is such a huge piece of work. We measure hundreds of children – one day we had 250 in a day in 4 schools – and there are lot of schools. Much as we'd like to follow up children who look like they might have a problem, we simply don't have the time to.
- I. So if we could talk a bit about how things are organised before you do the measuring. Things like sending out letters and so on – who's that down to?
- R. It's something we have to do. We get lists with all the children in year 6 for the schools. We then have to send the schools letters and leaflets to send to the parents and they get them back in. Then we have to find time in term 6 and fit in with the schools about going in to measure – it's a busy term with kids about to move on and outings and sports days and assessments etc. It's taken up a lot of time in this patch. And sometimes you turn up to do the measurements and the school turns rounds and says 'oh, we've forgotten to send the letters out' which wastes a lot of our time because we have to go back another day....or they say 'can you wait until after the end of the next lesson' which also means we spend more time than we have to. I try to talk to each class before I do it but I know other nurses have done whole days around healthy eating and body image and stuff. But this year I haven't had time to do anything – there's just too much else to do.
- I. In terms of training. Does the PCT provide any training or update sessions around the measurement programme? Or do you ever get asked for your opinion about whether there are any issues?
- R. Not really....not real training as such. We were asked when we thought it would be good to do the measurements and it was decided that we'd do it in term 3-4 which seemed sensible. But that was overruled by managers after we'd got everything booked in....and we had to rearrange everything. They held a couple of workshops but they don't really give any guidance about weighing and measuring or how we could support children and parents. I think they're having a couple of fat clubs and I think parents will get results automatically after this year.
- I. Yes that's what's proposed for the future – that parents will be written to with their child's results rather than having to request them.
- R. Yes I saw a highly informative 3 page letter but half the parents won't be able to understand

it...and they are the parents whose kids are probably the ones who need help.

I. In terms of training then, do you think the training is adequate

R. Possibly as weight is something we do generally. It depends though – colleagues who are new might not understand BMI and the implications – so I think there should be training offered at least annually so everybody is doing things consistently and knows all the basics. And they should feedback about the results as well and keep us in the loop.

I. Sure. So you're responsible for making sure parents get the initial letter via schools. Do get a lot of queries from parents as a result of those letters?

R. No...we have parents who opt out....sometimes it's because they don't want their child to be a statistic. We've probably had some asking for results....around 2% I suppose....but I think they'll only get measurements if they ask which isn't at all useful.

I. What about the children – do you prepare the children in any way before you go in to do the measurements?

R. Well, they get the leaflet. In an ideal world they'd get it as part of PSHE. Last year I went in and did a session around healthy eating before I did the measuring. But I think year 6 children need more on body image. It's not always easy to get around to the schools because of the sheer numbers....and this year I just didn't have the time...I felt bad about that because children should be told why they are being measured. I do ask children not to share their measurements if they happen to see them, but they do see what they weigh because of the scales we have to use. They just seem interested in their weight...but some children who are more developed are going to weigh more than those who aren't as well developed. I mean, for some of them it's embarrassing. But we do try and explain what it is and why we're measuring them and that we're not trying to single out people. A couple of schools do try to link us going in with sessions on healthy eating or one school had a weighing and measuring day and the National Child Measurement Programme was used as part of that as a way of recording measurements....but generally my schools don't seem to do anything much.

I. What about equipment....you mentioned that the children can see what they weigh.

R. We have some big heavy scales which were provided by the PCT but they are difficult to drag around. I've also got some electronic scales which I use as the big scales are so awkward and cumbersome. So I use both. The electronic scales are good though, particularly as they are more portable and we ended weighing some of the kids by the swimming pool and all sorts of places

this year.

I. You mentioned you help each other out with measuring children - is it always the case you measure in pairs?

R. No....we just decided to do it as it helps each other out and makes it easier and it's less intimidating for the children. It's easier to organise with 2 of us and we can chat with the children....you know, one of us can find them on the list while the other one is asking them about their next school and things. It doesn't take long that way and we can tell them that there will be a school nurse at their next school so it's a bit of a promotion thing for what we can help with. It's much harder when there's only one of you....it's harder to keep the flow of children going and keep the results covered and write things down.

I. You mentioned that you ended up doing measurements by a swimming pool at one school but generally, where do you normally do the measurements...do you have an allocated area?

R. Well it depends on the school really...and several times schools have forgotten we're going in and haven't got any spare rooms free. But we do it in all sorts of places...by swimming pools, in cloakrooms, outside toilets...especially larger schools we are getting through 90 odd kids....so we're getting them out a class at a time and lining them up just so we can get through them. Invariably they line up in corridors and we get them in one at a time. The other difficulty is that the lists we get sent are sometimes by date of birth order and sometimes alphabetical....so we have to try and find the child on the list which slows us down. It would be easier in alphabetical order, really...it's little things like that that make quite a big difference to us in terms of being organised and the amount of time it takes at each school.

I. Yes, I can understand that...it sounds like you have to be very flexible but do you manage to do the measurements in a way that is private and respects children's confidentiality?

R. Yes, we try to make sure nobody can see or hear things....we make sure they're away from other children when they're being weighed.

I. OK...and you mentioned that for some children it might be embarrassing... how do children generally respond to being measured?

R. Quite often you get girls coming in saying things like "I don't want it done I'm really fat". Sometimes we get children who are clearly quite nervous and anxious about their weight. We've had quite a few boys this year coming in saying they know they're really overweight. Actually, this year we've had some children who were really quite distressed and we've spent time going

through the centile chart with them to show them that actually they're about right for their height and try to explain to them that it's not just about weight. Or we'll talk to them about eating healthily and exercising and spend a bit of time explaining that. There was one school where children were very psyched up about it all and we've actually arranged to go back in and give a session and chat about healthy eating and things.

I. So, if you were concerned that a child was overweight.... as well as reassuring the child if they were worried, would you take any other action?

R. We haven't had it so much this year....haven't seen many children where we've thought there's a real problem. With one child we did speak to the class teacher and they said the child was already seeing a dietitian regularly. But what seems to happen is the children with the weight problems seem to be the ones who opt out...you know, we know there are some children in classes with weight problems...and, hey, they are the ones who opt out. There have been children we've seen who are overweight but then there's nothing much we can do apart from refer them to the dietician....there's not much else in place that we can refer them to. I mean, there's a lot of thought that they should have been picked up earlier. I mean basically we're weighing children in reception and then not again until year 6 and it's too late by then. Occasionally we monitor children if there's seen to be a problem but the ones who are a bit overweight and not really obese slip through the net. And if you look at levels of obesity in reception and then in year 6, there's a lot more in year 6 so something is happening in between...they don't just suddenly get fat in year 6...at least not the majority. But basically we're not in schools enough and we're spread too thin so teachers can't say to us "there's a problem what can you do about it". So we're not picking up and doing something about the children with problems. I think next year if parents do get results it might be better. But what about the ones who opt out...what about them? I have referred children to the dietician after talking to the mum...and there are some we regularly weigh and measure. But I don't know, we have this conversation between ourselves and say "well what should we be doing" and there's nothing apart from the dietitian that we can refer to. And because we're going in and doing the measurements but the parents perceive it to be a government exercise, if they haven't requested the result then we can't do much. Hopefully next year things will be better and we'll be able to do more and have more resources.

I. OK...well you've made some interesting comments there....especially what you were saying

about doing nothing in terms of monitoring weights between reception and year 6 or giving support to children with weight issues. And you said that you thought feeding back results will be good. Do you mean in terms of having more opportunity to signpost and support parents who want to do something about a weight issues and so on?

R. Yes it'll be easier but we'll need to be able to signpost them to *something*.

I. Yes, perhaps we can come back to that in a minute. So, just going back a bit....how do you record the data when you do the measuring – is it a case of writing it down or do you use a laptop?

R. Yes, we write it down and send it to Child Health who do all the uploading. Laptops?...come on, you must be kidding....we've only got one computer between the three of us as it is....we'd be delighted to be offered a laptop though....and it would make recording measurements easier.

I. Yes, I bet you would be delighted! You also mentioned about children opting out...or rather being opted out by parents and said you thought that they were probably the ones who were overweight?

R. On the forms we get we record if the child has been opted out or we write the child ops out on the day. We don't know why for sure. But this year we haven't had many who've opted out I don't think. There's no way of saying why they opt out – a couple have probably misunderstood the letter and others might already be being monitored and don't want any more....and then there are those who have the overweight kids who probably know there's a problem but don't want to be singled out.

I. Yes....so probably a variety of reasons but you don't always know for sure. So in terms of doing the measuring....do you think it's a good use of school nurses time?

R. Well it does, it take a lot of time. The way it is at the moment it might be better if school nurses used their time to do more PSHE work around healthy eating and weight and stuff and train other people....perhaps nursery nurses...to do the actual measuring...though I don't know what they'd think about that idea.

You don't really need people who are on a Band 5 or 6 rate to do the measuring...so, yes, I think other staff in the skill mix could do it...perhaps the nursery nurses or just nurses on the bank staff who were trained and could go in to all of the schools once a year. And that could give band 6 staff to perhaps do more around where there is a problem. My thoughts are that it would be good to have sessions here or in schools and have a bit of a road show so parents know where they

can get help....get information about what we are doing and what the results mean and get them explained. The majority of parents probably won't know what the feedback letter means or they'll just put it in the bin. So sessions after school or in the evening would be good to explain things and be an opportunity for more health promotion...I think that would be helpful to explain things further especially when parents start getting results because there will be more awareness.

I. Yes, part of that feedback will encourage parents to contact a health professional such as a school nurse if they have a concern about their child's weight. That's also got a potential impact on school nurses time and resources hasn't it?

R. Yes...well, hopefully the measurements will happen in term 3 or 4 next year, so that we at least have a chance to support or signpost them to help before we potentially lose touch with them when they move schools. Or if they have the results it's a good way to get parents in to seeing there's a problem...and we could recall them once they move on to secondary school or offer to keep an eye on their height and weight

I. OK...well I think that's probably all I want to ask specifically about the National Child Measurement Programme...but do you have any other comments about it or how it's working at grass roots?

R. The main thing and our main issue is when we have to do the measurements. Schools don't want us in term 5 and 6 and it's hard enough fitting in our core work without having to do the measuring stuff as well.

And I also know that there are a lot of children who are sensitive about their weight by the time they reach year 6...and it's leaving it too late to do anything for them by then.

I. Yes, other people have made that same point. Well I'd like to talk about the role of school nurses in tackling obesity in school settings now. Not just in terms of helping children who might have a weight problem already but also in terms of preventative approaches to childhood obesity.

R. Well I think they need to have more skill mix in teams of school nurses. There are certain things that when you're more experienced you can pick up and act on. And if you are more of a presence in schools you get to know the kids better. And making sure that staff....including teachers....have adequate training too is important. Like I said, child protection takes such a huge part of our time so things like screening and health promotion has to get squeezed in...or rather it's squeezed out. The fact that sometimes prevention is better than cure seems to get lost in everything else we have to deliver.

I. Yes, I can understand that...school nurses do seem to have a huge public health role these days. But in an ideal world how would you see the role of school nurses in tackling obesity?

R. Well ideally, making teachers more aware. I don't think teachers are fully aware of tackling obesity. They don't seem aware that they could ask us for help if they think a child has a problem – so teachers need to be more aware to do this. And we miss opportunities....I mean, historically we used to see parents more regularly but don't do that now. As school nurses we need to start doing more....parents generally get less help from health visitors....once children are five, sometimes parents don't see a health professional for years. So like I said earlier, drop in sessions would be good to have more contact particularly where there are issues. I think our contact with parents is so minimal that we need to try and do more in terms of them seeing us as a source of support and advice. I would personally like to do more workshops and sessions and more around health promotion for parents and children. We could potentially get to more parents that way. And it might be good to do some fat clubs actually within school settings. Change 4 Life too....there should be more to keep that rolling and maintain the momentum....and that sort of thing is good because it gets to everybody rather than singling out individual children. One of my schools does a fantastic cookery club and runs a little café that teaches them basic cooking skills and gets the parents into the schools and involves them more. And that gives me a chance to get involved with them and get to know them...and they get to know who I am too.

I. We talked a bit about training earlier and about what's on offer. What sort of training do you think would be useful?

R. Well personally, since starting in role I've only had a couple of hours observing the dieticians and obviously I try to read any literature that comes round. But I haven't had any formal training or regular updates. That seems to be particularly a problem over this side of the county. I think it would be really useful to have update sessions where people like dieticians could give us information about their services and other support we could access. A lot of it is being aware of what we can do when there are problems. I mean, really, we're just not aware of anything apart from the dieticians. And it would be good to have brief intervention training around engaging with parents. I don't even know who's in charge of health promotion anymore or training and stuff and other stuff around obesity in the PCT. There's also issues around how do you get parents to engage in the first place or even recognise there might be an issue with their child's weight.... even if you tell them there is an issue.

- I. And what about referring children...you mentioned the dieticians but does the PCT have a clear referral or care pathway for childhood obesity that you're aware of?
- R. No there's nothing that I'm aware of....we just use our own knowledge of what's out there. That's a problem really....we just rely on what we know so we might not know all the options. But that's a problem the PCT should address....they just don't seem to bother to think that might be useful for people working at the coalface....it's no good telling parents there's a problem and having nothing to offer them or telling them there's a two month wait to see the dietician.
- I. So, do you think whether weight management services for children and families are adequate in your patch?
- R. No, there's pretty well nothing else to offer people apart from the dieticians, at least not as far as I'm aware...even though some parents would be happy to accept help.
- I. What about initiatives like the MEND programme...are you familiar with that?...is there anything like that locally?
- R. Well from what I've heard about it, I think it sounds fantastic but it's available in Hailsham but not here so it's not really an option in this area....half the problem is that this is an affluent area so we don't get resources like they do. So there's no MEND or anything like that here. But it needs to happen as we can't keep on referring to the dietitian and they can't cope anyway. Other school nurse patches have got so much better funding and resources...some have got MEND, some haven't, so it's all a bit of a lottery....like a lot of things....we're the poor relations up here but who knows it might get better one day.
- I. OK. Well you've made some very interesting comments
- R. Well I hope it's helpful...it's been nice to be asked what I think for once.
- I. Well, I think that's all I want to ask you formally, but is there anything else you want to add or anything we haven't covered that you might have been dying to say something about?
- R. No, I don't think so....it'll be interesting to see what you find out....are you going to do anything with the research? I just wish we were asked for our opinion about things and about how things affect us. You know, we are health professionals and we are overloaded and under-resourced, but it's still important to ask us for our views....I mean, where the ones working with children and families.
- I. Well, I am intending to circulate a summary to people who've taken part in the interviews...so I'll send you that in due course. And I also feel it's important to feedback any issues or whatever

that emerge....you know, to the PCT folk who are in charge of childhood obesity strategy and commissioning services. I think it's really important to listen to what people like school nurses are saying and feed that back, so maybe things get better or their ideas get taken on board. So I'll be drawing out key points and conclusions and will make recommendations based on that.

- I I'm recording interviews if that's OK with you. It means we can sit and talk without me trying to frantically write everything down and it's easier to chat freely
- R. That's OK.
- I. I've got a sort of script that I follow...I'm interviewing a lot of people, so I have to ask the same sort of questions, but it's really informal and chatting around things, but like I said I'll be following my list of questions to make it consistent for everybody I interview. So you probably gathered from the information that I sent you that I'm doing this as part of my Master's degree...it's the final bit of research I have to do.
- R Okay, so that's a degree in...?
- I It's in weight management at the University of Chester....the Masters is around obesity and prevention and treatment and that sort of thing. But I'm a nutritionist by training and my background is in health promotion for the PCT, so that's my area of interest as well. And I guess over the years I've spoken to quite a lot of school nurses on an informal basis in my health promotion role and got a picture of what it's like, in relation to delivering the National Child Measurement Programme and what's going on in schools in terms of tackling obesity. But there didn't seem to be any formal research into what school nurses think, or what their experiences are. So I wanted to do that and get a more formalised picture, because I think that's important when people and can be very useful.
- R That's good.
- I So I'm glad that you're participating and thanks for finding time to talk with me...I know it's a particularly busy time of year.
- R You'll be the first person that's actually asked us anything, if we want to do it or if we can do it. We're usually just told this is what you've got to do, not what do you think and have you got time to do it.

I Yes, that's the impression I was getting really. So it's good to actually see what's happening in the real world...at the coal face. So the interview today really is to find out about your views and what's happening around the National Child Measurement Programme locally in schools. And also look at your views on the role of school nurses in tackling obesity in school settings as well. OK, well I've told you a bit about me, but what about you? How long have you been a school nurse?

R I've been a school nurse since 1998. Prior to working here I worked in Brighton, I came here in 2004, so I've been in this area for five years. And prior to school nursing I worked as a children's nurse.

I In terms of your patch here, how many schools do you cover...and what's the sort of set-up in terms of your team...everybody seems very different in that respect.

R Right, as I say, I arrived in 2004 and was given 13 schools, which I've held for the last four years, but I've recently been given some part time help, which has cut my schools down to five now. I'm band 6 and my band five has got a couple of allocated schools as well. So the schools have been split really over three of us. But that is a skill mixed team and obviously varying hours. We're not all full time. I'm not full time, I'm only 37.5 hours term time only. That has made a lot of difference, but it's still a heavy caseload. I've got the east of this patch, I don't know whether you know this area, but part of this area is...

I A little bit, yes...there's quite a bit of deprivation isn't there?

R It's a very deprived area and has had funding for Sure Start schemes, and we're also part of a trail blazer initiative over here as well, which various things have been put in place to try and support families really. But that only goes up to age 11. It seems kind of very tunnel visioned in that everything has to be grouped, and we were only saying the other day that we have a family health support team now who help us with all sorts of issues, and that includes eating and educating families on diet and health, but they have now been told by their managers, because of the number of referrals they're getting, and a lot of those are teenage children, they have been told that they can't take referrals over eight, so there's a big gap for adolescents in all areas.

- I Yes. So would you refer children to the family support team or do they come into schools to do work or...how does it work?
- R They work in all sorts of ways. We refer, they can work with the family at home or they can work with them in schools, depending on... they do an initial assessment to decide which is the best way to work with them.
- I So it's quite a big caseload you've got then, isn't it?
- R Yes.
- I Presumably they're quite big schools here as well, aren't they?
- R The average is two classes per year group, but we have got a couple that are three classes per year group and over in the south team they've got one school which has six classes per year, which is a junior school and it's the largest junior school in the UK.
- I Is it?
- R So, yes, they're not small.
- I So is it a lot to get through in terms of caseload...
- R And very needy.
- I Yes. In terms of your job, how would you describe the different roles you've got within the schools you work with?
- R I'm a social engineer! I think I'm not a school nurse I'm a social engineer. Jack of all trades. I tend to think that I will take on anything I can, but obviously have to be very careful that I don't take on too much. We cover behaviour, we cover eating problems, sleeping problems, incontinence problems, supporting children with their learning in school, helping them to get statements, child protection....all of that. The focus of our role really is to provide, or help a child to maintain their maximum potential whatever their need, whether it be physical, emotional or psychological. We have core work and child protection....so health promotion is often squeezed out. So that sums it up really.

- I It's very broad, yes....a very wide remit. What do you think of workloads generally?
- R Yes, it can be very broad, it can be social problems within the family that are affecting the child, the child not attending school because they are a carer, a massive amount of issues. And as far as my work load goes? Not enough hours in the day to do everthing, you know, basically we're overstretched and under resourced as a profession.
- I And it seems to be, from the feedback I'm getting, that there's a much, much bigger public health role as well for school nurses these days.
- R I think we are. I think that's recognised now, that we are actually public health workers. I think that was recognised in the paper that came out in 1999, the Saving Lives paper, that was clearly made in that paper that we are a key worker in the public health arena. But we haven't been given the time or resources or extra staff to do it, and that I think, especially with the BMIs, is where it falls down.
- I Okay, so does that mean there's sometimes a bit of a mismatch between expectations and what you can realistically do on the ground.
- R Yes. I mean, we've moved far away from that catchers of vermin and seekers of head lice role, very much moved away from that now. In fact we hardly ever deal with that situation. It's about encouraging the parents to take on that responsibility. But we have an incredibly broad remit now and workloads are bursting at the seams...well they are over this side of the county.
- I So very broad and heavy work loads
- R Very broad, very diverse, yes and very very heavy.
- I Spread thinly sometimes I suppose.
- R Mmm....but that doesn't seem to get addressed
- I If we could talk about the National Child Measurement Programme. I gather school nurses do the organisation and administration of that at a local level for their own schools...

R I'm going to be a little bit negative here I think. I don't perceive it as useful at all. I perceive it as quite intrusive to the children, really. We already know there's a problem and by collecting data, which is all this is doing, is only reinforcing that problem, really. We weren't asked how we were going to do it, whether we had the resources to do it. We were told. Nobody came down to assess whether we had the actual time to fit this in on our caseloads. And I think for highly skilled nurses, band six nurses, it's totally irrelevant. And we have actually approached our managers with that one and said, "You know, look, this is a job for the nursery nurses," but they've said that the nursery nurses' contracts are only written up to age eight so they can't do it. So it has to be a band five or a band six, or sometimes the two together. We do work in twos because we find we get them moved through quicker. Because it is about time, we need to just do this and get it out of the way, quite honestly.

I I've got some questions around those issues actually, because that seems to be quite a strong thing that's coming out of what people are saying.

R It was a government directed initiative, but we weren't provided with any extra help, and nobody actually specified how this was going to be carried out, nobody, like you've have asked us what do school nurses do, what is their role, and can they do this? Is this suitable for them to be taking on, or do we actually need to provide a team to do it? Nothing. It was just kind of landed in our laps....and this year has been a fiasco with people changing their minds about when we do and the letter that goes out to parents.

I This is what you've got to do...get on with, sort of approach?

R Yes. I think the initial idea was that it would be shared between us and Education, and when it first came down we tried very hard to get the schools to get the TAs to take it on, to do the heights and weights, and feed the information back to us. But they were reluctant, very reluctant. They didn't see it as their role, because it's height and weight and it's health.

I So not their territory?

R Not their territory at all.

- I That very much reflects a lot of people's views, actually. Okay, moving on, obviously the PCT have got to follow the Department of Health guidelines around how they're supposed to deliver the programme, collect data, and report data back. But in terms of the schools in your patch, how is it organised in terms of sending the letters out to parents and then doing the measurements in the schools and so on?
- R We give the schools a leaflet, the Healthy Eating and the weight leaflet that we've been advised to give them, and a letter, which goes to the parents saying that during this term your child will be seen for a height and weight measurement for their BMI, and what it is, part of statistical collection of data. And then they get the opportunity to opt out, for their child not to be included. And they also get the opportunity this year, and this is the first year we've done it, for them to get the results. Because last year they weren't getting the results, they weren't allowed to know the results, which we find totally ridiculous really. Why can't they be given their results?
- I That is a bit of a change, isn't it?
- R But not that many have requested the results, no. But the letter that was sent out was really hopeless and no help to parents who might have wanted to do something about their child's weight. I don't know who was responsible for that but it was really poor and I wouldn't have put my name to it.
- I What about opt outs? Do you get many parents opting their children out?
- R Probably about three to four children per class opt out. But we have one school where it was a lot higher than that. It was a good third of the class.
- I And do the parents give their reasons for opting out? Do you get any sort of sense of why they do?
- R No. But generally it is the bigger children, I think most of us feel that's what happens so those children will slip through the net in terms of identifying a potential problem and it must distort the statistics too. But it's often the large children who have large parents so that's probably why they opt their children out, either because they don't want to acknowledge there's a problem or because it doesn't bother them.

- I Okay, so it may be to do with a bit of a family issue around weight?
- R Yes.
- I Okay. You said a bit about not getting clear direction from the PCT, but do you get any guidance on an annual basis about how you're supposed to measure the children, or are you offered any training or updates if you wanted to...obviously you're very skilled at what you do but is any training offered?
- R I was just going to say... and I think that's probably why it's been delegated to us really, because we're measuring quite weighty kids all the time. You don't need to be that skilled to be quite honest, to put a child on a height measurer, you only need really to be shown it the once and for them to stand on the scales. As school nurses we know how to measure children but never-the-less it's something that should be updated so things are standardised. No-one's got to plot it on a chart or calculate whether there's a problem. It is purely collecting the information, so this is where we say we don't really see why this couldn't be done by a nursery nurse or even an assistant, or somebody specially employed to go in and do it.
- I Somebody who's trained up to do that?
- R Yes, and personally I'd like some training not on measuring children for the programme but on how you assess overweight children properly.
- I Okay. And in terms of preparing the children before they're weighed and measured, what's the approach to that?
- R We speak to the class before we see them. We've got the leaflet...there's a government leaflet that says you're having your height and weight done. We give them that. And then go in and reiterate it to them just before we see them, the fact that this is not going to be painful, it's not intrusive, you're just literally going to take your shoes off and stand on the height measuring stand on the scales and go. That's it. Two minutes and it's all done. And you'll come in small groups, so you won't be on your own, but they're not allowed, obviously, to see their measurements. Which we found very difficult because we've got scales which apart from being hefty to carry about we have to turn them round so they can't see the back of them, but they

always go and look. They always manage a sneaky look, and it's virtually impossible, also, to measure them without them knowing, because as they walk away from the measure they have a quick look up to see whereabouts they are.

I Well, children are curious aren't they?

R They're curious, and they want to know, and why shouldn't they know it's them, it's their body, why shouldn't they? But, yes, so we speak to them beforehand, and generally they're okay. We give them the opportunity as well of, if they don't want to or they feel a bit nervous about it, to just have a word with us. But none of them really don't come. I think we've only had one out of all the schools that has just not turned up.

I From the children that you have?

R Yes. Just declined on her own account.

I Going on to actually measuring the children, is it done in one term or do you do it over the year?

R They're being quite specific now about what term it's done. We're trying to get them all done in this summer term now. Last year it was all over the place. And some areas, I don't think, completed them. We have managed to get all of ours done now, in this term...term 6. We started at the beginning of term and now they're all done and dusted and out of the way. They used to be kind of a bit sporadic, but I think we have had meetings where they're specifying now that it has to be done at this time. The summer term is quite difficult because if you leave it too late in the term the year sixes are off on school trips, holidays, picnics.

I Yes, it's a busy term, isn't it, for them?

R It is. I think it would be actually better if it was done in the autumn term, or the spring term.

I Yes, and in terms of any follow up, I guess, with the children that perhaps have got an issue, it doesn't give you much time to do that... they're moving on aren't they?

R Yes. And the other thing with that is, a bit like the BCGs, I know this is not intrusive, but word gets passed down, "When you go into year six you have to have your height and weight done." So they're then left in suspense from September right the way round to the summer waiting to

get it over and done with, which I think could be a little bit nerve wracking for some of them, even though it's not intrusive, because I know with the BCGs they used to get themselves worked up in such a state, so they've got a whole school year to wait for this, whereas if it was done in September, "Oh, well, we've arrived in year six," height and weight would be done and out of the way and they'd be able to relax.

I Yes, that's a good point. And whereabouts are the children measured in schools? Do you have a dedicated area?

R Oh, nightmare! If I said we have to work in broom cupboards...would that surprise you!

I That doesn't surprise me.

R It's not idea in a lot of schools...I have been known to do things in the playground because there's nowhere else to work, if it's been a nice day. A lot of schools have been very, very cooperative and they've provided us with an adequate space but it's not always the case and it depends what they've got I suppose. If you've got a nice big hall where you can put the children over one side and work over the other, they can't see, although they can actually see the child they can't see the details.

I Or overhear anything.

R Yes.

I So it's quite confidential in terms of the individual children?

R We do our best if we don't have a room...we don't call out their heights and weights or anything. When we do it one of us does the height, one of us does the weight, and we just write it down. But if they're right away...the other children... they can't see any of the writing, they can't see the scales and they certainly can't see the numbers on the height thing....so it's quite confidential I suppose.

I When you've got children on the scales, you said they try to look at their weight but do they ask you about it... how do they actually respond? Do they ask "is my weigh okay" for example, or are they ever upset?

R They want to know... "Oh, go on. Oh, please, tell me, I want to know." And you say, "Well, we're sorry but we can't tell you." And they say "Oh, why?" They do want to know. I mean, I think the thing is they're worried that they're going to all go away and discuss it. I mean, they know, they're not stupid, they're year six children, they're going up into secondary school next year and they know if a child's a lot bigger than them. So if a child says, "I'm 76 kilos," "Oh, and I was only 36," they know that they're going to be proportionately bigger, because they look bigger. And I just think, well, yeah, I suppose it could cause an issue, but they can see that the kid's bigger without...

I Well they're living in the school community with each other, aren't they.

R Yes.

I If you had a child that you felt had a weight issue when you're weighing and measuring, what would you do? Would you do any follow up?

R It's difficult because it's all supposed to be confidential. And as yet we haven't followed them up in year 6 anyway. Addressing weight issues is a very sensitive thing in any case and we do try with the reception children, where the information is gathered for the same purpose, because we do heights, weights and hearing test on the reception children, but the parents are informed of those weights and heights. And if we get one that is of concern either way then we could phone the parent and say, "We've done the height and weight, we've plotted it, and do you have any worries?" Find out where they're coming from first of all and generally say... it's very hard to address it. You have to choose your words like, "They're on the heavy side," you mustn't use the word 'fat', obviously. But I would say the general response is, "We know, we don't really... we're not worried; we're all like it, we eat healthily," and they tell you that they eat all this fruit and veg, but we know it's not happening.

I That's an issue isn't it... there's research around parents not acknowledging that their children have got a weight issue or for the parents to accept that there's a problem.

R Yes, and it's not just about what they eat either, it's exercise, and some of these kids are just not getting enough exercise. They're sitting in front of television, playing on the X-Box, and it's a family issue. But invariably when you see the whole family, they've all got a problem.

- I Yes. You said you write the data down, you haven't got a laptop and data handling programme?
- R No...just lists and a pen
- I So it's writing it down and then back to Child Health?
- R Yes, they send us a list of names and then we match it with the class lists. And we just put their heights and weights in and they just all go back to Child Health and they're inputted onto the computer system, the data system, and that calculates the BMIs for us.
- I If there are children away on the day you're doing the measurement do you follow up to do those, or not?
- R We only do the ones on the day that are there.
- I Okay. Talking about feeding back results, this year parents can request the result, but in future tall parents will be automatically sent a letter with their child's results. Do you think that's a good approach?
- R I think the parents should get the results. But if it's a letter that we were shown at the beginning of the year, which calculates the BMI, a lot of my parents wouldn't be able to understand that. I think it just needs to be simply kept to a height and a weight.
- I One proposal is to have a scale that gave more visual representation...this is 'okay', or 'this a little bit too heavy'...
- R Yes, that's what it needs. It needs to be pictorial, definitely.
- I So it's understood easily?
- R Yes.
- I Okay. And in future when parents are fed back the results, they're likely to be encouraged to contact a health professional for advice. Obviously as a school nurse you're a frontline health professional...
- R Exactly, it's going to impact on us a lot, I think.

- I How do you feel about that? Have you got the capacity to do that sort of thing?
- R No, not really. And I don't think we're the main resource, because we probably, apart from giving some dietary advice, can only engage with them very short term and, as I've said, the response that we generally get is, "Oh, yeah, well, I do all that already." You can give them leaflets and you can sit and talk to them about healthy eating, healthy diet, cutting out snacks, but you know they're not doing it. So I don't know really. There are a number of other professionals that could do it, and that's the dietician, the GP, there's the MEND programme too.
- I You've got MEND in this area?
- R We have, yes. We're going to going to get one over in the drop-in centre as well, later in the year, starting in September.
- I Right, so you can refer into that.
- R Yes, which is brilliant, because that addresses the whole family and it's kind of a social thing for them. They can go there and do exercise and all sorts of stuff. And that's what it needs. And that's time-consuming, and certainly we couldn't take that on.
- I So it's about having that back-up in the community when there is an issue so that you can refer in to a weight management service.
- R. Yes, but whatever services you offer have to be able to meet people's needs and be appropriate to people and it has to be long term for most people...yuo know not just a 10 week course or whatever and then nothing. MEND is really good but you need to support these children long term, so it has to be part of a wider system of support which needs to be structured so people can access it when they need it but then be supported in the long term.
- I. Does the PCT give you clear referral or care pathways? I mean, if you've got a child that you're concerned about are there clear referral pathways that you're advised to follow?
- R Not really, no. I think we've kind of devised our own, which I don't think is a very professional approach. There really should be a proper care pathway but nobody seems to be bothering. If we've got a very obese child your main concern is is this impacting on the child's health. So I

think the first move is the GP, to check that this child's got no secondary complications from being overweight, and offer a referral to the dietician, get a good family history as well of any sort of problems around diabetes, heart problems, and thyroid problems. But as I say, I think we've made up our own pathways, which as a health professional working for a service I don't think is good practice because it doesn't make things consistent and means people might not be doing the right thing or might be doing one way here and another way somewhere else, so people don't get a consistent approach across the board.

I So you rely on your professional judgement and knowing what's around and what's available in your area really?

R Yes. On the other hand, with the children that are picky, just poor eaters, of food refusers, to check their height and weight and invariably – I don't know, children live on fresh air and love, some of them – but invariably, as much as their mothers are worrying about them, they seem to hold out on the growth chart and grow okay. If their BMI or their height and weight became very separated on the centile chart, or their BMI dropped then we would say, "You do need to go to the GP," obviously get some blood tests done for things like anaemia. And if it was persistent then a referral to CAMHS. But most of that end of the scale affects the kind of five to eight year olds, and it's just because they're experimenting with food really, and like I say you look at them and they're healthy kids. They might be a bit on the lean side, but you look at their attendance and there's no problem with attendance, so they're obviously healthy, and they're just about trotting along on the chart. So it's just trying to reassure the parent that this is how kids are, just persevere, try not to make a big issue of it.

I Okay. I think you've already answered this question, but I have to ask it! Do you think the National Child Measurement Programme and the work it involves is a good use of your time as a school nurse?

R No. No, it's not a good use of our time....it's a weighing and measuring exercise which other suitable staff could do. Actually, in terms of coordination, I think it would be better to have a team that did the whole county and coordinated things consistently.

I OK...you've made some good suggestions about possible alternative approaches as well...nursery nurses and so on...so that's really useful. And in terms of the amount of time you

have to spend measuring them, presumably that impacts on other aspects of your work that you could be doing instead?

R It does. I have done six schools this term, and on average we've spent several hours in each one, maybe more in some and you have to allow for time getting there and so on, which all adds up to quite a bit of time

I Yes, it's quite a big chunk of time isn't it?

R It is....probably two or three days' work for two of us isn't it?

I Yes.

R If one person was doing it on their own that would double up probably, because we do whizz through them when there's two of us...one of us is a runner that can sort out the flow of children.

I That's all I want to ask about the National Child Measurement Programme. I don't know if you've got any other comments you want to make though or if you have any other thoughts?

R I think the underlying factor really of people's eating habits, a lot of the cause is their mental health state, some of them are so depressed they're not motivated to prepare food or shop properly, and there are a lot of mental health problems.

I Within families?

R Yes. I think if people were more motivated they would be better at addressing it. And also I think people use food as a comfort and it's just the norm for their family.

I Yes, there's some research that suggests where, for example, the family is a big sized family or there are a lot of overweight people in the community, it almost becomes the norm for people.

R It does, yes. You find areas, particular areas are more condensed with the fatness than others.

I If I can just ask about....

R Can I just say one other thing?

I Sorry, yes, of course you can.

- R I don't think supermarkets help in their promotion of buy one get one frees. It would be find if they did buy one get one free on a cauliflower, or buy one get one free on a bag of apples, but when it's buy one get one free on a chocolate cake or a packet of biscuits they're not really helping. And I think that needs to be addressed. And that is something that could actually be addressed by the government, there could be some limitations on that I think.
- I We'll that's a really good point and perhaps we can come back to that if you want to a bit later.
- R Because it is tempting when you've got offers, I've done it myself.
- I Yes, I know.
- R I live on my own and what I normally do is get the buy one get one free offer and give one to my daughter. But some families will eat the lot.
- I Yes, and you have the pester-power of the kids as well "Get one of those, Mum."
- R The other thing is we're expected to be able to support parents but we only have so many hours in the day. Things like health promotion are a low priority and advising about weight would be yet another thing to squeeze in....huh.
- I. Yes, you've obviously got a huge workload....so in terms of the school nursing in this area, do you think you've got adequate staffing levels generally? It seems to be quite a patchy picture across the county...adequate in some places but not in others?
- R No, it is patchy. There's no equity of service. There's no equity of service locally or nationally. That's in how we're staffed and what we give as well. We are under staffed, we're still under staffed. We are supposed to be getting more staff in all of our three areas of this patch. We are getting an extra full timer, but I still think that we are under resourced. It might bring our school nursing numbers up to scratch but we don't have any admin, we have to do all our own admin, and that's where stuff like BMIs puts the pressure on us because we have to complete all the forms. We have to send all the results to parents, we have to get the letters out to the schools. Whereas that could be dealt with really by somebody else. And if we are then expected to give advice to people who've had feedback, well it's a bit stupid just expecting us to be able to do that really.

- I Yes, I know originally when the programme first started, I was working in the health promotion unit and we were responsible for sending out the letters to schools, but that obviously lands on your shoulders now and you have to do all of administration for the programme as well.
- R Yes.
- I I hadn't realised that you don't get any admin. Support.
- R No we don't have any admin at all.
- I So you're doing that as part of your job?
- R Yes. I think most of us have got into the habit now of writing our own case conference reports and referral letters: it's part of our job now, we just include it. But the filing – we have to do all our own filing and make sure where our notes are kept or returned back to Hailsham when we don't need them. That's quite a bit of work. Generally you have to allocate some time to do that otherwise it just piles up.
- I Yes, that's a lot to have to do. Well, in an ideal world...I know it's not....but in an ideal world, what sort of role do you think school nurses should have around tackling obesity? I mean both in terms of prevention and where children have weight issues?
- R Okay, we don't live in an ideal world, but if we did live in an ideal world I think we should be looking more at the older children and bring back domestic science...please! Because they don't get that in school now, they don't get home economics and domestic science any more in school. And also it would be lovely for school nurses to be involved in workshops for parents, where you had maybe a community chef or somebody who came along and did demonstrations, somebody from one of the local leisure centres came and did some fitness and exercise. The school nurse would be there to advise on health issues, how your weight can impact on your health and how to address those issues really. And also, obviously, helping children who have got a bit of a weight issue and so on.
- I Yes, and signposting if you think they've got issues.
- R Yes.

- I That seems to be happening more in the Children's Centres now for under fives.
- R Yes...but it sort of stops at five. It's this tunnel vision of these age groups again. Whereas we should be looking at a family as a whole, from nought right the way up to 20 really....because they're the parents of the future.
- I Yes.
- R And you can't teach... it's okay going in and teaching five year olds and six year olds about healthy eating, but they are not shopping and preparing their food. The other thing is to target the mums, and to have maybe a session with the mums, an afternoon...perhaps in a community centre, just a workshop or a group where they could come and just have a cup of tea and learn different things about different foods.
- I Yes, those are really good points. That's your ideal, but in the real world presumably that's not currently a possibility?
- R In the real world we have to put health promotion and PHSE as a second place because of the amount of time that's used up on child protection. And that brings me around to saying is obesity a child protection issue? Because in some cases I think it is, if it's not addressed. I can give an example, I'll try and be very discreet about this, but I've got a child who's not attending school at the moment, he's grossly overweight, he's had two admissions to A&E with boils on his bottom. I've advised the mum to go and see the GP because I am concerned about his health, the whole family are very overweight, and she hasn't done it. And I think that's neglect.
- I What did you do then?
- R I made a referral, but it doesn't get followed up. They'll just say, "Oh, well, just on one thing like that we can't do anything." But it has an immense impact on that child for the rest of their life and it's not that child's fault. So you know, it goes back to that thing about getting parents to recognise it's a problem for their child and they should be doing something to help that child. I know there are lots of complicated issue, especially for some of the parents living in grotty circumstances but, you know, it's also about how do we engage those parents and get them to

change their behaviour, you know, making them see it's actually worth doing something about it and not just letting their child grow up fat because they've got other things to worry about.

I Just thinking of the schools you work in and with, do they have initiatives going on around healthy weight or anything related?

R Yes. Paul Aagaard comes.

I The school food advisor?

R Yes, he does. Especially in the schools in the deprived areas that have had lots of money put into it. And in some ways people are now seeking to move into one school there because they know they'll get those extra services. And particularly in the school up there they've had days with Paul Aagaard for healthy lunchboxes, healthy breakfasts. Going back to the role of the school nurse, I was asked by one school one year to do something on the youth radio, a ten minute session on breakfast and the importance of having breakfast. They did a whole show on food, it was an hour, and they did little musical things about food, poems about food, and then I had a slot for ten minutes talking about breakfasts. Not necessarily aimed at kids, but it went out live on the radio midday, so families would be listening to that. So talking about how important breakfast is, breaking the fast, to raise blood sugars and how if they don't that impacts on a child's concentration, behaviour, learning.

I So if you had a bit more time and resource would you like to get more involved in those initiatives within the schools you're working at?

R Yes. And some ideas, what is a good breakfast, yoghurts and... But even just by breaking the fast with an apple and a glass of orange juice it's better than nothing. And if you can sit down and you can have a boiled egg, even better. So I did ten minutes on that. That was a good thing, I think, from a school nurse's point of view.

I So getting involved in more of that would be ideal?

R Yes, and it was fun as well, because I went with the school to South Downs College and it was in a proper broadcasting studio and it was good, we all had really good fun. I would actually like to see, going back to where you were thinking in an idea world, school nurses maybe to have

some time in a supermarket where they could actually have a small drop-in in the supermarket and maybe a school nurse, health visitor, and questions about food could be asked, or diet, health, where people are actually in the setting where you can make suggestions to them and they can then go off and... Or if they're not sure they can bring it to you and say, "Look, I want to buy this." The other thing is it would be good to get more involved with Healthy Schools work. I actually think the coordinator should involve us more, even if was just to ask our opinion, not necessarily take a very active part.

I I know you're highly skilled but are you offered any training around...?

R Food?

I Well, I was actually going to say around healthy weight and weight management and childhood obesity....is any training provided by the PCT around that?

R No, not particularly. I did a couple of days with the Healthy Eastbourne project a couple of years ago, and that was interesting about how they were looking at the 5% and the 10% and what was achievable for people and I kind of picked up some tips from that about how to start with people. Because I think for somebody who's very big it can be, like, "I can't do this," it's almost like giving up smoking, isn't it? "I'm never going to be able to do this." About taking small chunks and making it achievable for people. And it's important to know how to engage with parents and overcome resistance and barriers like not accepting their child has a problem. It's usually not just the child that has the problem, it's the parents too and they fail to recognise it's a problem. But anyway, there's nothing really offered in terms of training around anything to do with childhood obesity, although there's a bit around other health promotion topics.

I Yes, there seems to be quite a bit of training but not much on offer around healthy weight and childhood obesity.

R It would be nice, maybe, to have a day, yes. I think we do have quite a good foundation in what healthy diets are and how much exercise and stuff that people should be getting but more around healthy weight would be useful....particularly for some nurses more than others.

- I I guess there are different grades of school nurse and different years and levels of experience, aren't there?
- R Yes. So I think it's, as I say, at Healthy Eastbourne I found that particularly, and of course the community chef was there as well, and just watching him demonstrate and making some really tasty stuff. I came home with stuff from that that I picked up.
- I Yes, it's very practical, isn't it?
- R Yes. But knowing where to begin with a child....probably the whole family....who are obese isn't easy. You know, quite often the mum's from a deprived background and life is really tough for them. They just don't have the confidence or the knowledge or the motivation to change...and quite often they're overweight themselves. I mean in terms of engaging with those parents it's not so much an uphill struggle as much as a vertical climb in terms of having any hope of getting them to change their behaviour, because at the end of the day that's what's got to happen. So, anyway, maybe a training day looking at everything around childhood obesity from assessing children to where we can refer to how we get parents on board which is one of the biggest hurdles.
- I Yes, it's not easy. Just a sort of general question about the Change for Life campaign, what do you think of that? What are your schools doing with that and do you have access to the resources?
- R We've had nothing. And one of our lead nurses has just asked us to gather some information from schools as to whether they've received their Change for Life packs....but they said they hadn't
- I Yes, because that seems to be a bit variable at the moment.
- R And most of my schools have said no, they've never seen them. And yet they were supposed to be sent direct to schools.
- I Yes, a couple of other school nurses said their schools had requested resources and they've still not go them.

R Yes. A lot of the schools have said they've never received them. I don't actually know much about Change4Life apart from seeing the publicity stuff, we've not had much told to us around that although we get stuff sent by email, but then I don't always have time to read it. I do think the Healthy Schools scheme was good, or is good though. And I've seen some very, very dynamic projects put in place with that. I went to a school nurses development day up in Birmingham when it was first being piloted, the Healthy Schools scheme. And one of the projects that they were putting in, because it was so urban, they had absolutely no green areas at all, and they were sponsored by the supermarket and the local farm, and they developed a green area which they called their Green Scene in this school. And all the money came from outside, the Co-operative Society had given them money, the supermarket had given them money, and they were buying seeds and vegetables. They'd made this Green Scene, which was where the children could grow their own vegetables, and flowers, and it was also an area where parents could wait for their children. So it was kind of a distress area as well. And I just thought how excellent that was really, a real example of excellence, and that's what needs to be happening. But unfortunately... there have been some good projects with the Healthy Schools scheme, and I think it was good if people had understood it a bit better. But it kind of didn't really get off on that ground everywhere.

I Well I guess it's about resources as well, isn't it, and backing up what's going on?

R And I think you need people who really champion things and have enthusiasm...it seems that things happen when you get somebody really keen...but otherwise it's a bit hit and miss and there's no sharing of what's going on across the county or examples of good practice that people could learn from....and that comes back to coordinating things properly.

I But it's also more work for somebody, to do that, and it's about, like you're saying, about not having the capacity to do certain things even if you'd like to.

R That's right. But it could have worked, I think. Again, and maybe if specific staff were put in to coordinate that it would have been better.

I Well, I've come to the end of my questions. There are some really good points that you've raised, so that's brilliant.

- R It is frustrating. We'd like to be able to do more, but we don't have the time or resources...we're spread so thinly. Like I think I said, we are ideally placed to tackle obesity because we're in the schools with the children, but there aren't enough of us to really be able to make an impact. Do you think that is something you will say in your report.
- I Yes, if enough people are making the same points I'll obvious draw that out as an emerging issue...and judging by what other nurses have said it's something that I will probably be drawing attention to.
- R Yes, and we're very – what's the word? I suppose generalised in our role...but we're part of the picture...an important part.
- I Well, it goes back to what we were discussing about having that whole network of people in place and coordinating things and working effectively together and not leaving it to one type of health professional.
- R Yes. We can signpost...but what to....where's the structure and coordination...where's the partnership working? There seems to be little leadership within the PCT around tackling childhood obesity, providing training, providing services, helping these children and their families....that's the sad thing for those children, they'll grow up because nothing was on offer when they needed it.
- I Well, that's a poignant thing to end on. Thank you again, like I said you've made some very interesting points.
- R Good. I hope I haven't confused you?
- I No, no not at all.
- R. What will you do with you findings?
- I. Once I've analysed all the interviews and written up the dissertation, I'll be sending a summary to people who have participated in the research and also to people responsible for obesity strategy in the PCT...and that will include some recommendations..

R. I'm glad you said that, because I hope they will read it and might understand a bit about our perspective and that they need to lead and coordinate things and join it up.