BEST PRACTICE IN SCREENING FOR OBESITY IN CHILDHOOD

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In preparation for the government campaign to collect data on the size of all 11-year-olds, Brighton and Hove school nurses ran a pilot for an audit to examine best practice. We gathered information from 188 children, their teachers and nurses, and evaluated the reactions of parents/carers. This is a summary: the full paper and reference list can be accessed at nursingtimes.net.

Brighton and Hove school nurses conducted a pilot study to explore issues that could arise in collecting personal information from 11-year-old schoolchildren. The aim was to learn how to do this sensitively and efficiently. The specific aims were:

- To explore the feelings of the children being measured;
- To quantify reactions of parents and carers;
- To consider the views of teachers;
- To learn from the observations of nurses.

Data on the sizes of the children was sent directly to the government and not used by the trust.

METHOD

The area has three school nursing teams, each of which selected two schools. They chose three inner-city schools with children from a broad range of social backgrounds, one village school from a mainly affluent area, one from a mainly deprived area and one with a varied catchment area.

We asked head teachers to send an explanatory letter (written by us) to parents. This invited parents to contact us if they had concerns and asked them to inform the school if they did not want their child to be measured. In this way ‘negative consent’ was obtained if parents did not reply.

Questionnaires

Two questionnaires were devised:

- Children had a sheet with words to circle that would elicit gender and their feelings about being measured;
- Teachers were given a sheet asking how the session affected them and how the class behaved before and after the session and were also invited to write comments.

EVALUATION

Out of a total of 230 pupils who were screened, 96 boys and 92 girls completed the questionnaire.

Positive results

As children could circle as many comments as they wished, we had a total of 234 positive comments, with boys’ and girls’ findings similar in most areas. More than half ‘didn’t care’; nearly 40 thought it was ‘OK’; and few objected to their classmates being nearby. The only difference of note between boys and girls was that more boys liked their height and (to a lesser degree) their weight being measured.

Negative results

More than a quarter of children who filled in the questionnaire disliked the process and 51 (27%) circled negative comments. Noticeably more girls than boys were less happy in every way. Although it was mainly overweight children who appeared to feel uncomfortable, a significant number of ‘shorter than average’ children also disliked being measured. There was also a noticeable number of girls who, despite looking slim, told nurses that they ‘knew they were overweight’.

Children’s comments

Some 45 boys and 46 girls wrote comments, approximately two-thirds of which were positive. Of the negative comments, noticeably more were by girls.

Many positive comments reflected the ways in which the nurses handled the screening process:

- ‘The nurses made me feel more comfortable’;
- ‘I didn’t mind because I knew no one would make fun’.

Some pupils expressed relief at not being
overweight and many were clearly already anxious about being overweight and were seeking reassurance:

- 'I liked being weighed because I thought I was fat but found I wasn’t';
- 'I sometimes feel worried about my weight but after being checked I felt OK.'

Some positive comments were made alongside negative responses. Again, these appeared to reflect the nurses’ handling of the process. For example:

- 'At first I felt nervous because I’m quite self-conscious about my weight';
- 'I didn’t want to be weighed but it wasn’t as bad as I thought'.

Negative comments demonstrated children’s low self-esteem. For example:

- 'Terrible, horrible, sad, upset, hated it, made me feel fat';
- 'I felt embarrassed if anyone thought I was fat or a midget'.

**Views of staff, parents and carers**

Nine teachers completed the questionnaire. There was a common thread about wanting to avoid further intrusion into lesson time, although six teachers said children were measured at a convenient time when they were working independently. The children’s behaviour before and after being measured was not affected. Two parents withheld consent and two girls (from different classes) refused to be weighed. Two parents requested contact with the school nurse.

**School nurses’ responses**

The two teams who felt most positive had combined data collection with another activity. One delivered a health promotion topic and the other provided a forum for

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**BACKGROUND**

- Childhood obesity has tripled in a decade (Rigby et al, 2003)
- The government is instructing trusts across the UK to begin a five-year programme of measuring 11-year-olds (Every Child Matters, 2007)
- NICE (2006) emphasises that schools and local government should share responsibility with the NHS in the management of obesity

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**REFERENCES**


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**PILOT AS PREPARATION FOR AN AUDIT**

The remit of the pilot was to explore best practice before the launch of the five-year screening campaign and it showed the importance of considering a number of issues. For example, nurses need clear guidelines. Two of the teams included health promotion or transitional work that provided an unintended but informative extra dimension (the children preferred these approaches). A scientific approach would require all nurses to adopt the same methods.

On the children’s questionnaire, positive and negative comments should be mixed to avoid children circling positives first as they work down the page. Also we would include only three or four comments for each category. Finally, negative consent from parents/carers is controversial – in a study where parents were given the opportunity to withdraw, only 48% of children were measured. This undermined the study; it was thought parents of obese children were more likely to opt out (Crowther et al, 2006).

For the full version of this paper including background to the implementation of the project and full references, log on to nursingtimes.net, click NT Clinical and Archive and then Clinical Extra.