



# Name of project: Improving the National Child Measurement Programme (NCMP) in Kent

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**Kent Community Health**  
NHS Foundation Trust

## What was our aim?

To improve the client (parent) experience of the NCMP process delivered by the school health service in 2020/21, resulting in reduced number of complaints and an increased uptake of the school Tier 1 Healthy Weight Package of Care (POC) for families of children identified with a BMI >98<sup>th</sup> centile, particularly those in the reception year.

## Why is it important to service users and carers?

The National Child Measurement Programme (NCMP) measures the height and weight of children in reception class (aged four to five) and year six (aged 10 to 11), to assess overweight and obesity levels in children within primary schools. It allows local authorities to better understand the health of school age children and plan services accordingly. However, being overweight is a stigmatising issue in society and the NCMP process can lead to parents feeling a sense of blame and judgement.

Research suggests that parents with children above a healthy weight object can be upset about receiving results of the NCMP process via letter.

Locally, the NCMP results letter was felt to create a barrier to engagement with parents, particularly in relation to the post measurement letter, where parents are informed if their child is overweight/obese. This resulted in a high number of complaints and poor uptake of the Tier 1 Healthy Weight Package of Care offered by the School Health Team, particularly regarding children in the reception class.

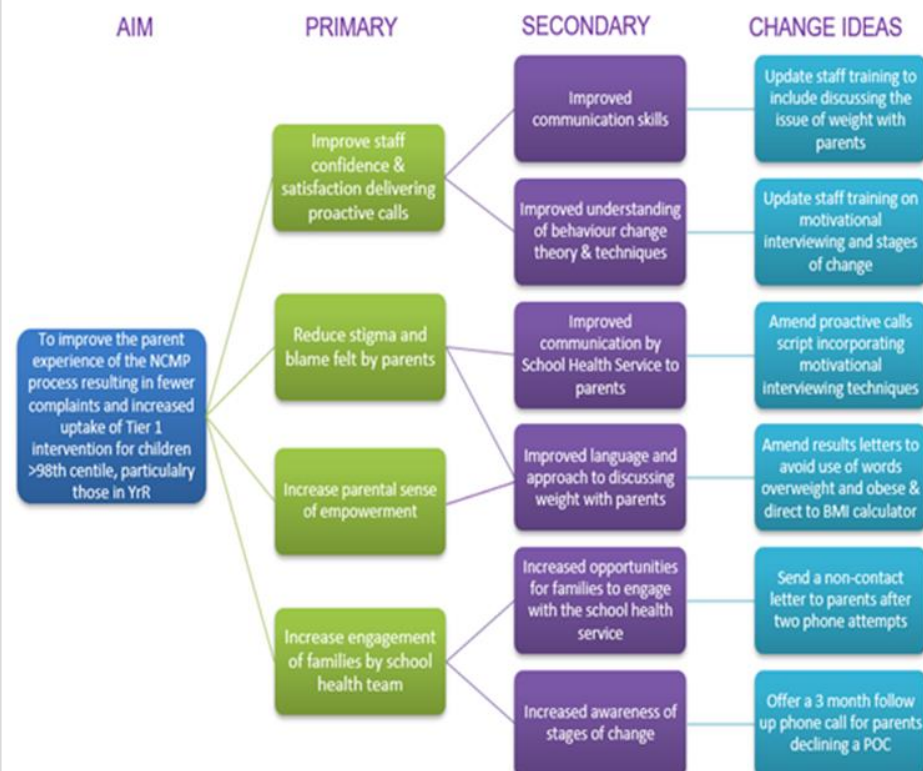
The Royal Society of Public Health (RSPH) recommends that the letter is seen as the beginning of a dialogue with parents, not simply flagging whether a child is obese. Phone calls to parents of children who are obese is seen as an opportunity to help parents understanding of NCMP findings, but practitioners can find this extremely challenging.

## Ideas and tests of change

- Changes were made to the letter to avoid the use of stigmatising words 'overweight' and 'obese'. Instead parents were provided with their child's height and weight in a neutral way and signposted to the NHS BMI calculator.
- Changes were made to staff training to help improve confidence around discussing weight with parents and increase understanding of the stages of change model.
- The proactive calls 'script' was amended to support improved communication between practitioner and parent.
- A three month follow up call was offered in addition to the Package of Care or as an alternative service.
- A sub-group of practitioners received additional training around the use of a holistic tool called the Family Health Wheel, to see whether this would add benefit to the calls.

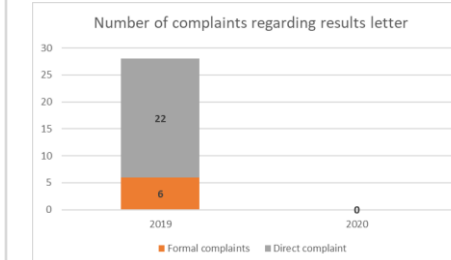
## The tools we used

### Driver diagram



## Results/How did we do

### Complaints and Stigma:

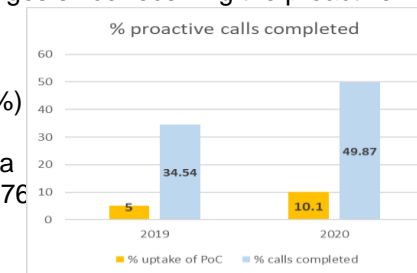


This year there were no complaints made to the school health team following receipt of the results letter. The previous year (2019) received a total of 28 complaints; six formal complaints via PALS and 22 direct to the School Health team. Four parents had a telephone interview and rated the quality of the proactive call nine out of 10 on average. A further eight phone calls were conducted by ActivMob. The combined results are below;

100% of parents felt respected and listened to and had a positive view of the School Health team  
100% of parents preferred the letter not stating 'overweight or obese'  
Comments included: "the reassurance whilst on the phone was helpful" and "very informative, didn't put you down, acknowledged my suggestions. It was a two-sided conversation."  
Parents still experienced negative emotions: feelings of shock or denial associated with the letters and proactive calls, but also reported a feeling of relief at being able to discuss this with someone. Most importantly, all parents reported that they had made some behaviour changes since receiving the proactive call.

### Increased engagement.

This year 1,500 proactive calls were attempted with 748 completed (49.8%) compared to 2,128 proactive calls attempted in 2019 with 735 completed (34.5%). There was also an increase in uptake of the Package of Care in a predominantly the reception year sample from 5% (18 in 2019) to 10.1% (76 in 2021) - from a sample of 100% eligible reception pupils and 10% eligible year six pupils, due to COVID-19).



### Improved staff confidence and satisfaction.

Knowledge, confidence and understanding was measured pre and post training with a 66.6% response rate. 100% of staff reported increased confidence in conducting pro-active calls with parents. Comments from 16 colleagues from three staff focus groups included: "I've had a really good experience this year and actually quite liked the entire thing. Some really good, meaningful conversations with a lot of people. I don't think I've had any negative conversations with any parent this year." Feelings of stress and anxiety were reported by staff around managing the volume of calls and second calls within their allocated time, managing caseloads, using the spreadsheet and coordinating emails from Single Point of Contact.

## What we learned and what's next

- The letter and proactive phone call are an acceptable and effective way to engage and empower families with children identified above a healthy weight.
- 213 families (28%) accepted the offer of a three-month review phone call to check progress and offer ongoing support. Results from the follow up call indicate they are effective at facilitating behaviour change within families. It is also another opportunity to recruit families to the Package of Care.
- Changes to the staff training around motivational interviewing and use of the Family Health Wheel was particularly effective for those families who were in the pre-contemplation stage of change but this was time consuming for practitioners.
- A large number of parents (62%) declined a POC and/or a three-month follow up call during their proactive call with some remaining unhappy with the whole NCMP process. This suggests that for these families, there remains the potential for feelings of stigma and judgement following receipt of the letter/proactive call and a large proportion not benefitting from the support of the School Health Service.

### WHAT'S NEXT?

1. Improve joint working with schools in areas with low engagement to better understand reasons and identify strategies to engage these parents.
2. Improve proactive call processes to reduce stress and anxiety experienced by staff.
3. Improve communication between School Health Team and parents e.g. email confirmation of referral for a POC/ how to contact the service/ parent videos/ look more into application of the Family Health Wheel.