Yancy Jensen has a tough job. In her new role as a healthy weight specialist nurse in the inner London borough of Southwark, Ms Jensen focuses on the area’s most overweight primary school children and their families, offering to educate and support them into a healthier lifestyle.

Using results from the National Child Measurement Programme (NCMP), Ms Jensen, a registered nutritionist, telephones parents whose children are above the 98th body mass index percentile and offers them a one-to-one weight management session.

‘School nurses offer group sessions to all children identified as overweight or obese and after these sessions, I make a follow-up call. The aim is to be as proactive as we can.’

Ms Jensen’s 45-minute sessions cover healthy eating, physical activity and weight management as well as schemes available, such as Southwark Council’s free weekend swim and gym sessions, and the government’s healthy eating and exercise campaign Change4Life.

Since starting the role in June last year, Ms Jensen, who has a master’s degree in nutrition and public health management, has seen families from across the borough’s 75 primary schools.

Ms Jensen explains: ‘Using motivational interviewing techniques, I aim to get parents to tell us where they would like to be and what the barriers to getting there are. There is no point telling people to never have fizzy drinks again, but suggesting they limit these to a couple a day and drink more water can make a difference.’

Responses
She says that some parents respond positively to the sessions – feeling better educated and prepared to make changes, but others can feel their parenting is being scrutinised. ‘Weight is a sensitive issue. Talking about what is happening on the inside, rather than how people look often goes down better’ says Ms Jensen, who works for Evelina London Children’s Hospital’s school nursing team, part of Guy’s and St Thomas’ NHS Foundation Trust.

In Southwark, overweight and obesity levels are among the highest in the country, with 23% of four to five years olds and 43% of 10-11 year olds either overweight or obese.

While statistics show obesity is worse in poorer areas such as Southwark, the problem is universal.

Across England, more than one in three 10-11 year olds were either overweight or obese in 2015-16. Even in Richmond upon Thames, the local authority with the lowest obesity prevalence, 11% of 10-11 year olds were obese.
**Childhood obesity plan highlights**

- Asking the food and drink industry to cut by 5% the sugar content in products popular with children over the next year.
- A voluntary target to cut sugar content in products popular with children by 20% over the next four years. Public Health England to monitor progress.
- Primary schoolchildren to have at least 30 minutes of physical activity a day and to help parents and carers ensure children get the same amount at home.
- A new voluntary ‘healthy schools rating scheme’ to be taken into account during Ofsted inspections.

The plan does not cover advertising of junk food or price promotions such as buy one get one free.

In Southwark, Ms Jensen describes herself as lucky to work in an area where the council and local clinical commissioning group that commissions her post take the crisis seriously. But she adds: ‘Obesity is a complex issue and a different approach for managing it is needed, depending on where the child is on the obesity percentile. I am lucky to be able to offer the support I can to children in the borough.’

**Futile**

School and Public Health Nurses’ Association professional officer Sharon White agrees that obesity services to which school nurses can refer overweight children are ‘sporadic’ and ‘much reduced’.

‘As a result, in some areas, conducting the NCMP does feel futile and, indeed, in part unethical if we cannot or do not have the resources and services with which to respond once we identify the issue.’

She believes that a lack of resources and IT data-collection systems leaves school nurses with too little time to support children and families. ‘Ideally school nurses, as public health practitioners, would be doing much more early intervention and prevention work. However, sadly due to huge cuts to public health grants, many areas are no longer commissioning sufficient school nursing services to enable them to do this.’

Ms Smith argues that the government’s childhood obesity plan, published in August, does not set out the ‘dramatic steps needed’ to tackle the growing crisis. ‘From diabetes to depression, every obese child is at risk of many more problems that can follow them into adulthood. By raising an obese nation, we’re storing up countless problems for the future and leading millions of children towards a life of ill health. ‘The obesity plan included some sensible steps, but there is disappointment across the child health world about the lack of action on confronting advertising of junk food.’

**Balancing multiple tasks**

Chris McDermott, school nursing practice development lead with community health provider CSH Surrey, describes the government’s childhood obesity plan for England as long term. ‘There is nothing in it to help children that are struggling with their weight now.’

She also points out that, in parts of Surrey, one in ten year 6 children opted out of taking part in the National Child Measurement Programme, prompting concern that obesity could be worse than the data show.

Ms McDermott, who was commended in the child health category of the RCNi Nurse Awards last year, adds that school nurses across the UK are working hard and balancing multiple tasks, including collating data on weight.

But she says more effort is needed from councils and the government to help work out how the data can be used to bring about change. ‘So many factors, such as school vending machines and safe routes for walking to school, play a part and need to be considered.’

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