Pressure is growing for school nurses to become more involved in an evidence-based approach to the prevention, detection and management of childhood weight problems.

As the government’s deadline to halt year-on-year increases in obesity in children under 11 by 2010 looms, the debate on how to tackle this problem has taken on an unexpected – and some would say retrograde – turn.

The Commons health select committee’s inquiry into obesity recently recommended that children should have their body mass index (BMI) measured annually at school.

The Department of Health and the Department for Education and Skills say the government has accepted the recommendation in principle. But they have not yet made any firm decision about its implementation, only confirming that its interdepartmental working group will be ‘looking to establish regional pilots at the end of this year’.

The select committee’s recommendation has received a mixed reception. Some health campaigners, such as Tam Fry, chair of the Child Growth Foundation, have welcomed regular weight monitoring. ‘Given that one third of the population in the UK is overweight or obese, this should help us pick up the early signs of a young person gaining weight and offer help to stop it progressing. The...
results will benefit children who have a problem and reassure the parents of those who don’t.’

But many school nurses are less happy. While recognising the serious implications of rising childhood obesity levels, many are concerned about the resource, personnel and ethical issues involved in such intervention.

Pat Jackson, the Community Practitioners’ and Health Visitors’ Association (CPHVA) professional officer for school and public health, is one of them. ‘If we are to tackle childhood obesity, some form of weight monitoring is required. But I have concerns that should these proposals become policy without additional government funding, this task will fall at the doorstep of school nurses. This would have enormous resource implications for the profession, whose role is to focus on public health initiatives.’

Ethical concerns about the proposals have been raised by John Thain, a member of the RCN’s children and young people’s forum. ‘Some of our nurse members see school entry? The information is rarely accessed but could be used as a national baseline?’

‘These interventions might also be unethical without ensuring sufficient care pathways are in place to manage children with identified weight problems.’

So what is to be done? Pat Jackson believes that school nursing and health visiting have now been de-medicalised, leaving nurses free to assess children holistically. ‘Our role must no longer involve ticking boxes. We are aware of which children are overweight and can follow them up appropriately through school

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taking annual height and weight measurements as an invasion of children’s privacy. Schools must not become places in which children are continually assessed and measured academically and physically.

‘A less medicalised, holistic approach is more appropriate in which childhood obesity is tackled as part of a wider public health infrastructure, for example through health education and school nurse-run drop-in centres.’

Barbara Richardson-Todd, school nurse representative on the chief nursing officer’s stakeholder group for school nursing, also worries about plans for such intensive data collection. ‘What is the purpose of collecting regular BMI checks from schoolchildren when we already have a wealth of data routinely taken from five year olds at

services and a whole family approach. The National Institute for Health and Clinical Excellence is currently looking at the evidence base for interventions to tackle obesity.

‘Should it recommend some form of child growth monitoring, the huge agenda currently facing school nurses would mean this activity should be delegated to others.’

In Darwen Primary Care Trust (PCT), Blackburn, this is exactly what is happening, says professional lead for school nursing Ann Atkin. ‘In the light of national recommendations on obesity, our classroom and school nurse assistants will help us to obtain a snapshot of obesity levels among ten year olds in our schools.’

All school health teams, health visitors and classroom assistants in Darwen have recently been offered training in weighing and measuring children to ensure they monitor growth to a uniform standard. School nurses will provide necessary support and supervision.

‘This data will be anonymous and we have used the services of a public health epidemiologist to calculate these children’s BMIs before analysing and identifying what percentage have weight problems,’ Ms Atkin says. ‘The data will then give us an indication of which schools and which postcodes have the highest levels of childhood obesity.’

Parental consent

But what of parental consent and care pathways to ensure that children receive support and advice? ‘Though we will not be collecting children’s names, we will initially be writing to gain parents’ consent and to ask that they contact the school nurse if they have any concerns about their children’s weight or if they need advice. And once we have our analysed results, we will investigate why children in some areas have more weight problems than others.’

In Coventry, school nurse assistants have been trained to weigh and measure five year olds at school entry. But, says Shirley Raven, the PCT’s clinical lead for school nursing, ‘We monitor our nursing assistants closely. Our school nurses also ensure no child with weight problems falls through the net, by liaising closely with parents and teachers. Then, if we notice a class or school have a low weight monitoring take-up, we ensure there has been no communication problem, such as change of teacher or...
Part of maths lesson
What is claimed to be a ‘low-cost, unobtrusive, workable’ method of collecting data on childhood obesity has recently been piloted by a public health specialist in seven north Birmingham primary schools and looks set to be rolled out across the city soon.

Aware that nine to ten year olds already take body measurements in class as part of their numeracy curriculum, Kristina Routh hit on the idea of gathering this data for public health analysis.

The anonymous weight and height measurements were taken as part of a maths lesson on creating numerical charts and graphs of such personal information as eye colour, hand span and foot size. To avoid stigmatisation, pupils’ weights were recorded semi-privately.

Dr Routh says that school nurses enjoyed the involvement, although one suggested they could have been carried out by a link worker. This is echoed by Sonya Gorden, North Birmingham PCT’s modern matron for children’s and family services.

‘My preferred option would be for specially trained classroom assistants to perform these tasks. And while weighing children as part of their maths curriculum provides health and educational services with an ideal opportunity to work in partnership, I would hope teachers continue to liaise closely with school nurses, who have a duty of care, if weight problems are identified.

Ethically speaking, I would feel uncomfortable if this data were simply collected from school children for research purposes.’

Classroom assistants
The use of classroom assistants for this work seems to split the profession. Pat Jackson says: ‘It is becoming clear that classroom assistants, who know their class children, are best placed to collect this data in a curriculum-linked, non-personalised way.’

But Debbie Cox, a school nurse in west Hull, says: ‘As professionals with at least four years’ training, I believe school nurses are best equipped to pick up, or manage children’s weight problems.’

Hull was named by data analysts Experian as the ‘fat capital of the UK’ in 2004. Pauline Dumble, acting director of modernisation for East Hull PCT, says school nurses will be very much involved in a surveillance programme of overweight and obese primary schoolchildren, starting in 2006.

‘Obesity was identified as an area of concern in the region three years ago, and we are already trying to remedy this with such initiatives as free healthy school meals,’ says Ms Dumble. ‘But as a deprived region, Hull has a tradition of good investment in school nursing and we are putting in additional staff and equipment funding for this programme.’

But many PCTs do not have the resources to make such programmes a realistic proposition. And some school nurses are becoming angry.

Pauline Emmerson, clinical lead for school nursing in Southwark PCT says: ‘Why are we talking about spending valuable resources on measuring children’s BMIs when we know what causes childhood obesity and we know how to remedy it contextually? The bottom line is that children need free healthy school meals, fresh drinking water, more school sports facilities, cookery classes and health education on the curriculum.’

‘Cross-sectional studies on the incidence of childhood obesity may at some stage be useful,’ Ms Emmerson adds. ‘But not at a time when some PCTs barely have enough school nurses to cope with such crucial public health issues as child protection and immunisations.’

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‘WHY TALK ABOUT SPENDING VALUABLE RESOURCES WHEN WE KNOW WHAT CAUSES CHILDHOOD OBESITY?’

language difficulty. This could be remedied by running a parents’ session on healthy eating and exercise.’

Ms Raven reacts guardedly to the idea of regular BMI checks in schools. ‘We like to keep children’s weight monitoring simple, flexible and sensitive, leaving BMI checks to their paediatricians if they have serious weight problems. And fortunately extra funding has recently enabled us to put children’s measurements on to a database as part of our “whole school” health profiles.’