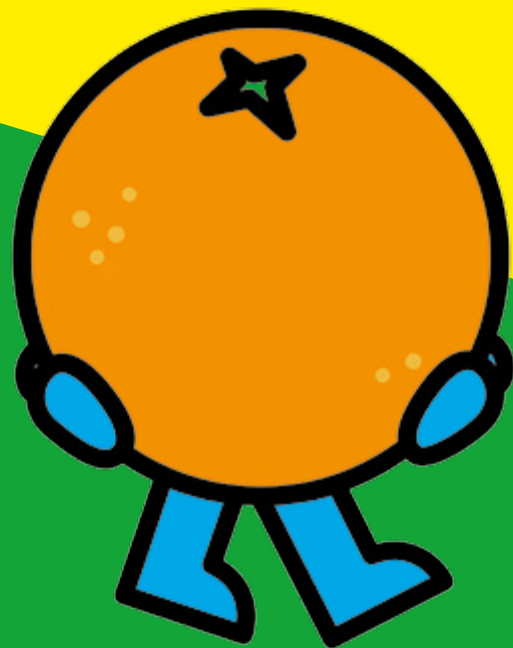
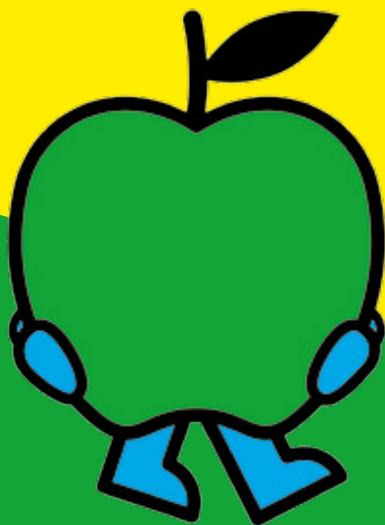


richmond children and young people's healthy weight pathway and toolkit

5-18 years

Information and resources for professionals to help support children
and their families to maintain or achieve a healthy weight

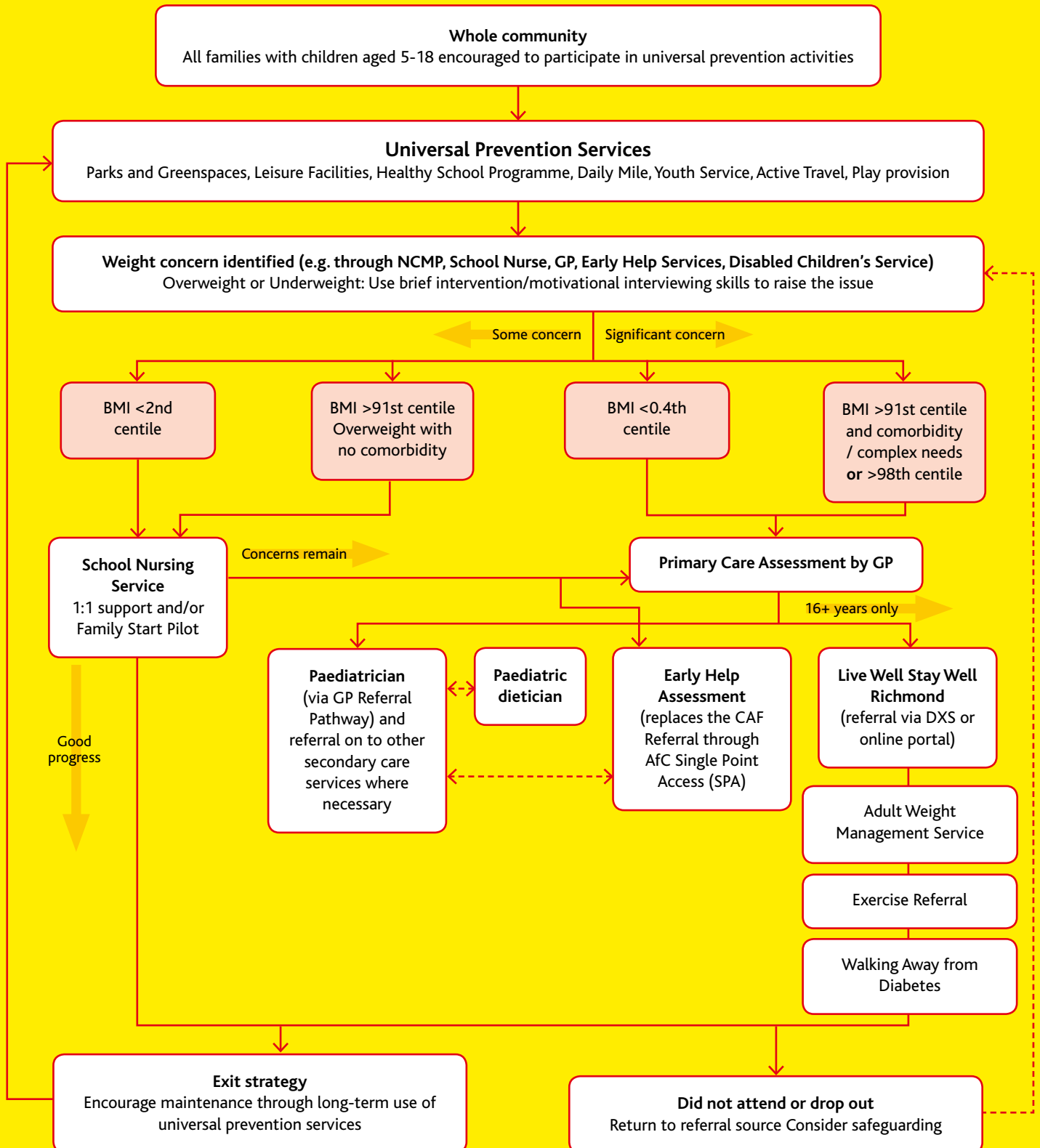


Eat well Move more Live longer

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1. healthy weight care pathway



4 = Toolbox section containing further information

*Where a child is Looked After or known to Youth Offending Services (YOS), the Looked After Children (LAC) Nurse or YOS Nurse may also be well placed to work with the child

2. background and context

Tackling the burden of childhood obesity is of increasing national and international concern. In January 2016, the World Health Organisation (WHO) Commission on Ending Childhood Obesity (ECHO) presented its final report proposing a range of recommendations for governments aimed at reversing the rising trend of childhood obesity¹.

The UK Government has also published its Childhood Obesity Strategy – 'Childhood Obesity: A Plan for Action'², setting out how it intends to significantly reduce childhood obesity by supporting healthier choices. In Richmond, preventing childhood obesity is a corporate priority for the Council as part of ensuring every child has a good start³.

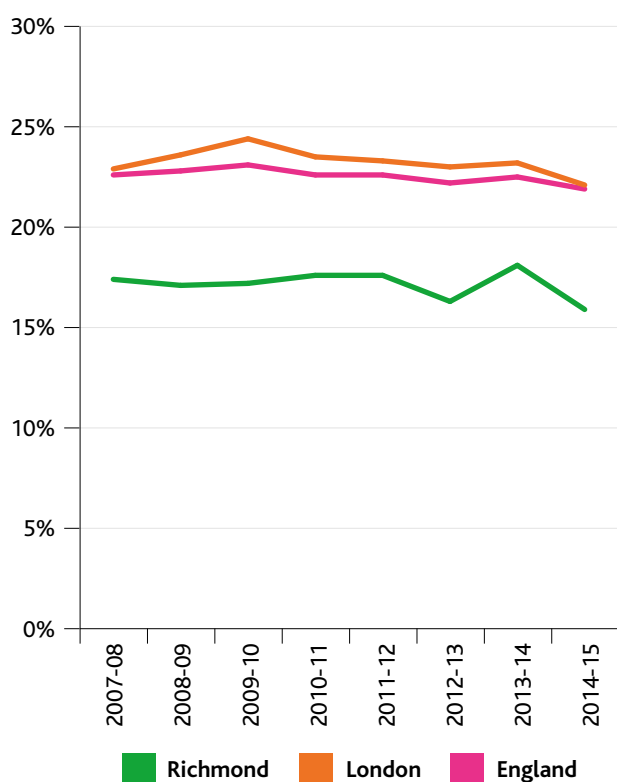
This toolkit focuses on supporting children and young people to maintain or achieve a healthy weight, and as such incorporates information and resources relating to both overweight and underweight children and young people.

In childhood, obesity can significantly impact on quality of life and is associated with a number of health risks including, type 2 diabetes, respiratory problems, psychological issues such as low self-esteem, eating disorders and musculoskeletal problems. Individuals who are obese as children are more likely to be obese in adulthood and being obese in childhood increases the risk of poor health and mortality in adulthood.⁴ Being underweight can also have a significant negative impact on a child or young person's health, including nutritional deficiencies, a weakened immune system and delayed or interrupted menstrual cycles in girls. Being underweight may also point to underlying mental health issues.

The Greater London Authority (GLA) 'Childhood Obesity in London' report highlights that although the direct costs of childhood obesity are low, because obese children are more likely to become obese adults, the future costs are much higher. An obese child in London is likely to cost around £31 a year in direct costs which could rise to a total (direct and indirect) cost of £611 a year if they continue to be obese in adulthood. The GLA estimates a cost to the capital of £111 million in healthcare costs and productive losses if today's generation of obese children enter the workforce as obese adults.⁵

Focusing on prevention early accumulates the greatest benefits across the life-course at both an individual and population level and provides a much more cost-effective approach compared with clinical intervention later. It also provides an opportunity to establish early healthy behaviours and automatic processes that can persist into adulthood.^{7,8,9}

Reception year excess weight trends, regional and national comparison NCMP (2006-7 to 2014-15)



Year 6 excess weight trends, regional and national comparison NCMP (2006-7 to 2014-15)

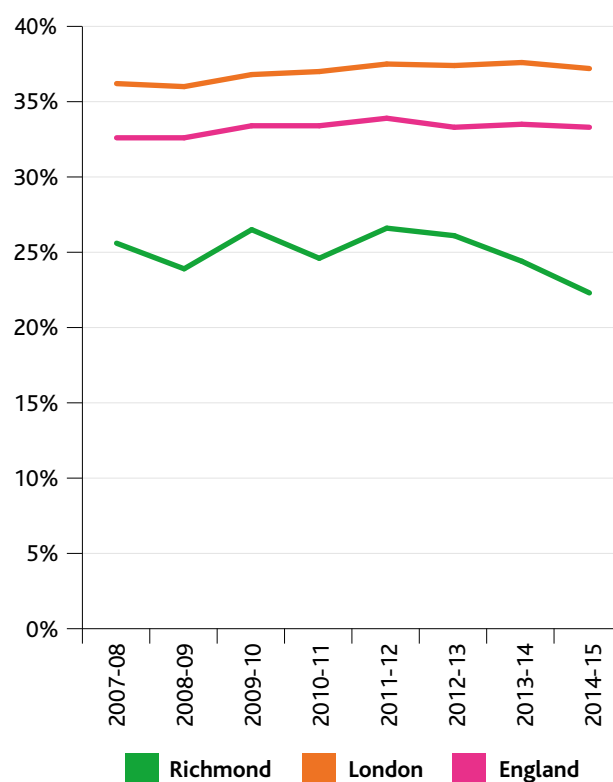
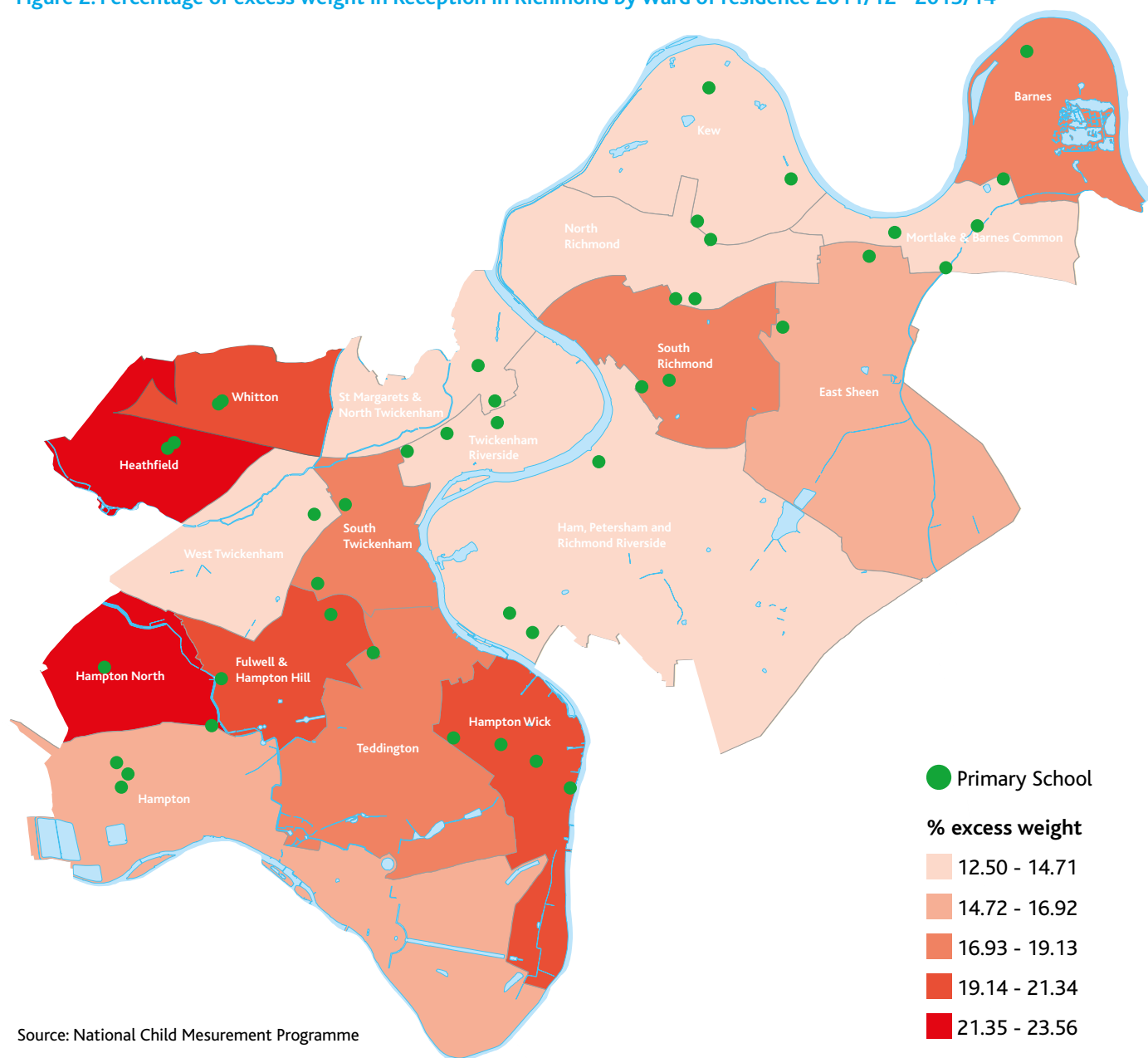


Figure 1: Reception and Year 6 excess weight trends, regional and national comparison

While Richmond has a low prevalence of childhood obesity when compared with the national and regional average, approximately 3,300 primary school aged children are overweight or obese. Also between Reception and Year 6, levels of obesity double in Richmond and there is a higher prevalence of obesity in the more deprived wards.⁶

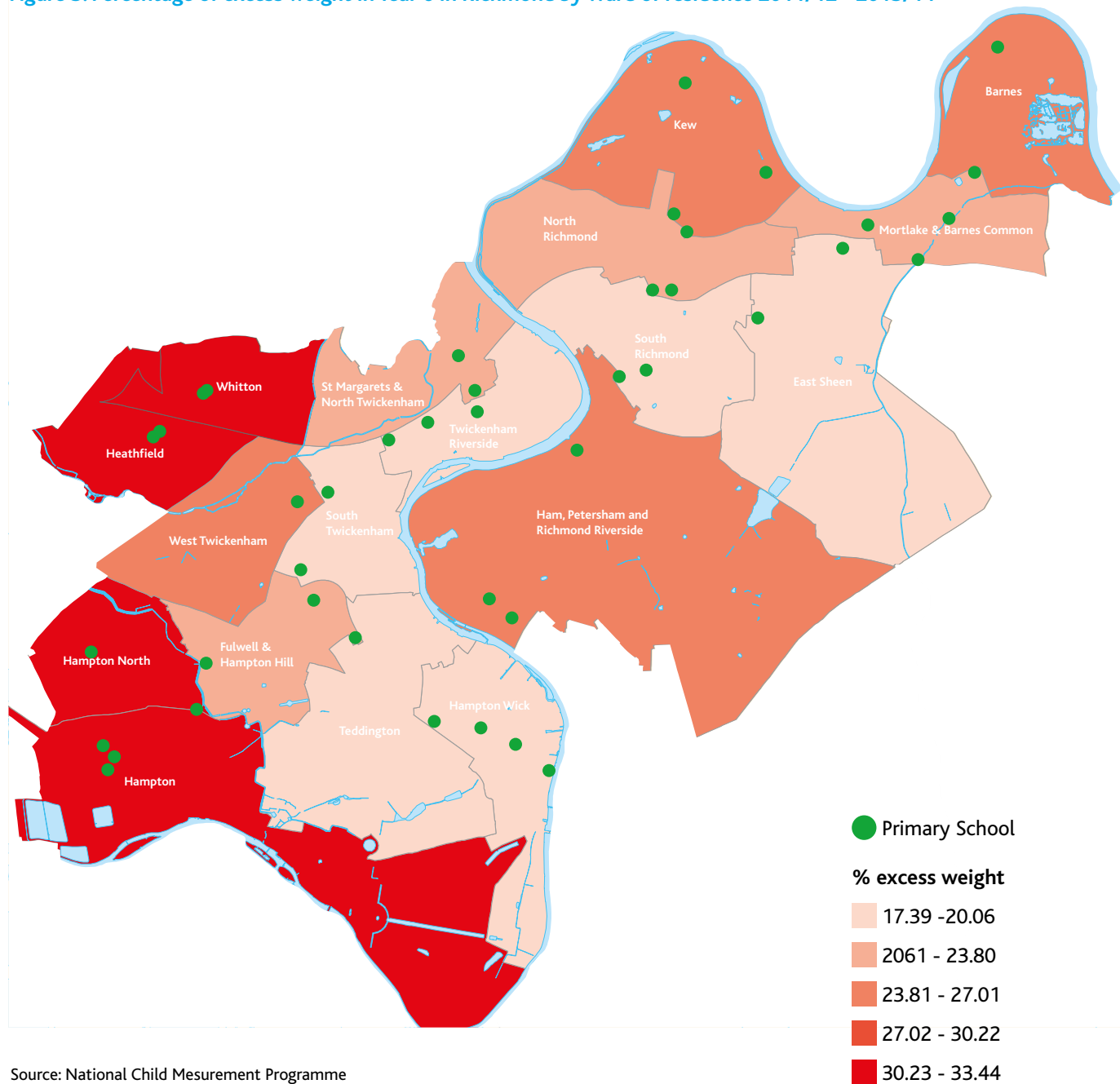
Figure 2: Percentage of excess weight in Reception in Richmond by Ward of residence 2011/12 - 2013/14



the costs to individuals, families, and the wider economy are significant, and yet excess weight and its related diseases, are largely preventable.



Figure 3: Percentage of excess weight in Year 6 in Richmond by Ward of residence 2011/12 - 2013/14



Source: National Child Measurement Programme



The rates of underweight children identified through the National Child Measurement Programme (NCMP) at Reception and Year 6 are similar in Richmond to the London and England average. However, as eating disorders often develop during teenage years, these metrics may not provide an accurate picture of need in the Borough. In the 2014 Richmond Young People's Survey, 4% of children and young people aged 9-12 and 6% of young people aged 12-15 indicated that they would like to put on weight¹⁰, however this is also unlikely to capture the full picture.

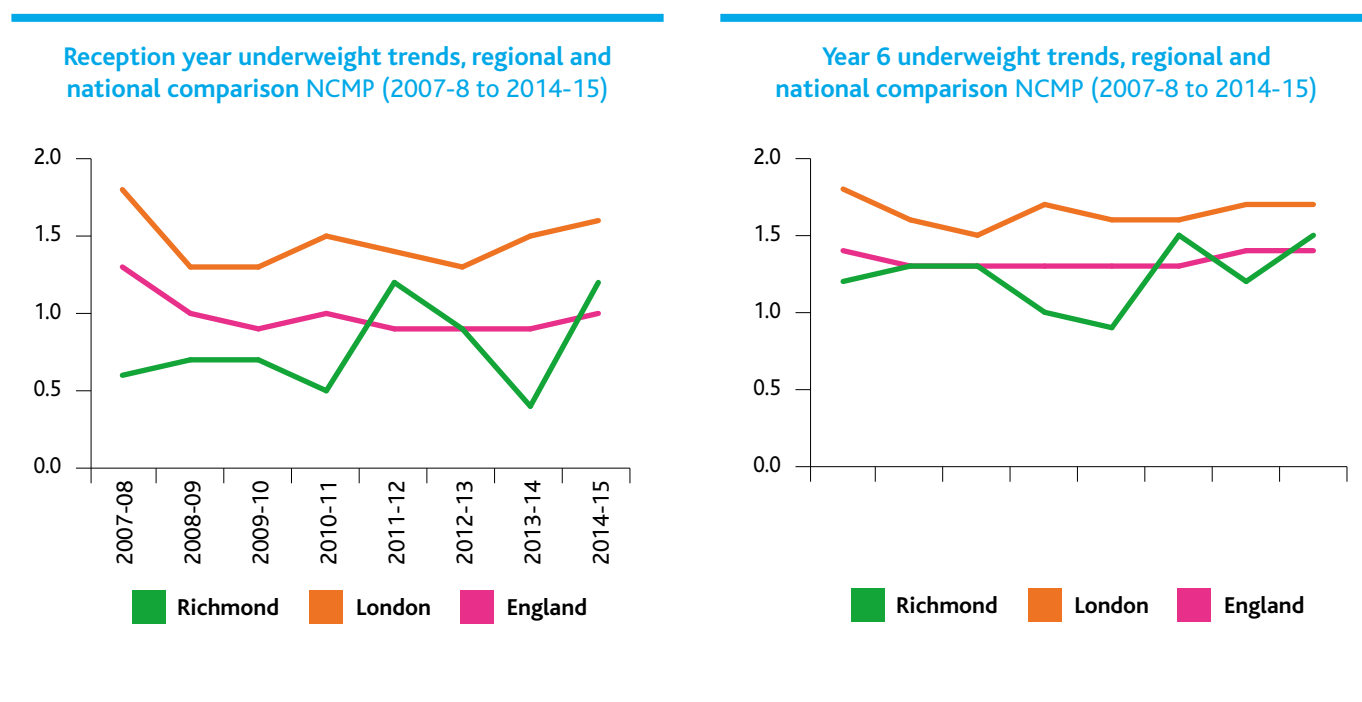
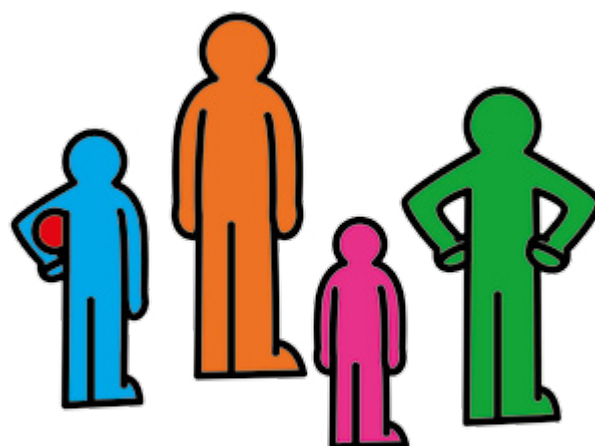


Figure 4: Reception and year 6 underweight trends, regional and national comparison

Despite the relatively low rates of underweight and excess weight in the Borough, the actual numbers of children and young people affected, the higher prevalence of excess weight in areas of relative deprivation and the increasing trend as children reach Year 6, demonstrate significant scope for improvement. There is a need to ensure the local offer around universal prevention and healthy weight is clearly communicated and consistent messaging and information is available to support children and their families to maintain or achieve a healthy weight.



The Richmond Healthy Weight Pathway (5-18 years) has been developed with a range of stakeholders from Richmond Council, Achieving for Children, Richmond Clinical Commissioning Group (CCG), local schools and local healthcare providers.

This accompanying toolkit provides additional information and resources for health professionals and people who work with children and their families to support successful implementation of the pathway, with an emphasis on prevention.

In Richmond, Year 6 and 7 pupils who said they enjoyed physical activity compared with those pupils who said they didn't were:

- more likely to record levels of high self-esteem (53% compared to 30%)
- more likely to say they had exercised hard on at least 3 occasions in the previous week. (84% compared to 49% of pupils)
- less likely to say they wanted to lose weight
- more likely to say their school deals well with bullying
- more likely to feel comfortable saying things in front of teachers
- more likely to have had 5 or more portions of fruit and vegetables the day before
- more likely to have been to an afterschool club in their own free time in the last 4 weeks

in both boys and girls in England, the proportion of children aged 5-15 years meeting the physical activity recommendations fell between 2008 and 2012



Figure 5: Richmond Young People's Survey 2014

In Richmond, Year 8 and 10 boys who said they would like to lose weight compared with boys who said they were happy with their weight were:

- more likely to say they were afraid to be in school because of bullying (21% compared to 9% and more likely to have experienced bullying behaviours in the last month
- more likely to say that they had been threatened in the last month
- less likely to have exercised hard at least 3 times the previous week
- more likely to say they had had at least one of the drugs listed in the questionnaire
- less likely to say that they had breakfast at home on the day of the survey
- less likely to say they were happy with their life

Figure 6: Richmond Young People's Survey 2014

3. prevention guidelines

The information in this section is taken from the [Chief Medical Officer's guidelines on activity and exercise](#) and [NHS Choices website](#)¹¹.

**national guidelines
on physical activity**

**national guidelines
on healthy eating**



national guidelines on physical activity

To stay healthy or to improve health, young people aged 5-18 need to do three types of physical activity each week: aerobic exercise, exercises to strengthen bones and exercises to strengthen muscles.

Children and young people should be encouraged to do at least **60 minutes** of physical activity every day and up to several hours a day. This should range from moderate activities, such as walking to school, cycling and playground activities, to vigorous activities, such as football, tennis or rugby. Vigorous activity should cause the child or young person to breathe hard and fast and their heart rate to increase significantly.

On three days a week, these activities should involve exercises to strengthen muscles and exercises to strengthen bones.

Muscle-strengthening activities involve a child lifting their own body weight or working against a resistance, and could include push-ups, rope or tree climbing, and sports like gymnastics and rugby.

Bone strengthening activities promote bone growth and strength by producing an impact or tension force on the bones, and could include running, martial arts and dance.

Children and young people should reduce the amount of time they spend sitting down for example watching TV, playing computer games or travelling by car when it would be possible to walk or cycle instead.

These guidelines can be applied to disabled children and young people, emphasising that they need to be adjusted for each individual based on that person's exercise capacity and any special health issues or risks¹².

For more information about national physical activity guidelines for 5-18 year olds, see the [NHS Choices webpage](#).



national guidelines on healthy eating

The Eatwell Guide shows how much of what we eat should come from each food group to achieve a healthy, balanced diet. This doesn't have to be achieved with every meal but everyone should try to get the balance right over a day or, if needed, a week.

The guide shows that children aged 5+ and adults should eat mostly fruit and vegetables and starchy foods, with some milk and dairy products, some meat, fish eggs and other non-dairy sources of protein (e.g. beans and pulses). Food and drink high in fat and sugar should be eaten less often and in small amounts.

To maintain a healthy weight, portion sizes should vary depending on the age and size of the child, and families should be encouraged to provide 'me size meals' for children.

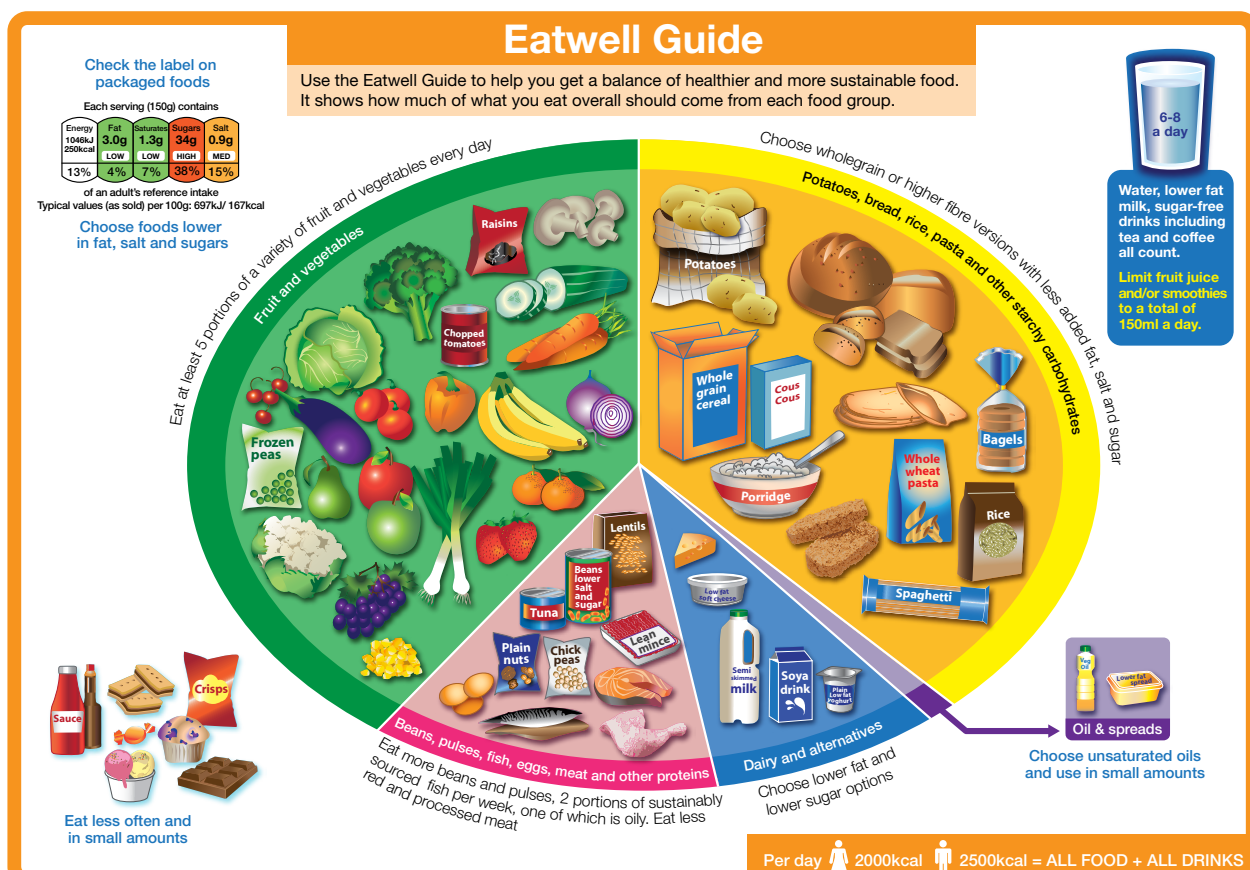
There are no set rules but a good guide to a portion for a child is the amount they can fit into the palm of their hand. Families should start with small servings and wait for a child to ask for more if they are still hungry.

Children should not be made to finish what's on their plate or eat more than they want to.

Families should also be encouraged to eat together¹³.



children aged 5+ should eat at least 5 portions of fruit and vegetables a day.



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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4. universal prevention services



healthy schools

healthy schools london in richmond

active travel

daily mile

outdoor learning

school meals

healthy packed lunches

active leisure time

parks and green spaces

youth clubs

school nursing

sports and fitness services

sports club and activity directories

healthy schools

All schools have a duty to provide opportunities for children and young people to be active as part of every school day and to promote children and young people's wellbeing. A whole-school approach should be used to develop life-long healthy behaviours. Interventions should be sustained over time, multicomponent, and address the whole school, including after-school clubs and other activities. Short-term interventions and one-off events are insufficient on their own. This section includes information about action schools can take to support children and young people to maintain and achieve a healthy weight.

Healthy Schools London in Richmond

Healthy Schools London is an awards programme for schools which recognises achievements in supporting pupil health & wellbeing, taking a whole school approach. Many schools in Richmond have already achieved a Healthy Schools Award and are working towards their next one.

There are three levels of award: Bronze, Silver and Gold. The tiered structure of the award is designed to help schools to progressively build on their policies and practice over a period of time. In many cases, schools will automatically qualify for the Bronze award through the work they have done under the previous national programme.

The [Healthy Schools London](#) website provides information about the programme as well as useful resources, examples of activities that schools might undertake, and [contact details](#) for your local Healthy Schools Lead.

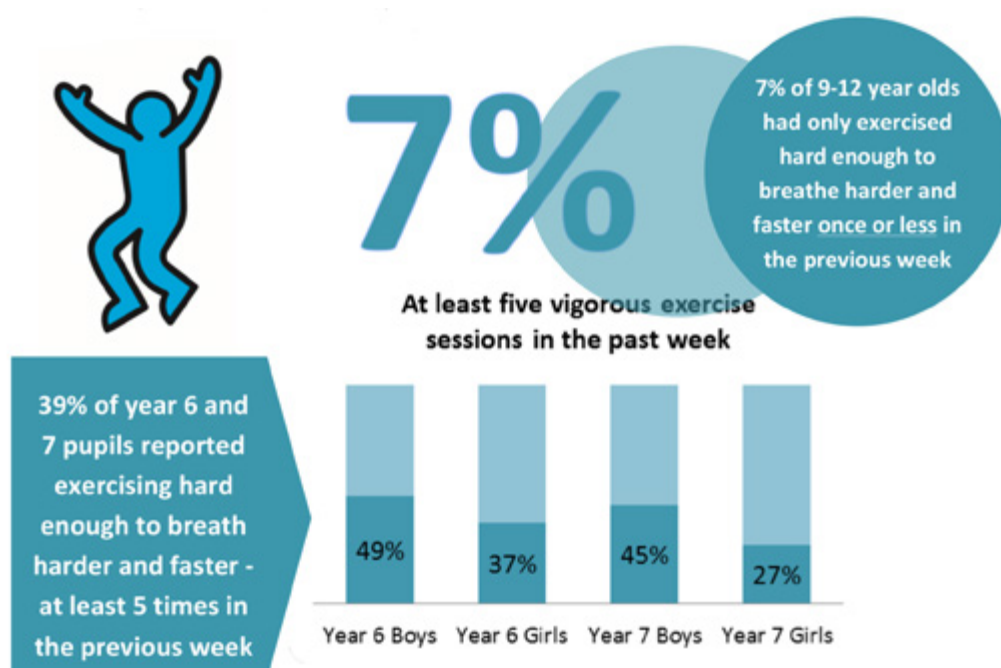


Figure 7: Richmond Young People's Survey 2014

Active Travel

The Council's [Transport Planning](#) and [Safety Education team](#) work closely with schools to offer a variety of schemes, projects and campaigns that help promote and encourage healthy, safe and active travel to school.

All of the activities are designed to help schools achieve their School Travel Plan targets and contribute to achieving [STARS accreditation](#). Through the travel plan, engaged schools are also offered opportunities to bid for grants either from the Borough or TfL. If successful, these funds can be used to provide facilities, run events/clubs and install infrastructure that will improve and promote active travel at the school.

Promotion of active travel to schools can also help to reduce congestion and improve road safety and air quality in the streets surrounding schools.

Walk Once a Week (WoW) (primary schools)

[WoW](#) is a year round weekly incentive based walking scheme. It encourages parents and pupils to walk to school at least once a week. Independent evaluations of the WoW scheme show a measurable positive impact on increasing walking levels.

Walking bus (all schools)

A walking bus is a way of encouraging children to walk to school, in an organised and safe manner. The walking bus is supervised by at least two adult volunteers (one leading the group at the front and another watching from the back). It follows a fixed route, and includes designated collection points or "stops" along the way.

For support and advice about starting a walking bus at your school, contact the [Safety Education team](#).

Richmond Safe Walking Scheme for year 3 pupils (Key stage two)

This is a practical road side training course which encourages children to think about the dangers of traffic, understand and deal with hazards and to plan routes that make use of crossing facilities where they are available.

Safe Scooter training is available for Key Stage 1 children. Children learn about:

- Safety checks
- Safe and sensible braking techniques
- Consideration and courtesy to other pavement users
- Making sensible decisions on or near roads and driveways ¹



Getting one more child to walk or cycle to school could pay back as much as £768 or £539 respectively in health benefits, NHS costs, productivity gains and reductions in air pollution and congestion. ^{13,14}

Reproduced with permission from The Kings Fund and Local Government Association ^{13,14}

Cycle Training

Instructors provide cycle training to pupils in Year 5 and 6, in all borough and some independent schools. Courses follow National Standards Bikeability training and take place during term time.

The week long course is taught predominantly on quiet roads. The aims are to:

- Reduce casualties among child cyclists
- Teach pupils how to ride safely on quiet roads
- Help pupils understand the rules of the road
- Show pupils how to look after their bikes
- Encourage more cycling.

For more information on cycle and scooter training, contact the [Safety Education team](#).



Free Your Feet (secondary schools)

Free Your Feet is a five-day walking challenge for secondary schools. The walking challenge encourages students to walk all or part of the way to school every day for a week and is a great way to get pupils feeling the benefits of regular walking.

By way of encouragement, all students who participate are in with a chance to win a £50 shopping voucher.

More information and resources for schools are available through [Living Streets](#).

Daily Mile

The Daily Mile is a free and sustainable school based initiative to promote the health and wellbeing of children. It involves all classes in a primary school running or walking for 15 minutes during the school day, with pupils covering approximately a mile during that time. Every child takes part including children with special education needs.

The Daily Mile is not PE but is promoted for social, emotional, mental and physical benefits. Parents are very positive about the Daily Mile and are welcome to take part as well.

All of the [Daily Mile resources](#) are free and include a forum to access support from other schools and a risk assessment template.

Lowther Primary School is one of Richmond's Daily Mile schools:

"At Lowther we have found that the Daily Mile has been a huge success. The children love it, parents are equally happy with it and teachers have noticed real changes. The children are super keen to get started, they challenge themselves to get better each week and always have a smile on their face. The concentration levels in class have improved and we have data from some classes to show faster run times. A number of overweight children have lost weight and are now enjoying exercise for the first time. We have found it easy to implement and maintain, as a regular event from Reception to Year 6. Parents have reported increased fitness and children discussing their improvement at home with enthusiasm."

Victoria Coward Class Teacher

"I found it a bit hard when we started. But now I find it easier. I think I am running faster. When Mrs Durey tells us it is Daily Mile time I feel happy!"

Mylee Year 1

Outdoor Learning

Walk this Way - Learning Walks for Schools

[Richmond's Learning Walks](#) guide includes ideas to help schools make the most of Richmond's green spaces and to encourage them to spend more time learning in them. There are a range of activity sheets available across the different curriculum areas to encourage learning during each walk.

Out of the Woods

The [Out of the Woods](#) resources have been designed to enable schools to get the most out of using local parks for learning. They are curriculum-linked and focus on environment, and how important trees are.

Forest Schools

Forest Schools are an educational approach to outdoor play and learning that encourages and inspires children and young people through positive outdoor experiences. A number of organisations provide [Forest School sessions](#), including pre-school, after school and holiday club activities, in Richmond's parks and open spaces.

School Meals

The School Food Plan ensures that food provided to pupils in school is nutritious and of high quality; to promote good nutritional health in all pupils; protect those who are nutritionally vulnerable and to promote good eating behaviour. School governors are responsible for the provision of school food and must ensure that lunches and other food and drink provided meets the School Food Plan. A practical guide which includes best practice examples is available from the [School Food Plan website](#).

In Richmond, meals in most primary and special schools are provided by [ISS Facilities Education](#) which produces nutritious and sustainably produced meals that meet the 'Gold' Soil Association [Food for Life Catering Mark](#). Each secondary school and some primary schools have their own contracts with a catering company.

Healthy Packed Lunches

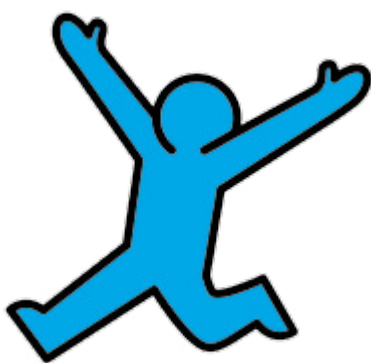
Information for parents on preparing healthier lunchboxes is available from [NHS Choices](#), and [Change4Life](#) also has lots of healthy and balanced [lunchbox ideas](#).

active leisure time

Parks and Green Spaces

Richmond has more green spaces than any other London borough, with 140 parks and open spaces which include sports grounds, playgrounds, and nature conservation sites, as well as 21 miles of River Thames frontage. Find your local park.

Lots of voluntary and private providers use the Borough's parks and green spaces to run outdoor fitness classes and activities.



Activities specifically aimed at children include:

- **Kids Run Free**, Marble Hill Park – A free run for children aged 0-16 (children can run as much as they want to) taking place at 8.45am on the first Saturday of every month. Marble Hill Park, Richmond Road, Twickenham, TW1 2NL. Register at www.kidsrunfree.co.uk
- **Moormead Junior ParkRun** – A free weekly 2k run for children aged 4-14 taking place every Sunday at 9am. Register at www.parkrun.org.uk Moormead and Bandy Recreation Ground, Moor Mead Road, Twickenham, TW1 1JS.
- **Bushy Junior ParkRun** - A free monthly 2k run for children aged 4-14 taking place on the first Sunday of every month at 10am. Register at <http://www.parkrun.org.uk> Bushy Park, Hampton Court Road, East Molesey, TW11 0EQ

Play

Play is an essential aspect of children's development, culture and quality of life. It can take place anywhere: at home; in a park or playground; at school; in a playgroup; or simply enjoying a game of avoiding the cracks in the pavement whilst walking to school! To support this, in Richmond, there are:

- 50 outdoor playgrounds
- Indoor and outdoor play facilities run by the voluntary and community sector. E.g. Marble Hill Playcentres
- A skate-park for young people at King's Field in Hampton Wick
- A Play Road at Hatherop Park which encourages children to learn about road safety whilst having fun

The Richmond Play Map shows play locations in the borough and can be printed off by families.

Outdoor paddling pools and splash parks

Some of the Borough's parks and children's playgrounds also have paddling pools for children to enjoy during the summer months*.

- **North Sheen Paddling Pool**
Dancer Road, Richmond, TW9 4LB
Paddling Pool, Playgrounds for all children, Café.
- **Vine Road Recreation Ground**
Vine Road, Barnes, SW13 0NE
Paddling Pool, Children's playground, Car Park, Changing Rooms.
- **Castelnau Recreation Ground**
Barnes Avenue, Barnes, SW13 9AA
Paddling pool, children's play equipment, multi-use games area, outdoor gym.
- **Palwell Common & Fields, Sheen**
Enmore Gardens, Sheen, SW 8RF
Children's play area in large grassland site with paddling pool, pitch and putt, tennis courts, and café.
- **Richmond Park: Petersham Park Playground**
Petersham Gate entrance to Richmond Park. Sandpit area with water play feature, Bark pit with climbing frame and lily pads, Giant piano and xylophone, See-saw, Adventure Playground.

*The Council aims for paddling pools to be open on 'good weather days' from the late May Bank Holiday until the end of the school summer holidays.

Outdoor fitness equipment

Outdoor fitness facilities are available in a number of parks across the borough and some sites have been specifically designed for use by young people who have moved on from play equipment. The equipment is free to use and there is no booking required.

Several parks also have table tennis tables available for use.

Family Activities in Parks

There are lots of family friendly activities and events that take place in the Borough's parks, most of which are free. Local events are listed in the [South West London Environment Network Events Calendar](#).

Families are also encouraged to get involved in [conservation volunteering opportunities](#) in the borough parks through 'Friends of' park groups and Nature's Gym. These are great opportunities for exercise and working together as a community. Families are welcome at most of these activities unless the task excludes them for health and safety reasons. Some groups also run child friendly activities to specifically encourage families to get involved.

Walk This Way – Discovery Walks for Families

The [Discovery Walks](#) guide contains ideas to help you and your family to make the most of Richmond's green spaces and to encourage you to spend more time discovering them. This includes activity sheets for you and your child to complete during your walk. Each walk is suitable for the whole family.



Youth Clubs

Youth Clubs provide lots of opportunities for active play and leisure time. Activities available in Richmond include Parkour, Climbing, Streetdance, Football, Basketball, Skatepark and Gym sessions (including girls only sessions) and a range of social opportunities that can enhance the wellbeing of young people.

There are six youth clubs across the Borough:

- **[Castlenau Youth Centre](#)** 7 Stillingfleet Road, Barnes, SW13 9AE
- **[Ham Youth Centre](#)** Ham Hall, Ham Close, off Ashburnham Road, Ham, Richmond, TW10 7PL
- **[Hampton Youth Project](#)** 32 Tangle Park Road, Hampton, TW12 3YH
- **[Heatham House](#)** Whitton Road, Twickenham, TW1 1BH
- **[Powerstation](#)** 121a Mortlake High Street, Mortlake, SW14 8SN
- **[Whitton Youth Zone](#)** 1 Britannia Lane, Whitton, TW2 7JX

Achieving for Children also has an outdoor adventure centre located on the Thames that would welcome children and young people from Richmond aged 8+ to access water sports activities.

[Albany Outdoors](#) Albany Mews, Kingston upon Thames KT2 5S

School Nursing

School nurses provide universal support to children and young people on health and wellbeing, including support with leading healthy lifestyles. More information about what school nurses do and how they can be contacted is available in [Section 5](#).

richmond has the 4th highest number of sports facilities of any london borough



Sport and Fitness Services

Richmond has six council-run sports and fitness centres across the borough, two of which include swimming pool facilities. As well as open access provision, most centres also run Junior and/or school holiday activity programmes.

- Hampton Sports and Fitness Centre, Hanworth Road, Hampton, TW12 3HB
- Pools on the Park, Old Deer Park, Twickenham Road, Richmond TW9 2SF
- Shene Sports and Fitness Centre, Richmond Park Academy, Park Avenue, East Sheen SW14 8AT
- Teddington Sports Centre, Teddington School, Broom Road, Teddington TW11 9PJ
- Whitton Sports and Fitness Centre, Twickenham Academy, Percy Road, Whitton TW2 6JW
- Teddington Pools and Fitness Centre, Vicarage Road, Teddington TW11 8EZ

Teddington Pool also has a hydrotherapy pool which offers open sessions every week for people with long term conditions and disabilities. Open sessions are for families and adults.

The Leisure and Youth Card entitles young people to savings on a range of activities at the Borough's sports centres and youth clubs. The card is for anyone up to 19 years old (25 if you have a disability), and is free for young people that:

- Live in the borough
- Work in the borough
- Attend school in the borough
- Attend a youth club in the borough

In addition to the council-run centres, there are also a large number of privately run fitness centres across the borough. The majority require monthly membership to access facilities, but some can be accessed on a pay as you go basis, e.g. Hampton Heated Open Air Pool.

Sports and Athletics Clubs

Local Sports clubs provide opportunities for children and young people to take part in lots of different sports in and around the Borough. There are also a number of Junior athletics clubs, including Sheen Shufflers Juniors (7-15 year olds), and Richmond Athletics Club Minis and Juniors (8-11 and 11-14 year olds).

Inclusive and disability specific sport and exercise

RISE provides a varied programme of inclusive activities for people with disabilities and additional needs of all ages.

- Aiming High Watersports Club provides activities for disabled young people who live or attend school in Richmond or Kingston boroughs.

Sports Club and Activity Directories

As well as all the opportunities and activities listed here, there are hundreds of clubs and activities for children and families in Richmond run by the private and voluntary sector. There are lots of directories* available online to help you find activities near you, including:

- Get Active London - External directory that lets you filter by activity/sport, age range, gender, disability or location
- Families - Richmond Upon Thames - External directory specifically aimed at children and young people
- Change4Life - Local activity finder



* The council is not responsible for the accuracy of external activity directories. It is always advisable to ring ahead and confirm the time and venue details for the session you wish to attend.

5. targeted services

school nursing service

live well stay well

secondary care services

early help

single point of access

school nursing service

School Nurses are public health nurses who lead and deliver the Healthy Child Programme for school-aged children and young people. The School Health Service provides confidential health and wellbeing advice helping to empower children, young people and their families to make positive decisions to help improve their family's health and wellbeing, and reduce health inequalities. The Richmond School Health Service offers specific support around achieving or maintaining a healthy weight, including:

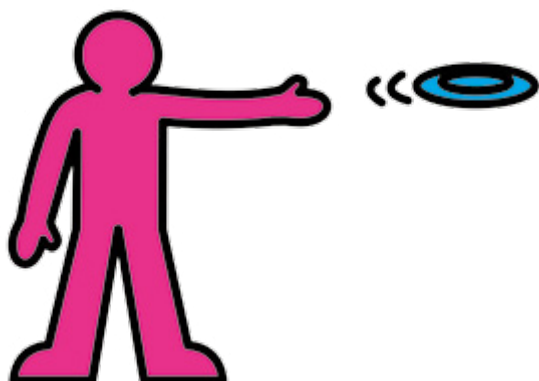
- Health promotion, education and training to children and young people and professionals
- Advice on healthy lifestyle choices and fussy eating, delivered as part of the FamilyStart Programme
- National Child Measurement Programme (weight and height measurement of reception and year 6 pupils)
- Emotional health support

Children and young people can self-refer or can be referred to the school nursing service* by their parents and carers, teachers or other healthcare professionals.

To refer, contact the team:

**School Nurses, St John's Health Centre, Oak Lane,
Twickenham, TW1 3PA
020 8917 4220
CLCHT.richmondschoolnursing@nhs.net**

For specific concerns or questions, children and young people can also be directed to the [School Health Matters](#) website which includes information and a confidential advice portal, manned by school nurses.



Family Start Pilot

Family Start is a healthy lifestyle programme for children and their families delivered by school nurses.

To be eligible children must be 5-12 years old, live in or attend a school in Richmond and be overweight (BMI > 91st centile) or obese (BMI > 98th centile). A parent/carer must also attend all sessions.

The programme is family based and centred on nutrition education, practical food activities and the promotion of physical activity. It is run over 12 consecutive weeks.

The aims of the programme are to:

- Improve eating behaviours and promote nutrition knowledge
- Decrease sedentary behaviours, increase physical activity and improve knowledge on the benefits of being active
- Promote the attainment of a healthy weight for age in a supportive package of care

Family Start has been piloted in 1 school (year 6) and will be rolled out to their reception year next. Schools with high obesity rates will be approached to request their involvement in the roll out. Interested schools can also contact the school nursing team for more information or to register.

Where a child is Looked After or known to Youth Offending Services (YOS); the Looked After Children (LAC) Nurse or YOS Nurse may also be well placed to work with the child or young person around achieving or maintaining a healthy weight.

Where a child attends alternative education provision or has been excluded from school, a referral should be made to the named school nurse linked to the school where the child is enrolled, or to the GP if the child is not enrolled with a school.

*The Richmond School Health Service works with children in state-maintained schools. Children attending private schools should be referred to a school nurse via their school.

live well stay well richmond (16+ years)

Live Well Stay Well Richmond provides free healthy lifestyle services for eligible local residents aged 16+ who are overweight and have an additional health issue, or are obese.

Exercise referral – Eligible adults aged 16+ who are sedentary, can benefit from an individual assessment with a physical activity specialist, followed by a twelve week tailored programme of supervised physical activity. Exercise referrals take place at local community and leisure venues.

Adult Weight Management Services - Adult Weight Management programmes are provided across the Borough for eligible adults aged 16+. These programmes consist of 12 weekly 1 – 1.5 hour group sessions available 52 weeks of the year and include a confidential weigh in.

Walking Away from Diabetes - A free, evidence-based programme for individuals aged over 16 who are at high risk of developing Type 2 Diabetes (i.e. they have impaired glucose tolerance or pre-diabetes). This one-off, self-management course lasts for three hours and offers participants the opportunity to explore their personal risk and to identify the changes they need to make to remain healthy.

Referrals into Live Well Stay Well can be made by GPs through DXS.

secondary care services

In the first instance, children and young people with a BMI >91st centile and comorbidity/ complex needs or with a BMI >98th centile should be referred by their GP to a Hospital Consultant Paediatrician via DXS (see Referral Guidelines). Further referral on to secondary care services such as dietetics will be undertaken by the Hospital Consultant Paediatrician where appropriate.

In some cases, GPs may also wish to refer directly to paediatric dietetic services (see [Referral Guidelines](#)). Referrals should include current weight, height and BMI centile and be sent to:

Paediatric Dietitians
Vera Brown House, Kingston Hospital
Galsworthy Road Kingston KT2 7QB
Tel: 020 8973 5280 Fax: 020 8934 3220

early help

Early Help brings together services that strengthen families, engage young people in positive activities, develop emotional health and wellbeing, provide support for children with special educational needs and disabilities, and prevent youth crime and anti-social behaviour.

Integrated working enables practitioners supporting children and young people to work together effectively, while putting the child at the centre, to meet their needs, and improve their lives.

By combining professional expertise, knowledge and skills, and involving the child or young person and family throughout, practitioners can identify needs earlier, deliver a coordinated package of support that is centred on the child or young person, and help to secure better outcomes for them.

Integrated working is achieved by collaboration and coordination across services, through the use of integrated tools and processes. These include:

- Information Sharing
- Early Help Assessment
- Lead Professional role
- Team Around the Child

The Early Help Assessment is an assessment and planning tool to help identify and address the needs of children, young people and families at risk of poor outcomes in a timely and coordinated way. If additional needs are identified, which may require a multi-agency approach, always consider completing an [Early Help Assessment](#).

single point of access

The Single Point of Access (SPA) is the single gateway for all incoming contacts to children's services across Richmond, including Early Help, providing telephone and web-based support to professionals, the public, children, young people and their parents or carers.

Call 020 8891 7969 from 8am to 6pm,
Monday to Friday or make a referral [online](#).

6. training and resources



Healthy Living toolkits for schools

The School Nursing service has developed a number of healthy living toolkits for schools. Please contact the [School Nursing team](#) to request copies for your school.

Healthy Weight Training

The School Nursing service are also able to provide ½ day training sessions for frontline professionals including health visitors, GPs, teachers, social services and other stakeholders within leisure and recreation. These include:

- Talking to families about healthy weight
- Healthy lifestyles - risks of childhood obesity, first line healthy lifestyle advice, information about local activities and onward referral.

Please contact the [School Nursing team](#) for more information.

School Food Plan Training resource for all school staff

The [School Food Plan](#) includes a free training resource to help all school staff understand the importance of a good school food culture and to support them to deliver improvements in pupil health and wellbeing.

Free e-learning sessions about childhood obesity

- [E-learning for healthcare: Obesity](#) - Introduction to obesity and its implications for health, identification of unhealthy weight and risk factors for weight gain, managing obesity, and learning on guiding and enabling behaviour change.
- [RCGP e-learning: Obesity and Malnutrition](#) - Introductory e-learning sessions outlining essential knowledge and basic skills in obesity management. Suitable for all primary care clinicians.
- [Obesity and malnutrition podcast](#) - Considers the GP's role in tackling obesity, as well as issues for people at risk of, or suffering from, malnutrition.
- [Childhood obesity: a guide on diagnosis, prevention and management](#) (BMJ Learning)

NHS Choices BMI Calculator /iPhone App

The NHS Choices BMI calculator calculates a child's BMI centile in line with the approach used by the NCMP, and recommended by NICE and the RCPCH. An iPhone App version of the calculator is available to download from the Apple App Store.

Change4Life

[Change4Life](#) provides information and resources for families, including free apps and recipes; and dedicated support and resources for Local Health Champions.

School Health Matters

[School Health Matters](#) is an interactive website produced by Richmond's School Nursing service, which provides information and confidential advice for young people, parents, carers and teachers.

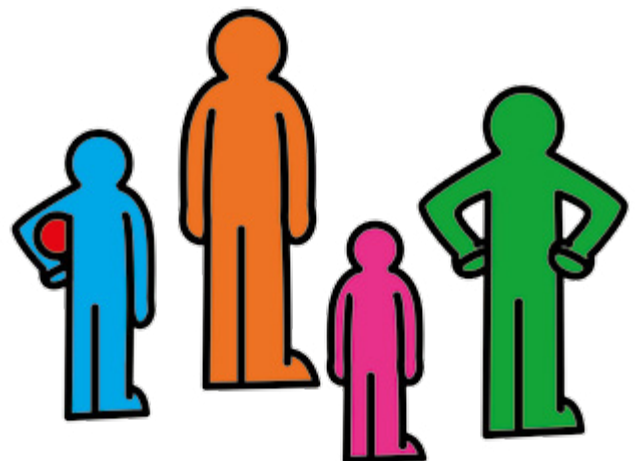


Headteacher and Governor Briefing

[The link between pupil health and wellbeing and attainment](#)
PHE, 2014

Beat – Beating Eating Disorders

[Beat](#) offer training sessions for schools and health professionals to help understand eating disorders as well as a free information library, resources for delivering PSHE lessons in schools, and a manual for youth workers.



7. what to do if you have concerns

What to do if you have concerns about a child or young person's weight and are unable to measure their height and weight yourself.

concerns about excess weight

concerns about underweight

concerns about excess weight

If a child or young person raises concerns with you about their weight, ask them open-ended questions so that they can express their feelings and talk about how they feel about their weight.

remember that weight should be discussed as a matter of health (not image), in a motivating, sensitive and caring way with an emphasis on being fit and healthy not 'thin'

concerns about underweight

Staff in schools, colleges and youth settings are well placed to spot the early signs of an eating disorder because of their regular contact with young people at the ages of greatest risk. Professionals may notice increased social isolation and concentration levels will diminish if eating is very restricted. The brain requires a minimum of 500 calories a day and higher functions such as abstract thought get 'switched off' if insufficient fuel is reaching them.

Settings can take steps to address eating disorders at several levels with policies and practices; in their curricular and with individuals at risk. Visit [Beat](#) for more information.

If you have concerns about a child's weight; their age and level of maturity will determine the level of parental involvement necessary.

A referral to the [School Nursing Service](#) should be offered either to the child or parent as appropriate. The school nurse will be able to measure the child's height and weight to determine their BMI and work with the child and family to decide next steps.

For specific concerns or questions, children and young people can also be directed to the [School Health Matters](#) website which includes a confidential advice portal which is manned by school nurses.

The **Beat Eating Disorders Youthline** is open to anyone <25 and offers a call back service to save call costs.

Mon-Fri 4.30pm–8.30pm, Sat 1pm–4.30pm

0845 634 7650
text: 07786 201820
fyp@b-eat.co.uk

The **Beat Eating Disorders Helpline** is open to anyone over 18 who needs support and information relating to an eating disorder including carers and professionals.

Mon- Fri 10.30am - 8.30pm, Sat 1pm- 4.30pm

0845 634 1414
help@b-eat.co.uk



8. measuring height and weight

classifying weight
body mass index
weight classifications

weighing and measuring procedures
measuring weight
measuring height

how to raise the issue of excess
weight with families

classifying weight

The following information is informed by the [National Obesity Observatory](#)¹⁵ and [National Institute of Health and Care Excellence](#)¹⁶.

Body Mass Index

BMI is a good indicator for levels of body fat, which, when either too low or too high is associated with an increased risk of ill health during childhood as well as later in life.

Assessing the BMI of children is more complicated than for adults because a child's BMI changes as they mature. The fixed thresholds used for adults would provide misleading findings if they were applied to children because they do not consider age or sex when calculating weight classification.

NHS Choices provide an online [BMI calculator](#).

Weight classifications

The NICE Clinical Guideline recommends the use of the Royal College of Paediatrics and Child Health [UK-WHO growth charts](#) which are intended to assess the growth of school age children and young people:

BMI Centile Clinical Assessment	
Very thin	0.4th centile
Underweight	2nd centile
Overweight	91st centile
Obese	98th centile
Severe Obesity	99.6th centile

Table 1: Thresholds used to classify weight for children and young people aged 2-18 years¹⁷

weighing and measuring procedures

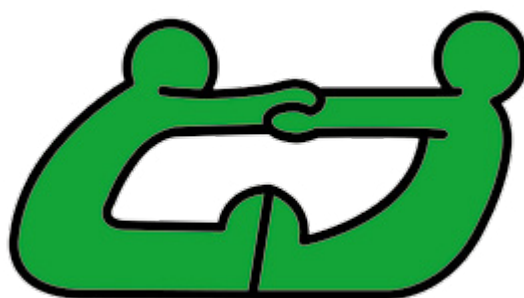
The following information is taken from the Public Health England [Operational Guidance for the National Childhood Measurement Programme \(2016\)](#) and Central London Community Healthcare (CLCH) Guidelines¹⁸.

The Royal College of Paediatrics and Child Health has produced a suite of [videos](#) to support healthcare professionals to use the UK-WHO growth charts, including techniques for weighing children who refuse to stand on scales.

Measuring weight

Use Class III electronic scales

- ask the child to remove their shoes and coat. They should be weighed in normal light, indoor clothing
- ensure that the child's pockets are empty and that they are not holding on to anything
- ask the child to stand still with both feet in the centre of the scales
- record the weight in kilograms to the first decimal place, that is the nearest 0.1kg (for example 20.6kg).



it is important to balance conversations about a child or young person's bmi with messages about being fit and healthy rather than 'thin'

Measuring height

Ask the child to remove their shoes and any other items (e.g. hair clips) that might interfere with taking an accurate height measurement, including braids i.e. undo hair.

- ask the child to stand on the height measure with their feet flat on the floor, heels together and touching the base of the vertical measuring column. The child's arms should be relaxed and their bottom and shoulders should touch the vertical measuring column
- to obtain the most reproducible measurement, the child's head should be positioned so that the corner of the eyes is horizontal to the middle of the ear (Figure 8).
- ensure they are in the correct position and hold their mastoid processes (the bony bits behind the ears). Ask them to breath in and record the measurement as they exhale.
- record the height in centimetres to the first decimal place, that is the nearest 0.1cm (for example 120.4cm)



Figure 8: The Frankfurt Plane

how to raise the issue of excess weight with families

The following information is taken from 'Raising the Issue of Weight in Children and Young People', Department of Health¹⁹.

When to initiate a discussion about weight

- If the family expresses concern about the child's weight
- If the child has weight-related comorbidities
- If the child is visibly overweight

Raising the issue of excess weight

Many children with excess weight are not aware that they are overweight, and often nor are their parents. This is further complicated by the fact that many overweight or obese children have overweight or obese parents, because obesity can be genetic and is also related to a shared environment. It is therefore important to consider these factors when raising the issue of weight and to do so in a sensitive manner. The term 'overweight' should be used rather than 'obese' and the child's maturity and the parent's wishes should determine the level of child involvement.

The following phrases may be helpful when discussing weight with a parent:

- If a parent is concerned about the child's weight:
 - 'We have [child's] measurements so we can see if he/she is overweight for his/her age.'
- If the child is visibly overweight:
 - 'I see more children nowadays who are a little overweight. Could we check [child's] weight?'
- If the child presents with co-morbidities:
 - 'Sometimes [co-morbidity] is related to weight. I think that we should check

If parents would like advice about how to talk to their child about excess weight, they can be signposted to the advice provided by Weight Concern.

Assess the child's weight status

Refer to UK-WHO Growth Charts and plot BMI centile. Thresholds for classification of weight can be found in [Table 1](#).

Explain BMI to parent:

e.g. 'We use a measure called BMI to look at children's weight. Looking at [child's] measurements, his/her BMI does seem to be somewhat higher than we would like it to be.'

If the child's weight status is in dispute, consider plotting their BMI on the growth chart in front of them. However, in some cases this approach may be inappropriate and upsetting for the family.



Assess the seriousness of weight problem and discuss with parents

If child is severely overweight with co-morbidities, consider raising the possibility that their weight may affect their health now or in the future. This could be left for follow-up discussions or raised without the child present as some parents may feel it is distressing for their child to hear.

'If their overweight continues into adult life, it could affect their health. Have either you [or child] been concerned about his/her weight?'

Consider discussing these points with the parent at follow-up:

- **Age and pubertal stage:** the older the child and the further advanced into puberty, the more likely overweight will persist into adulthood.
- **Parental weight status:** if parents are obese, child's overweight is more likely to persist into adulthood.
- **Co-morbidities:** increase the seriousness of the weight problem

Reassure the parent/child

If this is the first time that weight has been raised with the family, it is important to make the interaction as supportive as possible:

e.g. 'Together, if you would like to, we can do something about your child's weight. By taking action now, we have the chance to improve [child's] health in the future.'

Agree next steps

Provide patient information literature and signpost to [universal prevention activities](#), discuss as appropriate and:

- If overweight and no immediate action necessary: arrange follow-up appointment to monitor weight in three to six months: 'It might be useful for us to keep an eye on [child's] weight for the next year.'
- If overweight and family want to take action: offer appointment for discussion with GP/school nurse; arrange three-to six-month follow-up to monitor weight
- If overweight and family do not wish to take action now: monitor child's weight and raise again in six months to a year
- If overweight with co-morbidities: Refer to GP for primary care assessment and onward referral to secondary care: 'It might be useful for you and [child] to talk to someone about it.'

Always consider a holistic assessment of need and underlying issues, including [Safeguarding](#).

If additional needs are identified, that may require a multi-agency approach, consider completing an [Early Help Assessment](#).



9. primary care assessment

Taken from [NICE Clinical Guideline 189](#).

Assessment of comorbidity should be considered for children with a BMI at or above the 98th centile.

Children who have a BMI at or above the 98th centile are at high risk of comorbidities. Early identification of comorbidities in obese children and young people will improve quality of life by ensuring that conditions are managed and treated sooner, and will also reduce the risk of premature mortality. The presence of a comorbidity can also influence decisions about the choice of intervention to use for weight management.

Take measurements to determine degree of overweight or obesity (using [UK-WHO Growth Charts](#) and [weight classifications](#)) and raise the issue of weight with the child and family, then assess:

- presenting symptoms and underlying causes of excess weight
- willingness and motivation to change
- comorbidities (such as hypertension, hyperinsulinaemia, dyslipidaemia, type 2 diabetes, psychosocial dysfunction and exacerbation of conditions such as asthma)
- any risk factors assessed using lipid profile (preferably done when fasting) blood pressure measurement and HbA1c measurement
- psychosocial distress, such as low self-esteem, teasing and bullying
- family history of being overweight or obese and comorbidities
- the child and family's willingness and motivation to change lifestyle

- lifestyle (diet and physical activity)
- environmental, social and family factors that may contribute to being overweight or obese, and the success of treatment
- growth and pubertal status
- any medical problems and medication
- the role of family and care workers in supporting individuals with learning disabilities to make lifestyle changes.

Always consider a holistic assessment of need and underlying issues, including [Safeguarding](#).

If additional needs are identified, which require a multi-agency approach, consider completing an [Early Help Assessment](#).



10. referral guidelines

If a child is underweight

If BMI is <2nd centile:

- offer referral to school nurse for 1:1 support

If BMI is <0.4th centile:

- Re-measure height and weight and re-calculate BMI
- Assess dietary history
- Assess general health

If one or more of the below apply, refer via DXS for assessment by Consultant Hospital Paediatrician and referral on to other secondary care services:

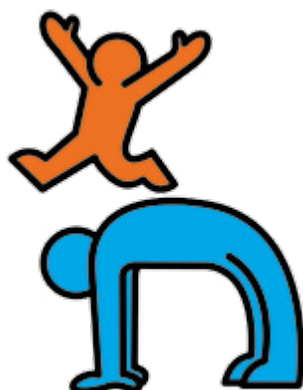
- general health gives cause for concern
- diet history shows inappropriately low intake for age. (If general health does not give cause for concern, consider direct referral to paediatric dietitian)
- height is below the 0.4th centile
- weight is failing to continue along the child's growth line

If there is evidence of intentional food restriction, this could be considered evidence of an eating disorder and CAMHS referral should be considered via the AfC Single Point of Access.

If a child is overweight with no comorbidity

If BMI is >91st centile

- signpost to universal preventative activities AND
- offer referral to school nurse for 1:1 support or Family Start Pilot if available



If a child is overweight with comorbidity or complex needs or obese

If BMI >91st centile with comorbidity/ complex needs or >98th centile:

- signpost to universal preventative activities AND
- refer via DXS for assessment by Consultant Hospital Paediatrician and referral on to other secondary care services
- consider direct referral to paediatric dietitian
- if child is 16+ offer referral to Live Well Stay Well services via DXS

In all cases:

If additional needs are identified, which may require a multi-agency approach, consider completing an Early Help Assessment.

Always consider a holistic assessment of need and underlying issues, including Safeguarding.

Definitions

Comorbidities – These include hypertension, hyperinsulinaemia, dyslipidaemia, type 2 diabetes, psychosocial dysfunction, exacerbation of conditions such as asthma, benign intracranial hypertension, sleep apnoea, obesity hypoventilation syndrome, orthopaedic problems and psychological morbidity.

Complex needs – These include learning disabilities, chronic illness, physical disability and other additional needs.

These definitions are taken from NICE Guideline CG189 and Management of obesity: a national clinical guideline (SIGN).

11. safeguarding

Any childhood nutritional problem can be a symptom of neglect but should trigger safeguarding procedures only if there is evidence of systematic failure of the carers to acknowledge the problem and engage with professional services to modify behaviour and help the child. If, in the opinion of the treating professional, there is such lack of engagement and the child is being harmed as a result, advice should be sought from your safeguarding lead or children's social care services and a referral considered.

If a carer appears to engage with professional services, however repeatedly misses appointments or disengages from the service, a case of disguised compliance should be considered. Disguised compliance can be difficult to recognise: non-compliance may seem plausible but the impact on the child is still the same as if a carer fails to acknowledge the problem. Advice should be sought from your safeguarding lead or children's social care services and a referral considered.

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Reproduced, with permission, from the Wandsworth Healthy Weight Care Pathway Toolkit



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12. references

1. [Final report of the Commission on Ending Childhood Obesity](#), (2011) (accessed 24/08/16)
2. [Childhood Obesity – A Plan for Action](#) (2016) (accessed 18/08/16)
3. [The Corporate Plan 2016-2019](#), London Borough of Richmond Upon Thames (accessed 15/08/16)
4. [Obesity in Children Health Needs Assessment](#), London Borough of Richmond Upon Thames (accessed 1/08/16)
5. [Childhood Obesity in London](#), Greater London Authority Intelligence Unit (2011) (accessed 22/08/16)
6. [Prevention: Redressing the balance in a time of austerity - Annual Report of the Director of Public Health 2016](#). London Borough of Richmond Upon Thames (2016) (accessed 28/09/16)
7. Telama R1, Yang X, Viikari J, Välimäki I, Wanne O, Raitakari O. (2005) Physical activity from childhood to adulthood: a 21-year tracking study. *Am J Prev Med.* 28(3):267-73.
8. Brown HW, Roberts J. (2012) Exploring the Factors Contributing to Sibling Correlations in BMI: A Study Using the Panel Study of Income Dynamics. *Obesity*; 20(5): 978–984
9. Kelder, S.H., Perry, C.L., Klepp, K.-I. and Lytle, L.L. (1994) Longitudinal tracking of adolescent smoking, physical activity and food choice behaviours. *Am J of Public Health*, 84, 1121–1126.
10. [Richmond Young People's Survey](#), London Borough of Richmond Upon Thames (2014) (accessed 17/08/16)
11. [NHS Choices](#) (accessed 24/08/16)
12. [Everybody Active Every Day](#), Public Health England (2014) (accessed 30/08/16)
13. [Preventing Excess Weight Gain – NICE National Guideline \[NG7\]](#)
14. [Obesity prevention – NICE Clinical guideline \[CG43\]](#) NICE, December 2006 (accessed 03/10/16)
15. [A simple guide to classifying body mass index in children](#), Dinsdale H, Ridler C, Ells L J, National Obesity Observatory (2011) (accessed 31/08/16)
16. [Obesity: Identification, assessment and management \[CG189\]](#), National Institute of Health and Care Excellence (NICE) (2014)(accessed 30/08/16)
17. [UK-WHO Growth Charts \(2-18 years\)](#), Royal College of Paediatrics and Child Health (accessed 31/08/16)
18. Wright and Bloomfield (2015) Protocol for Weighing and Measuring Infants and Children (version 2.3), London: Central London Community Healthcare NHS Trust.
19. [Raising the Issue of Weight in Children and Young People](#), Department of Health (2006) (accessed 31/08/16)