



PROCEDURE

Body Mass Index assessment – Primary School

Scope (Staff):	Community health
Scope (Area):	CAHS-CH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To identify clients with a Body Mass Index (BMI) outside of the healthy range for age and gender, and to support nurses to provide family support for making positive lifestyle changes and/or referral when required.

Risk

Failure to identify clients who are outside of a healthy body mass index (BMI) range for their age increases the risk of unhealthy weight status in their future. Being overweight or obese increases the risk for short and long term health consequences, and increases the burden of disease and associated health care costs.^{1, 2, 3, 4}

Background

The prevalence of obesity in early childhood is high, with 24% of Australian children aged 2-4 years overweight, including 9% who are obese.² These rates are consistent with WA metropolitan rates, where 22% of kindergarten children in 2018 were overweight, including 9% in the obese range.⁵ The likelihood of childhood overweight and obesity persisting into adulthood is correlated to the degree of adiposity, age of child and parental obesity.^{6, 7} Recent evidence suggests adolescents who are overweight or obese are most likely to have had their most rapid BMI acceleration between the ages of 2-6 years.^{7, 8} A systematic review in 2008 revealed that 85% of overweight children aged 2-5 years would become obese adults.⁹

Universal growth monitoring of children at key milestones facilitates early identification of growth concerns and provides opportunity for early interventions to support families to achieve and maintain healthy lifestyles for their children.⁴

The National Health and Medical Research Council (NHMRC)¹⁰, along with other leading international affiliates^{4, 11} recommend the use of BMI assessment for children two years and older plotted on BMI-for-Age Percentile charts (for boys or girls) as an initial (first level) assessment to identify children who may be outside the healthy weight range.¹² BMI should be used to identify cases where lifestyle assessment, monitoring and/or additional medical assessments may be required.

Growth assessment is most meaningful when serial measurements are collected to enable monitoring over a period of time¹³. At the Universal contact 2 Years, BMI is introduced as an important component of the holistic growth assessment. BMI is next offered universally at the *Universal contact 4 years* (School Entry Health Assessment). Review of previous growth assessment results assists in identifying when a child's rate of growth is deviating from the expected trajectory and when further clinical investigation may be indicated.¹⁴

The early identification of emerging overweight and obesity in childhood can improve long-term physical and psychosocial health outcomes.^{1, 4} The sooner that a growth concern is detected in young children, the more likely a sustainable change can be made to support future healthy growth.^{3, 4, 15, 16}

BMI is a score calculated as the ratio of an individual's weight in kilograms to height in metres squared (kg/m^2). While BMI does not distinguish between fat, muscle or fluid it can be used to measure excess body weight for height.¹⁰ In children, the BMI score is adjusted for age and gender (on BMI-for-Age and gender percentile growth charts), in order to account for growth and body fat changes that occur as part of normal development. Infants and young children have a relatively higher proportion of fat as a normal component of growth. During middle childhood BMI falls as children become relatively leaner, and then increases as puberty and body composition approaches that of adulthood. BMI-for-Age percentile charts reflect these normal, predicted changes of BMI throughout childhood.¹⁰

The role of the Community Health Nurse (nurse) in BMI assessment is not to 'diagnose' weight status but to identify individuals who may require further lifestyle assessment, provide brief healthy lifestyle intervention where indicated, and to support families of children with a higher risk (obese range or very underweight) to seek a more comprehensive health assessment and access more intensive support where locally available.

The following documents within the CAHS Community Health Clinical Nursing Manual provide important additional background information to this *BMI assessment - primary school* procedure:

- Growth birth to 18 years
- Growth – static or downward trajectory
- Overweight and obesity
- Nutrition for children 1-11 years.

Key points

- Refer to *Overweight and Obesity Guideline* for detailed evidence on the causes, consequences and significance of child obesity.
- Staff training on BMI assessment, chart plotting, sensitive communication with parents and lifestyle counselling is essential. Nurses are required to complete *Talking with parents about children's weight* and *Be Smarter* training as per the CAHS-CH and WACHS Practice Frameworks before using the Be Smarter resources.
- Do not share height, weight or BMI results with the client.
- Reviewing serial growth measurements from previous community health contacts will assist in interpreting overall growth status. In circumstances when a CHS430 is completed, all available previous BMI assessments should be recorded and plotted on the current chart.
- Parental support and cooperation is essential when addressing underweight, overweight or obesity in children. Although parents may be unwilling to address a weight problem initially, raising the issue may lead to further discussion in the future.
- Where agreed to with families, a 3 monthly follow-up phone contact is recommended for clients in the obese range and *within* 12 months for clients in overweight and underweight ranges.
 - Repeated BMI assessments are not required by nurses. Where obesity is $\geq 99^{\text{th}}$ percentile and the family has not engaged with an alternative health service provider, this should be discussed with the line manager and/or specialist staff within the PCH Healthy Weight Service.
 - Regular BMI plotting as part of weight management progress tracking should be undertaken under the care of a medical practitioner and/or dietitian.¹⁰ Refer to *Supplementary Support Options* on page 12. Nurses should use their clinical judgement and with consent and in consultation with families, determine the level of support required in individual cases.
 - Nurse follow-up should primarily focus on lifestyle changes within the family context, taking into account individual family's evolving needs and providing encouragement and support for the family as required.
 - The frequency of follow-up needs to be balanced against the severity of concern, individual needs, parent engagement, staff capacity for weight management support and the family's engagement with other health service providers and/or intervention programs.
- Universal Plus BMI assessments for older primary school-aged clients are to be conducted with sensitivity and in a manner that maintains privacy and confidentiality. Parents should be invited to attend a Universal Plus assessment.

- Community health nurses must follow the organisation’s overarching Infection Control policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.

Procedure

Steps	Additional Information
<p>1. Growth assessment conducted from either of the following pathways:</p> <ul style="list-style-type: none"> <i>Universal:</i> as a component of School Entry Health Assessment (SEHA). <i>Universal Plus:</i> in response to a concern raised by the parent/guardian or teacher at any other time. 	<p>Follow-up appointments post SEHA are recorded as a Universal contact</p>
<p>2. Consent and parent engagement</p> <p><u>a) Universal (SEHA)</u></p> <p>Consent for universal BMI assessment as part of SEHA is provided via the returned and signed CHS409.</p> <ul style="list-style-type: none"> If a parent marks the CHS409 in any way that suggests consent for a BMI is not provided, do not undertake a growth assessment. <p><u>b) Universal Plus growth assessment</u></p> <ul style="list-style-type: none"> Assessment may be offered in response to concern raised by teacher or parent/guardian. If a growth concern is identified by a teacher, the nurse will contact the parent to seek consent to conduct an assessment. On contacting the parent, determine the following: <ul style="list-style-type: none"> Parent awareness that a possible weight issue may be present; 	<p>Review question on CHS409 to determine parental perception of client’s weight.</p> <p>Consent for Universal Plus assessments can be obtained on the <i>CHS142 Referral to Community Health Nurse form</i> (which also makes provision for verbal consent). The nurse should make contact with the parent prior to assessment, even if consent was obtained via teacher involvement.</p> <p>If parent consent/engagement cannot be achieved for Universal Plus weight assessment, offer follow-up within 12 months. Depending on level of concern, discuss with Principal and line manager.</p>

Steps	Additional Information
<ul style="list-style-type: none"> ○ The beliefs and views on the weight issue, and concerns about the weight status of the client; and ○ Parent ‘readiness’ for behavioural change. ○ Invite parent to attend the assessment and discuss the results. 	
<p>3. Preparing for BMI assessment</p> <ul style="list-style-type: none"> • Ensure that the stadiometer is correctly assembled according to manufacturer’s instructions. • Ensure that the weighing scales are placed on a firm level surface with the indicator/switch on ‘weight’. Follow manufacturer’s guidelines if using the scales on carpet. • Universal Plus growth assessments must be done in an area which ensures privacy. 	<p>When conducting growth assessments staff should ensure privacy and confidentiality is maintained.</p> <p>Use of a laminated template showing an outline of two feet may help orient the client to where to stand for the weight and height measurement.</p> <p>Take care when disassembling the stadiometer to prevent strain on the wrists.</p>
<p>4. Measure height</p> <p>Refer to <i>Height assessment 2 years and over</i> procedure to measure the client’s height.</p>	<p>Accuracy of height measurement is critical given the value is squared in the BMI calculation.</p>
<p>5. Measure weight</p> <p>Refer to the <i>Weight assessment 2 years and over</i> procedure.</p>	<p>If the client declines to remove items of clothing, the weight is still measured but the refusal and items worn noted on the results.</p>
<p>6. Determine BMI for age percentile</p> <ul style="list-style-type: none"> • Calculate BMI score. • Where available, electronic record keeping systems will generate a BMI score and percentile automatically when 	<p>When an electronic patient record system is not available, the online CDC BMI and percentile calculator may be used to generate a client’s <i>BMI value and BMI percentile</i>.</p>

Steps	Additional Information										
<p>the client's weight and height are entered.</p> <ul style="list-style-type: none"> Manual BMI calculation can be made on a standard calculator: $BMI = Weight (kg) \div [Height (m)]^2$ Example follows: Weight 18.2 kg Height 1.083 m $BMI = 18.2 \div [1.083]^2$ $BMI = 18.2 \div (1.083 \times 1.083)$ $BMI = 18.2 \div 1.172$ $BMI = 15.52 \text{ kg/m}^2$ Using local electronic patient record system, generate BMI for age percentile. 	<p>Measurements of the growth assessment and/or BMI percentile should not be shared with the client.</p>										
<p>7. Interpret results</p> <ul style="list-style-type: none"> Use CDC BMI cut-points. <table border="1" data-bbox="167 1240 759 1592"> <thead> <tr> <th>BMI Indicator</th> <th></th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>< 5th percentile</td> </tr> <tr> <td>Healthy weight</td> <td>5th to < 85th percentile</td> </tr> <tr> <td>Overweight</td> <td>85th to < 95th percentile</td> </tr> <tr> <td>Obese</td> <td>≥ 95th percentile</td> </tr> </tbody> </table> <ul style="list-style-type: none"> If BMI Indicator is outside the healthy weight range, review any previous growth measurements available to identify any deviations or to confirm appropriate growth tracking. 	BMI Indicator		Underweight	< 5 th percentile	Healthy weight	5 th to < 85 th percentile	Overweight	85 th to < 95 th percentile	Obese	≥ 95 th percentile	<p>BMI is a screening tool and is <u>not diagnostic</u> of weight status, however it contributes to an overall clinical impression.</p> <p>Lifestyle and family history are other important components to interpreting the BMI result. See <i>Required Actions</i> for completing the assessment.</p>
BMI Indicator											
Underweight	< 5 th percentile										
Healthy weight	5 th to < 85 th percentile										
Overweight	85 th to < 95 th percentile										
Obese	≥ 95 th percentile										

Steps	Additional Information
<p>8. Recording results</p> <p>Community health nurses will document relevant findings according to CAHS-CH and WACHS processes.</p> <p>Universal (SEHA) documentation:</p> <ul style="list-style-type: none"> • Record height, weight, BMI, BMI percentile and weight category on <i>CHS409-6 Parent results</i> and on <i>CHS409-2 Staff results</i> <p>Universal Plus assessment documentation:</p> <ul style="list-style-type: none"> • Note assessment and height and weight (check if needed) in electronic record and/or progress notes. • Use <i>CHS430 A/B Body Mass Index</i> to plot initial and subsequent BMI measures when providing follow-up or Universal Plus assessments in the school setting. Attach to <i>CHS 142</i> if appropriate. <p><i>CHS430 A/B Body Mass Index</i> are produced in triplicate pads</p> <ul style="list-style-type: none"> ○ Top copy (white) to be provided to the parent ○ 2nd copy to be retained by the Health Service ○ 3rd copy to be sent with referral (if required). 	<p>Document physical features, heavy clothing or cultural dress that may have interfered with the accuracy of the measurement.</p> <p><i>CHS430 A/B Body Mass Index</i> is completed in the following circumstances:</p> <ul style="list-style-type: none"> ○ Following a Universal Plus BMI assessment ○ When a referral is initiated (attach <i>CHS430</i> to <i>CHS663</i>) ○ At any time during parent communication where the nurse believes the plotted chart will assist the parents understanding of the BMI result and facilitate parent engagement.

Required Actions

BMI as part of SEHA

Following a SEHA the *CHS409-6 Parent Results* is sent to the parent (as well as a copy being retained by the health service and the school).

Tips to support healthy choices (2-5 years) parent handout (*CHS409-8 A5* booklet) should accompany the *CHS409-6 Parent Results* universally, and the appropriate clinical pathway below should be followed.

BMI infographic (CAH-001239) should be included with results where growth is 'outside expected range for age and gender'.

If parent is present for SEHA, *Be Smarter* brief intervention can be offered during this consult if results indicate need, parent is receptive and if time permits.

BMI as a Universal Plus assessment

At the time when consent for a Universal Plus assessment is sought, the nurse should invite parent to attend the assessment to enable discussion of the results at time of assessment, including *Be Smarter* brief intervention if results indicate and parent receptive.

Depending on the age of the client, the CAH-000994 *Tips to support healthy choices (2-5 years)* or CAH-001025 *Keeping children healthy (5-12 years)* parent information brochure should accompany results, along with the BMI infographic (CAH-001239).

Clinical pathways for BMI categories are indicated as follows:

BMI suggests Underweight: (Less than 5th percentile)

- Review previous growth assessment measurements if available.
- Make contact with parent asking if they received the results letter and parent information handouts and if this is a suitable time to talk.
- Explore parent's perception of their child's weight status. (If part of SEHA, review parent's response to related CHS409 question prior to making contact).
- Engage in conversation with parent to review any concerns for their child they may have surrounding their child's growth.
- Using clinical judgement if BMI is on the cusp of two weight categories, inform the parent that the growth assessment suggests their child may be below their healthy weight range.
- Review the child's eating patterns, food and drink selection, sleep and physical and sedentary activity patterns (lifestyle review).
- Reinforce healthy nutrition, physical activity, screen time and sleep practices by discussing the content of A5 booklet CHS409-8 *Tips to support healthy choices (2-5 years)* or CAH-001025 *Keeping children healthy (5-12 years)* parent handout and other appropriate print or electronic resources.
- Support the parent to plan healthy changes for their child if indicated.
- **Using clinical judgement combined with BMI assessment results and lifestyle assessment, decide if referral to GP is indicated and/or other referral options that may be locally available.** If indicated, seek parent consent and complete CHS430 and clinical handover form CHS663.
 - If offer of referral is accepted, request GP details, including GP (or GP Practice) email address from parent and consent to share information. Forward clinical handover form and CHS430 to the GP/GP Practice/Health Professional via secure email MyFX

- Where a parent has not identified a GP or GP Practice, the clinical handover form and CHS430 can be given to the parent to provide to the GP/Health Professional.
- If relevant nurse concern is raised, refer to *Clients of concern management* protocol.
- Ensure parent knows how to contact you if they want to seek support in the future. Follow up prior to 12 months should be considered where underweight is part of a broader clinical concern.

BMI suggests Healthy Weight: (5th percentile to less than the 85th percentile)

- Reinforce positive lifestyle behaviours if contact with parent is required for any other SEHA concerns.
- No further action required.

BMI suggests Overweight: 85th to less than 95th percentile

- Review previous growth assessment measurements, including 2-year-old BMI results if available.
- Where nurse capacity allows a face-to-face appointment on the day of assessment, consider phoning parent to offer a *Be Smarter* meeting using the sample script in the Facilitator Guide.
 - Where parent is available to meet, follow *Be Smarter* processes
 - If parent is interested in meeting but unable to meet on the day of assessment, book an appointment and send results home
 - If parent declines a meeting, send results home and identify if parent would like to be contacted after the results have been received
 - If contact is not made, send results home as per normal process.
- Where contact is not made through the above scenario, phone parent after allowing time for results letter and parent information handouts to be received. Ask if this is a suitable time to talk.
- Explore parent's perception of their child's weight status. (If part of SEHA, review parent's response to related CHS409 question prior to making contact). Use clinical judgement if BMI is on the cusp of two weight categories.
- Inform the parent that the growth assessment suggests their child may be above their healthy weight range.
 - Inform the parent that the BMI is not diagnostic but based on their child's results, their child's growth may be above the healthy range expected for their age and gender. This feedback should be given with sensitivity; it may be the first time that a potential concern has been raised.

- Offer a face-to-face appointment with parent to gather further child and family lifestyle information and to conduct a brief intervention using the *Be Smarter* tool.
 - Alternatively, if the parent was present during the BMI assessment, the *Be Smarter* tool can be used immediately if time permits.
 - If parent declines face-to-face *Be Smarter* consultation, nurses will offer a brief intervention based on the Tips to Support Healthy Choices (2-5 years) during the phone call.
- During the *Be Smarter* appointment, review any concerns the parent may have for their child and all factors influencing growth by talking through the *Be Smarter* tool. This will include reviewing the child's current eating patterns, food and drink selection, sleep and physical and sedentary activity patterns.
 - Identify and agree on small achievable goals or family lifestyle changes that will have a positive impact on their child's future health and wellbeing. **Reinforce that the aim is for the child to grow into their weight (as they grow taller) and not for reduction in weight.**
- **Using clinical judgement combined with BMI assessment results and lifestyle assessment, decide if referral to GP is indicated and/or other referral options that may be locally available.** If indicated, seek parent consent and complete CHS430 (include available previous BMI results) and clinical handover form CHS663.
 - If offer of referral is accepted, request GP details, including GP (or GP Practice) email address from parent and consent to share information. Forward clinical handover form and CHS430 to the GP/GP Practice/Health Professional via secure email MyFX
 - Where a parent has not identified a GP or GP Practice, the clinical handover form and CHS430 can be given to the parent to provide to the GP/Health Professional.
- Ensure parent knows how to contact you if they want to seek support in the future, even if they have not engaged with you in this initial consultation.
- Schedule follow-up phone call to discuss progress *within* 12 months, according to parent engagement and nurse capacity. In this follow-up conversation, explore progress towards agreed goals or family lifestyle changes and offer further advice, support and referral if required. On parent request, a repeat BMI assessment can be provided in 12 months if care has not been undertaken by an alternative health professional.
- Where possible, refer to locally available healthy lifestyle programs or activities.

BMI suggests Obese: (Equal to or greater than the 95th percentile)

- Review previous growth assessment measurements including 2-year-old BMI results if available.

- Where nurse capacity allows a face to face appointment on the day of assessment, consider phoning parent to offer a *Be Smarter* meeting using the sample script in the *Be Smarter Facilitator Guide*.
 - Where parent is available to meet, follow *Be Smarter* processes
 - If parent is interested in meeting but unable to meet on the day of assessment, book an appointment and send results home
 - If parent declines a meeting, send results home and identify if parent would like to be contacted after the results have been received
 - If contact is not made, send results home as per normal process.
- Where contact not made through the above scenario, phone parent after allowing time for results letter and parent information handouts to be received. Ask if this is a suitable time to talk.
- Explore parent's perception of their child's weight status. (If part of SEHA, review parent's response to related CHS409 question prior to making contact). Use clinical judgement if BMI is on the cusp of two weight categories.
- Inform the parent that the growth assessment suggests their child may be above their healthy weight range.
 - Inform the parent that the BMI is not diagnostic but based on their child's results, their child's growth may be above the healthy range expected for their age and gender. This feedback should be given with sensitivity; it may be the first time that a potential concern has been raised.
- Offer a face-to-face appointment with the parent to gather further child and family lifestyle related information and to conduct a brief intervention using the *Be Smarter* tool.
 - Alternatively, if the parent was present during the BMI assessment, the *Be Smarter* tool can be used immediately if time permits.
 - If parent declines face-to-face *Be Smarter* consultation, nurses will offer a brief intervention based on the Tips to Support Healthy Choices (2-5 years) during the phone call.
- During the *Be Smarter* appointment, review any concerns the parent may have for their child and all factors influencing growth by talking through the *Be Smarter* tool. This will include reviewing the child's eating patterns, food and drink selection, sleep and physical and sedentary activity patterns
- Identify and agree on small achievable goals or family lifestyle changes that will have a positive impact on their child's future health and wellbeing.
- **Clients who have a BMI in the obese range (equal or >95th percentile) should be referred to medical practitioner and/or dietitian** for further assessment and treatment as a priority. Consider other suitable referral options (see *Supplementary Support Options* further below).

- Request GP details, including GP (or GP Practice) email address from parent and consent to share information. Forward clinical handover form and CHS430 to the GP/GP Practice/Health Professional via secure email MyFX.
- Where a parent has not identified a GP or GP Practice, the clinical handover form and CHS430 can be given to the parent to provide to the GP/Health Professional.
- If obesity is $\geq 99^{\text{th}}$ Percentile or co-morbidities are known, consider referral to the PCH Healthy Weight Program via medical practitioner.
- Where possible, refer to locally available healthy lifestyle programs or activities.
- When agreed to by the family, after 3 months, make phone contact to enquire on progress of referral and family lifestyle changes implemented. If initial referral has not been acted upon, offer to re-send referral.
 - If parent continues to decline the referral (by choice or access to services), nurse follow-up rigour should consider obesity severity and level of parent engagement in family lifestyle modification. Nurses should use their clinical judgement, consult with their manager and/or other experienced clinician, and consult with families to determine the level of support required in individual cases. Document clearly the follow-up outcomes and if/when any further follow-up is planned to occur.
 - On parent request, a repeat BMI assessment can be provided in 12 months if care has not been undertaken by an alternative health professional.
 - In extreme situations where concerns for medical neglect are formed in the context of child obesity, nurses are encouraged to discuss the issue with their manager and/or Clinical Nurse Specialist. Consultation with the Child Protection Unit (CPU) and Healthy Weight Management Service, both located at Perth Children's Hospital (PCH), is available to provide additional guidance or support for decisions and processes. Staff should also refer to the [Guidelines for Protecting Children 2020](#) for further information.
 - [Child Protection Unit \(CPU\)](#): phone 6456 4300
 - [Healthy Weight Service](#): phone (08) 6456 1111 and follow the prompts for the Healthy Weight Service (option 4) or email PCHHealthyWeightService@health.wa.gov.au

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.

Responding according to parent engagement

Parent/carer receives advice and (where appropriate) offer of referral **positively**

- Let the family know what the next steps are
- Reassure the family that you are there to help them. Suggest a follow up appointment to monitor the family's progress in reaching identified lifestyle goals and provide help and encouragement

Parent/carer does **not perceive** that their child's weight is above expected range for their gender, age and height.

- Acknowledge the difficulties in recognising excess weight
- Reassure the family that support is available; acknowledge that this is a difficult decision. Explain what the family could expect from you and/or the referral service (where indicated) and re-offer support and referral

Parent/carer is visibly upset or angry and **does not want to engage** in conversation about their child's weight

- Show acceptance of the parent or carer's wishes, reassure them that you are there to help and re-offer your support should they change their mind
- Don't force the issue (but 'leave the door open'). Be reassured that your conversation may have planted a seed that facilitates the family to accept or seek help for the issue in the future.

Supplementary support options

In addition to the GP, support from other supplementary services may be considered.

Suitability of supplementary support services will depend on the growth status of the client and the capacity and preferences of the family. Availability of support services will be varied across the State.

Recommendations for supplementary support and actions taken should be clearly documented in progress notes.

- **Dietitian**

- Public services - Some local health services (hospitals or community health centres) provide dietetic services for children. WACHS staff to refer to *WACHS Clinical Pathway for BMI assessments in 2-5yo and dietetic services*.
- Private services - see the [Dietitians Australia](#) website to locate private dietetic services.

- **PCH Healthy Weight Service** . For children and adolescents with evidence of obesity related co-morbidity and/or significant obesity and their families. Note: Medical practitioner referral to the Healthy Weight Service is required. When relevant, consider mentioning PCH Healthy Weight Service on CHS663 when referring a client to a medical practitioner.
 - **Clinical advice for community health nurses:** PCH Healthy Weight Service can provide over the phone clinical advice and guidance to support community health nurses working with individual cases of concern where no suitable alternative referral options are available.

Contact the intake coordinator nurse on (08) 6456 1111 and follow the prompts for the Healthy Weight Service (option 4) or email PCHHealthyWeightService@health.wa.gov.au .
- **Better Health Program** – This is a multi-component healthy lifestyle program for overweight and obese children aged 7-13 years and their families. Available free of charge to families in various locations in the Perth metro area. An online version of this program with weekly phone support (TEAM Kids Online) is available to regional families and metro families unable to attend a face-to-face program. Phone 1300 822 953 or email info@betterhealthcompany.org or visit <http://www.betterhealthprogram.org/>
- **Triple P** (Group or Seminar Series) or other locally available quality parenting programs.
- Healthy lifestyle programs or activities according to local availability.
- Community leisure and recreation services.
- Adult weight management programs (helpful if the parent is concerned about their own weight).
- Parents can be referred to some of the online resources listed further below for additional information and support.

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Related internal policies, procedures and guidelines
The following documents can be accessed in the Community Health Manual: HealthPoint link or Internet link
Clients of concern management
Growth birth - 18 years
Growth – static or downward trajectory
Height assessment 2 years and over
Nutrition for children – 1 to 11 years
Overweight and obesity

Universal contact 4 years (School Entry Health Assessment)
Weight assessment 2 years and over
The following documents can be accessed in the CAHS-CH Operational Manual
Hand Hygiene

Related CAHS-CH forms

The following forms can be accessed from the CAHS-Community Health Forms page on HealthPoint
Body Mass Index Boys (CHS430B)
Body Mass Index Girls (CHS430A)
SEHA Results for parents (CHS409-6A)
SEHA Results for staff (CHS409-2)
Clinical handover/referral from Community Health Services (CHS663)

Related CAHS-CH resources

The following resources can be accessed from the CAHS-Community Health Resources page on HealthPoint
BMI Infographic handout for parents (CAH-001239)
<i>Be Smarter</i> : basics for healthy kids Facilitator Guide
<i>Be Smarter</i> : basics for healthy kids Goal Sheet
Food for Kids
Health Promoting Schools Toolkit
How children develop
Keeping children healthy (5-12 years) <i>CAH001025</i>
Newsletter items
Talking with parents about children's weight - online training (also accessible via CAHS-CH and WACHS online Learning and Development systems)
Tips to support healthy choices (2-5 years) <i>CHS409-8 (A5 Booklet)</i>

Tips to support healthy choices (2-5 years) CAH000994 (A4 folded brochure)

Related Internal resources

[Guidelines for Protecting Children 2020](#)

Useful external resources

BMI resources

[CDC BMI and Percentile calculator](#) for Children and Adolescents (ensure 'metric' selected)

[Centers for Disease Control and Prevention](#). About BMI for Children and Teens

[PCH Healthy Weight Service](#) – See *Supplementary support options* above for details.

[Royal Children's Hospital](#) Child Growth e-learning package

Parenting

[Better Health Program](#) see *Supplementary Support Options* above for details

[Ngala](#)

[Positive parenting programs - Triple P](#)

[Raising Children Network](#) Navigate for obesity, healthy eating, sleep, physical activity and screen-time related articles

Food and nutrition

[Eat for Health](#) website offers a variety of resources linked to the Australian Dietary Guidelines and includes healthy eating guidelines for children aged 2 to 18 years and recommended number of serve calculators

[Food Sensations program](#) practical nutrition education for schools, adults (families) and communities

[Healthy food and drink](#) - Department of Education


[Refresh.ED](#) Food & Nutrition Teaching Resources

[WA School Canteen Association](#) Healthy lunch box ideas

[Why no sweet drinks for children](#) - resource for parents produced by Royal Children's Hospital Melbourne

Physical activity
Australia's Physical Activity and Sedentary Behaviour Guidelines Pamphlets available- 0-5years; 5-12 years; and Families. To order phone 1800 020 103.
Make your move- sit less. Be active for life resource for parents of children 5- 12years
Nature Play WA Resources for parents and families to encourage kids to get active outdoors.
Healthy Weight

This document can be made available in alternative formats on request.

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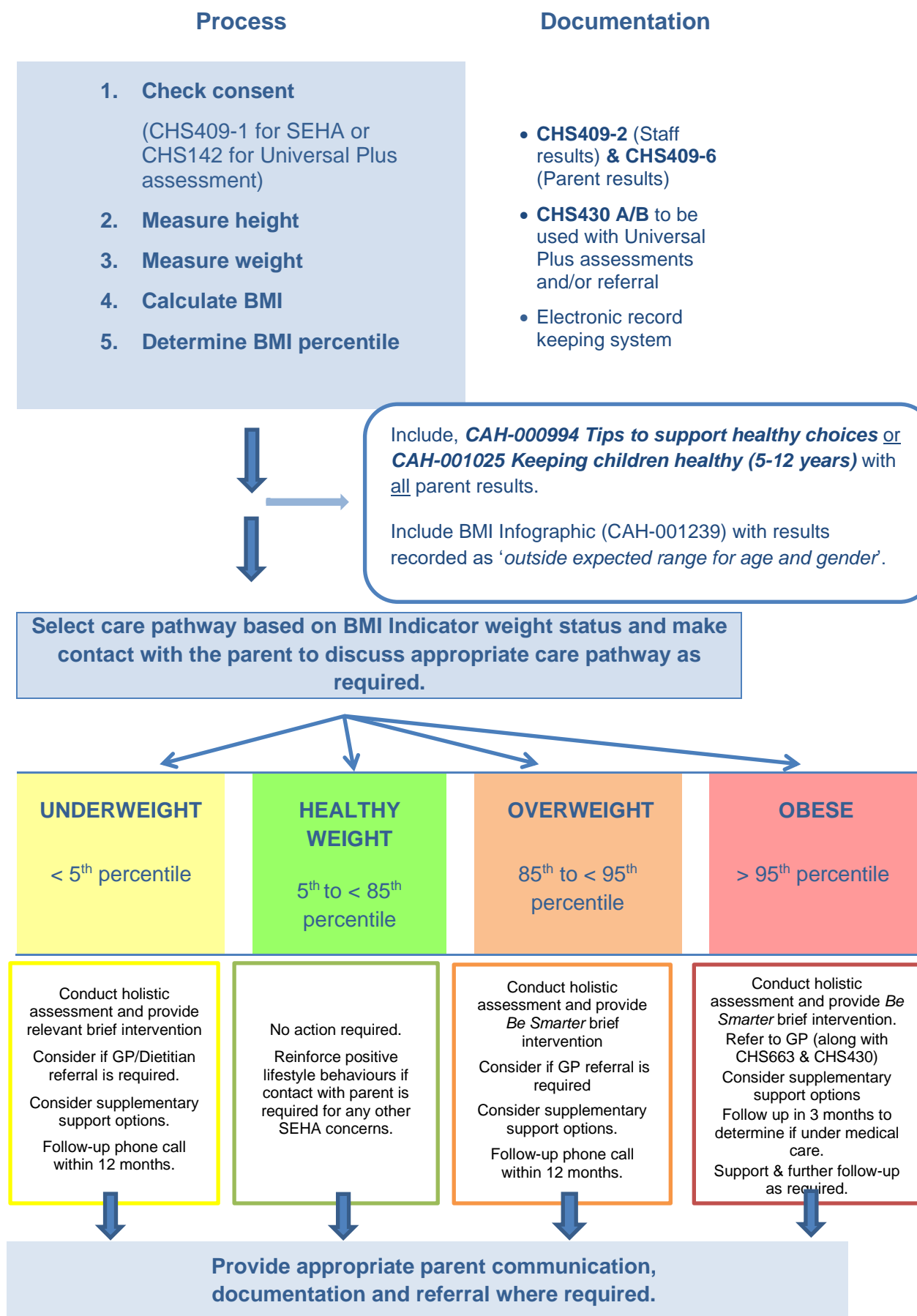


Healthy kids, healthy communities


Compassion Excellence Collaboration Accountability Equity Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

Appendix A: BMI assessment– primary school flow chart



APPENDIX B: Be Smarter goal setting sheet



Government of Western Australia
Child and Adolescent Health Service
WA Country Health Service

Goal sheet

Basics for healthy kids

	Not yet	Sometimes	Mostly	Always
B reakfast every day				
E at 5+ a day				
S leep				
M atch portions to hand size				
A ctivity: 60 minutes daily				
R educe sugary drinks				
T akeaways less than once a week				
E at together as a family				
R educe screen time				

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							

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Child and Adolescent Health Service – Community Health would like to acknowledge the 2014 Bodywise team for sharing the Be Smarter Be Bodywise resource.
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For more information on child health and development, visit raisingchildren.net.au

Available to order from <https://cahs-healthpoint.hdwa.health.wa.gov.au/cach/resources/shstaffresources/Pages/default.aspx>