Public Health Jersey

Jersey Child Measurement Programme 2024-2025

Public Health Intelligence
Published: 10 July 2025

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Introduction

The height and weight of children in Reception (4 to 5-year-olds) and Year 6 (10 to 11-year-olds) are measured annually through the Jersey Child Measurement Programme (JCMP), carried out by School Nurses from Family Nursing and Home Care (FNHC).

Body Mass Index (BMI) can be calculated for each pupil from their height and weight measurements. Individuals are categorised as either 'underweight', 'healthy weight', 'overweight', 'obese' or 'severely obese'. As BMI does not measure body fat directly, it cannot be used as a diagnostic tool. BMI can be used as a measure to track weight status in populations and as a screening tool to identify *potential* weight problems in individuals. The proportions of Jersey's population that are of healthy weight or exceeding healthy weight and therefore at increased risk of poor health is calculated – see Notes for further information.

In this report, the term 'prevalence of obesity' is used to describe the proportion of children classified as 'obese' or 'severely obese'.

Childhood obesity and excess weight are significant health issues for children and their families. They can result in serious implications for a child's physical and mental health, which can continue into adulthood.[1] The JCMP data enables the government to monitor progress and plan services to tackle child obesity.

The total number of children measured in 2024/2025 was around 1,765 (95% of all eligible children). The proportion of children measured was the same as in the 2023/2024 programme (95%). The report contains analyses of Body Mass Index (BMI) classification rates by age, sex as well as geographic analyses. Comparisons to England are also provided.[2]

Summary

- in both Reception and Year 6, obesity prevalence was statistically similar in 2024/25 (12% in Reception and 19% in Year 6) to the previous year (8% in Reception and 19% in Year 6)
- one in four children in Reception (28%) were classified as overweight or obese, whilst around one in three children in Year 6 (33%) were classified as overweight or obese
- the proportion of children categorised as overweight or obese in both Reception and Year 6 was similar for girls (27% in Reception and 31% in Year 6) and boys (28% in Reception and 35% in Year 6)
- the proportion of children classified as overweight or obese has decreased from 29% in 2000/01 - 02/03 to 24% in 2022/23 - 24/25, although there have been some fluctuations over the years. In contrast, childhood obesity levels have remained relatively stable
- the proportion of overweight or obese children in Year 6 in the last 3 academic years from 2022/23 - 24/25 (31%) has remained stable over the past decade
- children living in rural areas in Year 6 were less likely to be overweight or obese than those living in urban areas (26% in rural areas compared to 39% in urban areas)
- in Year 6, a higher proportion of children who attended non-fee-paying schools were classified as overweight or obese (35%) compared to those attending fee-paying schools (22%)
- in Reception, from 2007/08 - 09/10 to 2022/23 - 24/25, the prevalence of overweight or obese children in non fee-paying schools fluctuated slightly but remained statistically similar, decreasing from 27% to 25%
- in the most recent three-year period, there was no significant difference between fee-paying and non-fee-paying schools, the smallest gap recorded in the past 16 years
- the proportion of children in Reception categorised as overweight and obese was higher in Jersey (28%) than in England (22%); the proportion of children in Year 6 categorised as overweight and obese was similar in Jersey (33%) to that in England (36%)

[1] Childhood obesity: applying All Our Health - GOV.UK (www.gov.uk)
[2] National Child Measurement Programme, England, 2022/23 School Year - NHS England Digital

By Age and Sex

In the 2024/25 academic year:

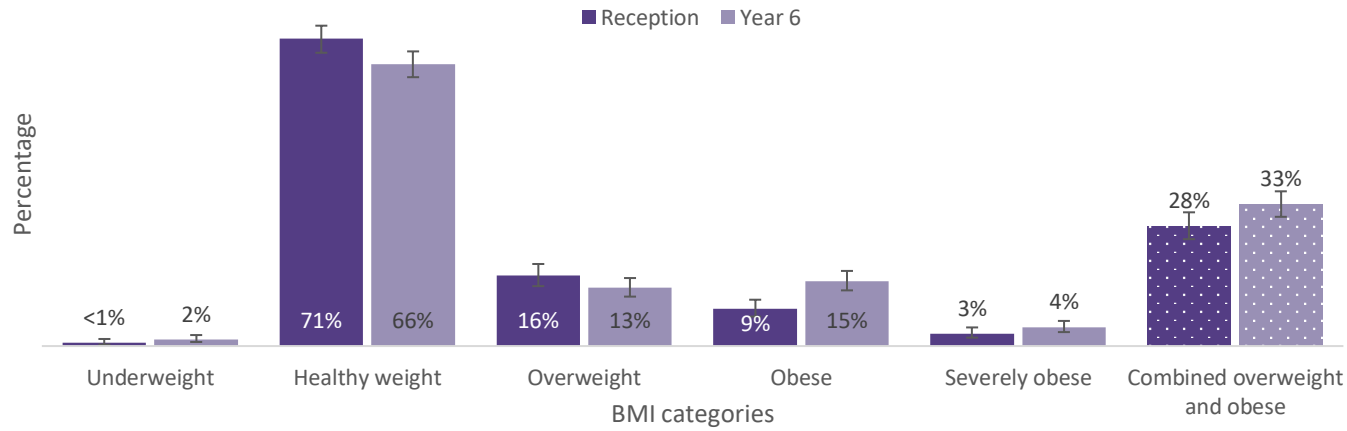
- around 7 in 10 (71%) Reception children were classified as having a healthy weight based on their height and weight measurements, compared to a slightly lower proportion (66%) of Year 6 children
- around 1 in 8 children (12%) in Reception were classified as obese or severely obese, compared to around 1 in 5 (19%) in Year 6
- approximately 1 in 4 (28%) of Reception children were overweight or obese, this is statistically similar when compared to 1 in 3 (33%) of Year 6 children

Table 1. BMI classifications, percentages (2024/25)

	Reception	Year 6
Underweight	<1	2
Healthy weight	71	66
Overweight	16	13
Obese	9	15
Severely Obese	3	4
Combined Obese & Overweight	***28***	***33***

Note: percentages rounded to the nearest integer
Source: Jersey Child Measurement Programme

Figure 1. BMI categories by year group (2024/25)



Source: Jersey Child Measurement Programme

The proportions of girls classified as overweight or obese were similar to boys in both Reception and Year 6 (Table 2).

Table 2. BMI classifications by sex, percentages (2024/25)

	Reception		Year 6	
	Boys	***Girls***	***Boys***	***Girls***
Underweight	1	<1	1	2
Healthy weight	71	72	64	67
Overweight	16	16	14	13
Obese	9	9	15	15
Severely Obese	3	2	6	3
Combined Obese & Overweight	***28***	***27***	***35***	***31***

Note: percentages rounded to the nearest integer
Source: Jersey Child Measurement Programme

Trends Over Time

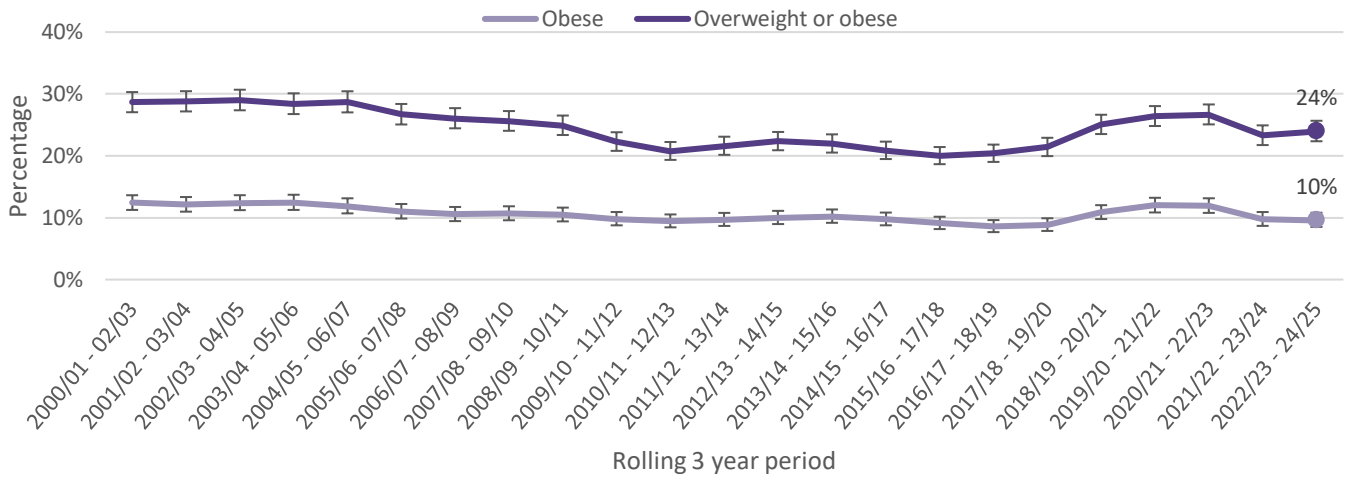
Data is considered as a rolling average over a period of three academic years, with the most recent three-year period shown being 2022/23 - 24/25. The three-year combined data is more robust than a single year, and better for overall trend analysis.

Reception

The proportion of children classified as overweight or obese has decreased from 29% in 2000/01 - 02/03 to 24% in 2022/23 - 24/25, although there have been some fluctuations over the years. In contrast, childhood obesity levels have remained relatively stable.

The proportion of children classified as obese in the most recent three academic years (2022/23 - 24/25) stands at 10%, similar to the rate observed a decade earlier during the 2012/13 - 14/15 period (Figure 2).

Figure 2. BMI classifications for Reception, rolling three-year averages academic year (2000/01 to 2024/25)

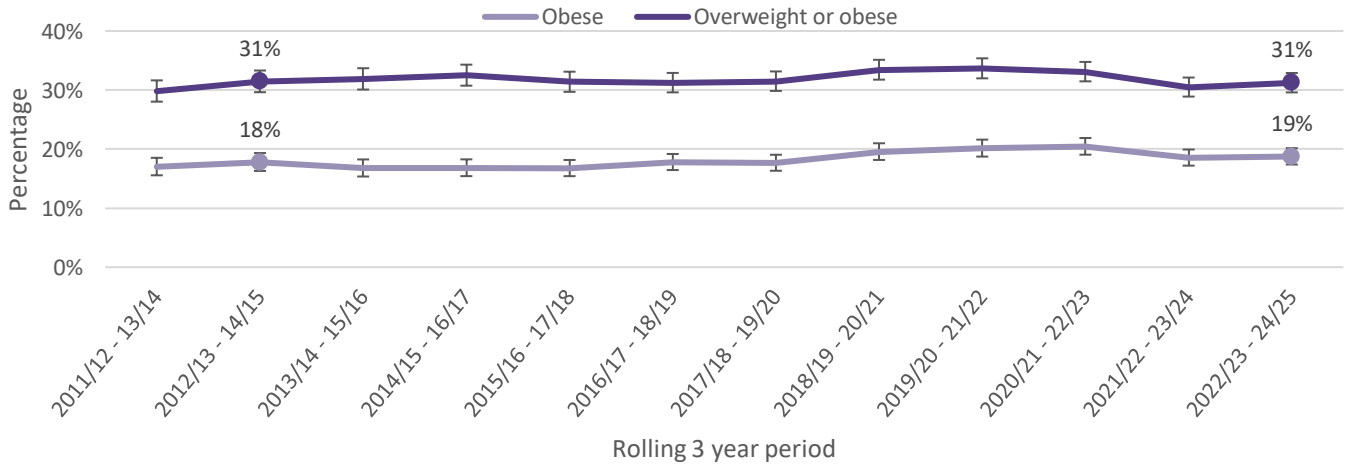


Source: Jersey Child Measurement Programme

Year 6

Rates of overweight and obesity among Year 6 children have remained stable over the past decade, with 31% recorded in both 2022/23 - 24/25 and 2012/13 - 14/15. The proportion classified as obese also showed little change, from 18% to 19% (Figure 3).

Figure 3. BMI classifications for Year 6, three-year averages, academic year (2011/12 to 2024/25)



Source: Jersey Child Measurement Programme

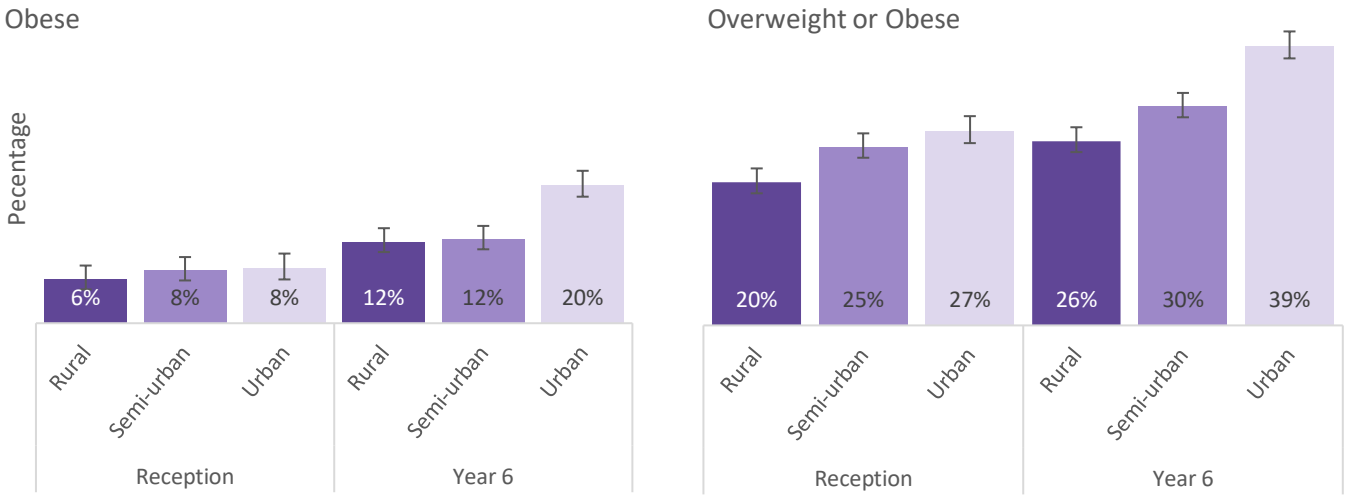
By Parish of Residence

The parish of residence of each child was categorised as 'urban', 'semi-urban' or 'rural'.[3]

In Reception, the proportion of children classified as overweight or obese was slightly higher in urban parishes (27%) than in semi-urban (25%) and rural areas (20%), although these differences were not statistically significant. Obesity rates alone were more consistent at this age, with 8% in both urban and semi-urban areas, and 6% in rural areas.

Geographic differences are more pronounced in the Year 6 data. Children in urban parishes had the highest rates of overweight or obesity (39%), compared to 30% in semi-urban areas and 26% in rural areas (Figure 4). Obesity alone was also more common in urban Year 6 children (20%) than in both semi-urban and rural areas (12% each).

Figure 4. BMI classifications by parish type, three-year average, based on parish of child (2022/23 – 24/25)



Source: Jersey Child Measurement Programme

By Type of School Attended

The school type of each child was categorised as 'fee-paying' or 'non-fee-paying'.[4]

- there was no significant difference between the proportion of children in Reception classified as overweight or obese in fee-paying and non-fee-paying schools (22% and 25%, respectively)
- in Year 6, a higher proportion of children who attended non-fee-paying schools were overweight or obese (35%) compared to children who attended fee-paying schools (22%) (Figure 5)

[3] The parish of residence of each child was classified into:

- *Urban* – St Helier
- *Semi-urban* – St Brelade, St Clement, St Saviour
- *Rural* – Grouville, St John, St Lawrence, St Martin, St Mary, St Ouen, St Peter, Trinity

[4] School attended by each child were classified into: *Fee-paying* – Beaulieu, De La Salle, FCJ, Helvetia House, JCG Preparatory, St. Christopher's, St. George's, St. Michael's, Victoria College Preparatory
Non-fee-paying – Bel Royal, D'Auvergne, First Tower, Grands Vaux, Grouville, Janvrin, La Moye, Les Landes, Mont Nicolle, Plat Douet, Rouge Bouillon, Samares, Springfield, St. Clement, St. John, St. Lawrence, St. Luke, St. Martin, St. Mary, St. Peter, St. Saviour, Trinity

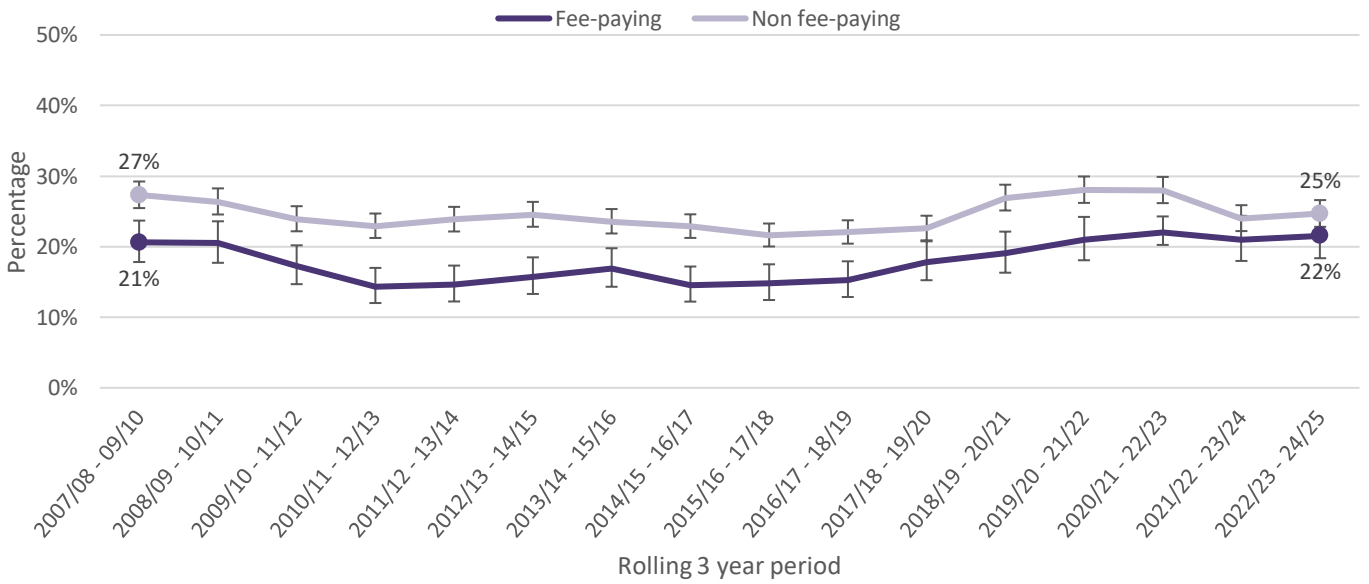
Figure 5. BMI classifications by school type, percentage, three-year average (2022/23 – 24/25)

Source: Jersey Child Measurement Programme

In Reception, from 2007/08 - 09/10 to 2022/23 - 24/25, the prevalence of overweight or obese children in non fee-paying schools fluctuated slightly but remained statistically similar, decreasing from 27% to 25%.

In the most recent three-year period, there was no significant difference between fee-paying and non-fee-paying schools, the smallest gap recorded in the past 16 years (Figure 6).

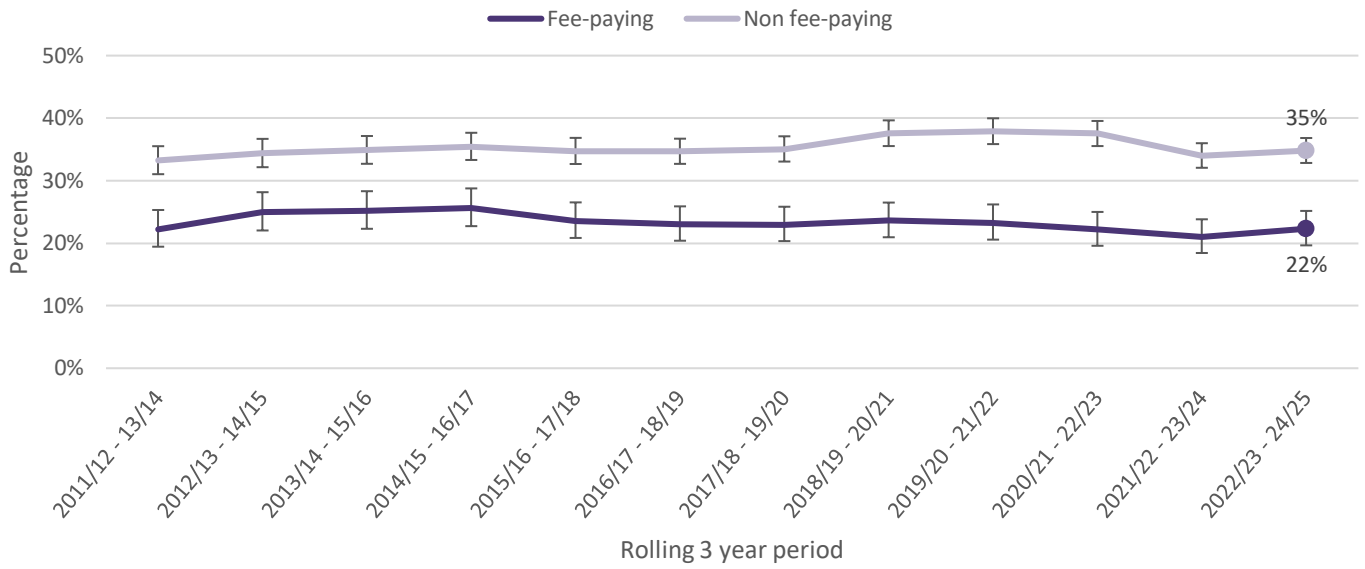
Figure 6. Proportion of children in Reception classified as overweight or obese, by school type, academic (three-year averages (2007/08 to 2024/25)



Source: Jersey Child Measurement Programme

The prevalence of children classified as overweight or obese in Year 6, for both non-fee-paying and fee-paying schools has remained relatively stable between 2011/12 - 13/14 and 2022/23 - 24/25 at (Figure 7).

Figure 7. Proportion of children in Year 6 classified as overweight or obese, by school type, academic year, three-year averages (2011/12 to 2024/25)



Source: Jersey Child Measurement Programme

Cohort Changes: Reception to Year 6

The data in this section compares BMI classifications for children in Jersey who were measured in Reception in 2018/2019 and again in Year 6 in 2024/2025, showing changes in their measurements over time. Due to inward and outward migration between the two time points, not all the same children in Year 6 will be included in the Reception data, and vice versa.

- a lower proportion of the group were overweight and obese when in Reception in 2018/19 (21%) compared to the group when in Year 6 in 2024/25 (33%) (Table 3)
- the prevalence of obesity (including severely obese) was lower in the Reception group in 2018/19 (9%) compared to the Year 6 group in 2024/25 (19%)

Table 3. BMI Classifications percentage for the Same Cohort of Children in Jersey (Reception to Year 6)

	2018/19 Reception	***2024/25 Year 6***
Underweight	<1	2
Healthy weight	78	66
Overweight	13	13
Obese	6	15
Severely Obese	3	4
Combined Obese & Overweight	***21***	***33***

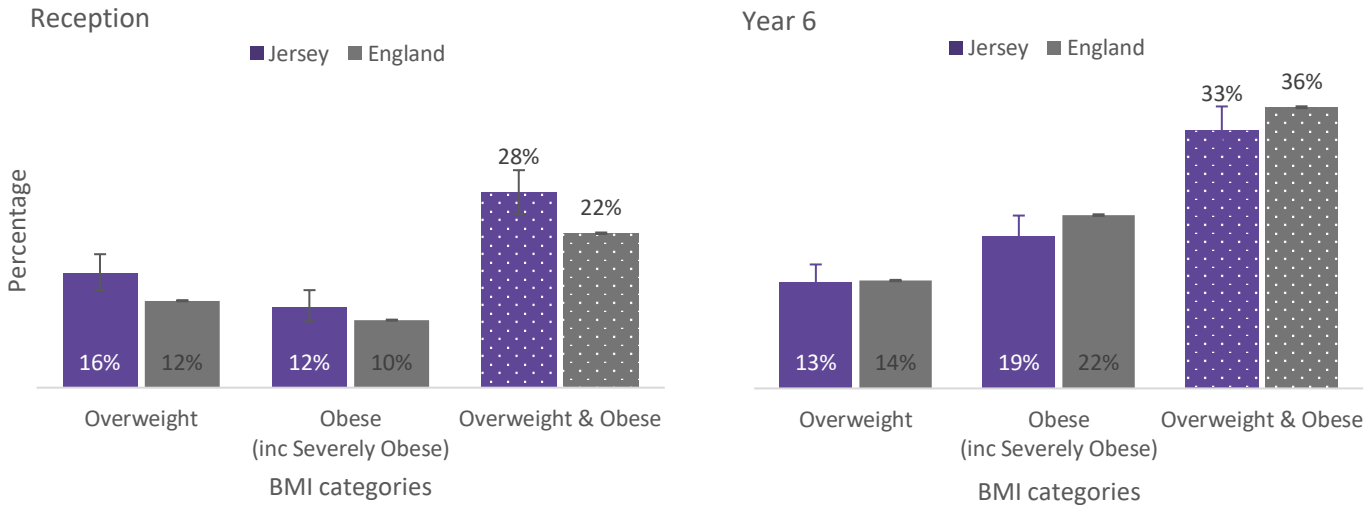
Note: percentages rounded to the nearest integer
Source: Jersey Child Measurement Programme

Comparison to England

The National Child Measurement Programme (NCMP) in England[5] also measures the height and weight of children in Reception (aged 4 to 5) and Year 6 (aged 10 to 11) to assess overweight and obesity levels in children within primary schools. As the England 2024/25 data is not yet published, comparisons are made to the 2023/24 data (the latest available).

- in Reception, around 1 in 4 children (28%) in Jersey were classified as overweight or obese, which was statistically higher compared to England, where there were around 1 in 5 children (22%)
- in Year 6, around 1 in 3 children (33%) in Jersey were classified as overweight or obese, which was similar to England (36%)

Figure 8. Prevalence of overweight and obesity, comparison of Jersey (2024/25) to England (2023/24)



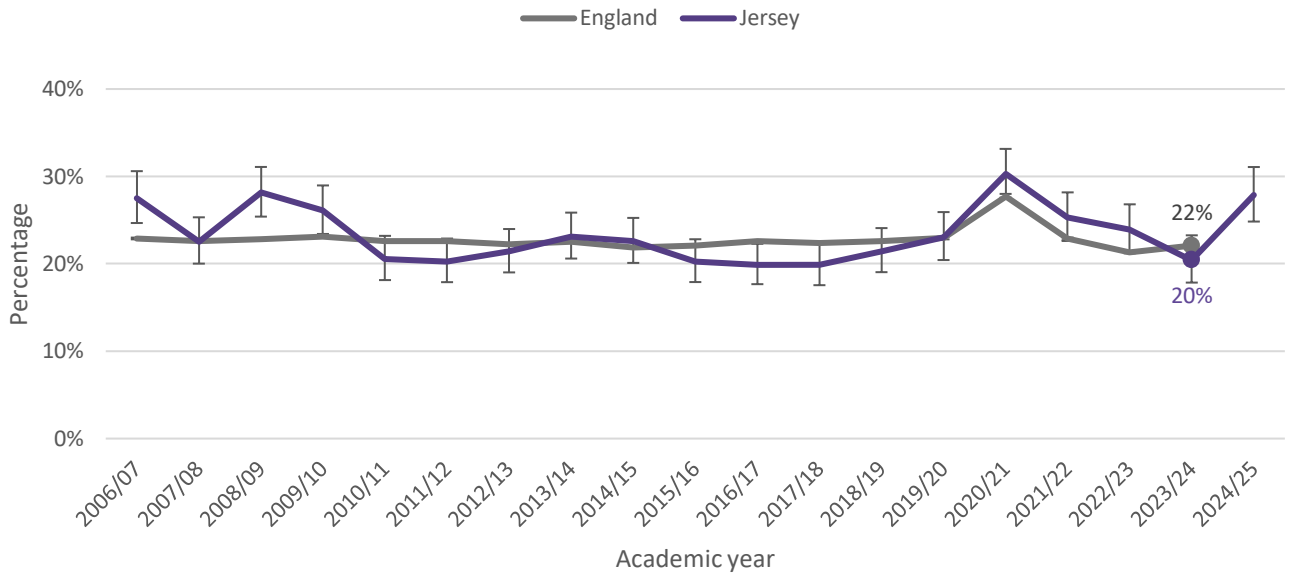
Source: Jersey Child Measurement Programme, National Child Measurement Programme England 2023/24

For a more robust understanding of changes to child measurements over time, refer to the section on trends over time above. While single year data points can show sharp fluctuations due to natural variation, they do not always reflect the true underlying trend. When comparing Jersey's data with that of England, and taking confidence intervals into consideration, the trends closely align.

The prevalence of overweight and obese Reception children in Jersey remained relatively stable between 2010/11 and 2023/24, with both Jersey and England showing a noticeable increase in 2020/21 during the COVID-19 pandemic. (Figure 9).

[5] National Child Measurement Programme, England, 2023/24 School Year - NHS England Digital

Figure 9. Prevalence of overweight and obesity, Reception comparison of Jersey to England (2006/07 to 2024/25)



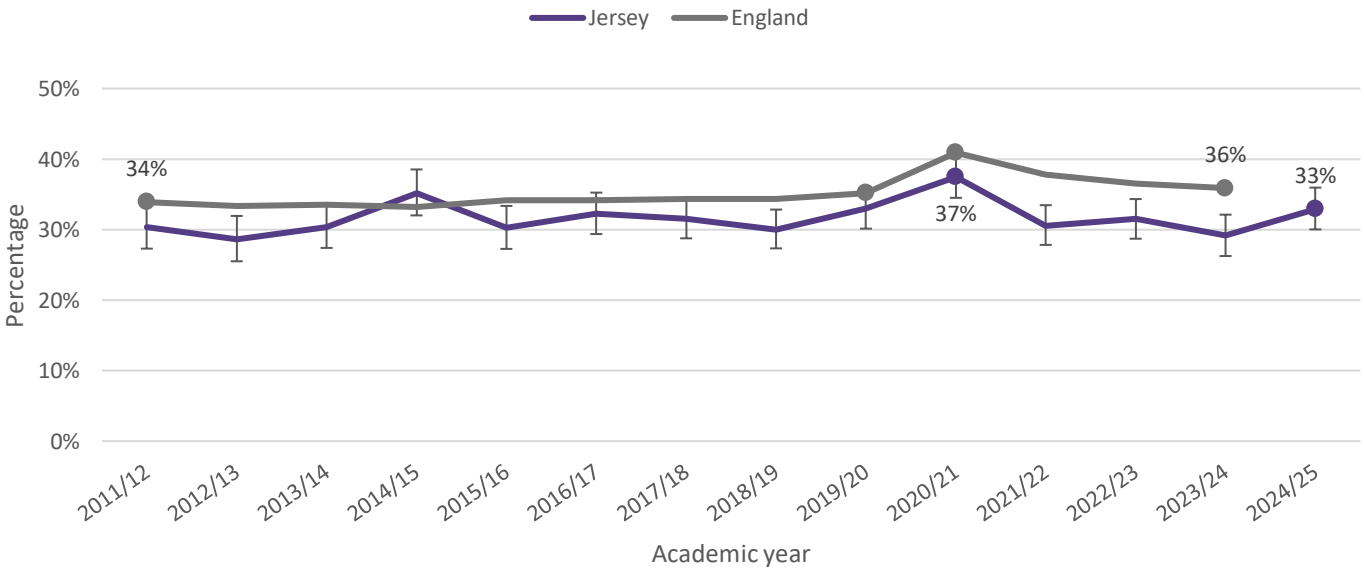
Source: Jersey Child Measurement Programme, National Child Measurement Programme England 2023/24

The prevalence of overweight or obese Year 6 children in Jersey remained relatively similar from 2011/12; and shown fluctuations from 37% in 2020/21 to 33% in 2024/25.

In England, the prevalence of overweight or obese Year 6 children remained relatively stable from 34% in 2011/12 to 35% in 2019/20, then increased to 41% in 2020/21 before decreasing to 36% in 2023/24.

Overall, the prevalence of children who were overweight or obese in Year 6 in Jersey has consistently been lower than or similar to England (Figure 10).

Figure 10. Prevalence of overweight and obesity, Year 6 comparison of Jersey (2011-2024) to England (2011-2023)



Source: Jersey Child Measurement Programme, National Child Measurement Programme England 2023/24

It is worth noting that the 2020/21 academic year was the highest recorded prevalence of overweight and obesity in both Reception and Year 6 for Jersey and England. This was during the height of the COVID pandemic.

Reference Data from Guernsey

The Guernsey[6] Child Measurement Programme (GCMP) measures the height and weight of children in Year 1 (aged 5 to 6) and Year 5 (aged 9 to 10) to assess overweight and obesity levels in children within primary schools.

Note that these Year groups are slightly different to the Year groups measured in the Jersey and English programmes (Reception and Year 6) therefore direct comparisons cannot be made. Please refer to the Notes section for further information.

The following were classified as overweight or obese:

- in Jersey, around 1 in 4 children (28%) in Reception and around 1 in 3 children (33%) in Year 6
- in Guernsey, around 1 in 5 children (21%) in Year 1 and around 1 in 4 children (28%) in Year 5

Table 4. Prevalence of overweight and obesity, comparison of Jersey to Guernsey (2024/25)

Island	*Year Group*	*%*	*Lower CI*	*Upper CI*
Jersey	Reception	28	3.01	3.23
	Year 6	33	2.89	3.03
Guernsey	Year 1	21	3.30	3.80
	Year 5	28	3.60	3.90

Source: Jersey Child Measurement Programme, Child measurement report 2024 Guernsey

[6] Findings from the Guernsey Child Measurement Programme 2023 - States of Guernsey

Notes

The Jersey Child Measurement Programme (JCMP) began in 1995, measuring the heights and weights of children attending Jersey schools in Reception. It was extended in the 2011/12 academic year to include measuring the heights and weights of Year 6 children. Children who attend independent and special schools are excluded.

Children are measured by the FNHC School Nursing team during the school year. The programme runs from September to August to align with the academic calendar and offers support if needed. This evidence-based programme focuses on prevention and early help, the School Nursing team is focused on reducing inequalities in health and promoting inclusion. To ensure the information collected provides an accurate picture of the population, local authorities should aim to achieve participation rates by eligible children of at least 90%.

BMI categories

The height and weight measurements of children are used to calculate their Body Mass Index (BMI)

$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m)} \times \text{height (m)}}$$

The BMI is then converted into a centile, which can be used to classify each child into **underweight, healthy weight, overweight, obese, or severely obese**.

This calculation uses age and sex as well as height and weight to take into account different growth patterns in boys and girls at different ages. A child's BMI centile is a measure of how far a child's BMI is above or below the average BMI value for their age and sex in a reference population.

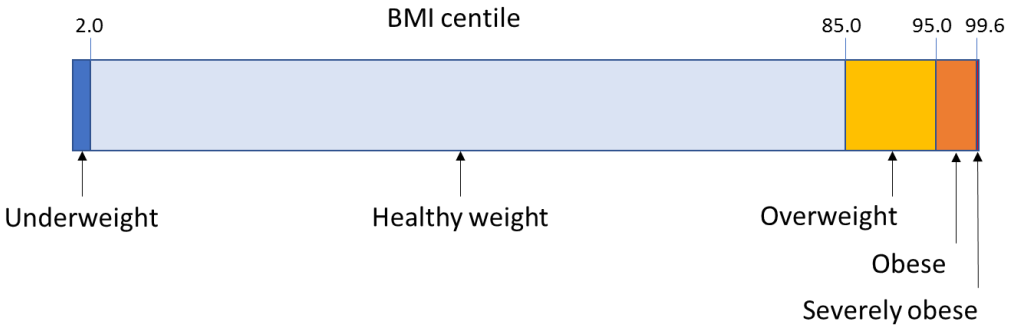
The Jersey Child Measurement Programme uses the British 1990 growth reference (UK90), [7] as recommended by the National Institute for Health and Care Excellence (NICE), to classify BMI according to a child's age and sex.

This **epidemiological** classification is used throughout the report to summarise weight status across the full cohort and population groups.

The **epidemiological** definition is as follows:

- BMI centile <=2: Underweight
- BMI centile >2 and <85: Healthy weight
- BMI centile >=85 and <95: Overweight
- BMI centile >=95: Obese
- BMI centile >=99.6 Severely obese. Note: "Severely obese" is a subset of "Obese". Children with a BMI centile of between 95 and 100 are classified as "Obese" and those with a BMI centile of between 99.6 and 100 are classified as "Severely obese"

Figure 11: Centile boundaries for each weight category - epidemiological



[7] *'Growth monitoring with the British 1990 growth reference'. Cole Arch Dis Child.1997; 76: 47-49 as used by ONS in the National Child Measurement Programme.*

Participation

Participation in the JCMP is not compulsory and each year, a small number of parents choose for their children not to take part.

Where possible, measurements are taken in Jersey's specialist education settings. However, it is important to note that data from these schools are only included in the local dataset and are not part of the published statistics for participation rates and national comparisons. This is because engagement with these settings varies, and participation levels are typically low. Excluding them helps ensure that reported figures remain representative of the broader school-aged population.

Potential bias due to non-participation was investigated for the English National Child Measurement Programme by NHS Digital, who found that obesity prevalence was underestimated by around 1 percentage point.

This bias was found to decrease as the participation rate increased.[8] Any potential effect from non-response bias in the JCMP is anticipated to be of a similar magnitude given the high participation rates observed.

Sex/Gender Classification

Sex classification in the JCMP is based on the information submitted at the time of data collection. This may not always reflect the child's sex assigned at birth. Analyses are based on the recorded sex in the measurement dataset.

Ethnicity

Ethnicity is not used as a variable of analysis in this report, as the ethnicity data held is not currently of suitable quality. The lack of standardized, self-identified race and ethnicity is a critical limitation of the available data.

Children with Down's Syndrome

Children with Down's syndrome should be included in NCMP measurements on the scheduled day, where appropriate and in line with usual practice. However, their data should not be submitted for analysis in the JCMP, as weight classification for these children should be interpreted using specialist growth charts specific to Down's syndrome.

In Jersey, the Public Health Intelligence team (PHI) are not notified of whether any participating children have Down's syndrome. As a result, it is not currently possible to identify or exclude these measurements from JCMP analyses. Users of the data should be aware that this may have a minimal impact on aggregated prevalence estimates, although the effect is likely to be negligible at population level.

[8] *For a participation rate of 80 per cent in 2006/2007, it was estimated that the obesity prevalence was underestimated by 1.3 percentage points (pp); and for a participation rate of 88 per cent in 2007/2008, the underestimate of obesity prevalence reduced to 0.8 pp*

Data Validation

The accuracy and reliability of the dataset underpinning the analyses in the report is ensured by a validation procedure.

Submitted records are checked to ensure that all mandatory data items have been provided and that data validation rules have been met.

- records with missing data items are rejected
- invalid data items (e.g., children's height and weight measured at different times) are rejected
- unexpected data items (e.g., "extreme" heights) generate warning flags that require FNHC confirmation
- measurements should not be rounded to the nearest whole or half kilogram or whole or half a centimetre; the proportion of records where the recorded height is exactly a centimetre or half a centimetre should not exceed 20%

Contact details - Please forward any comments or feedback to the Public Health Intelligence Team: healthintelligence@gov.je

Confidence Intervals, Significance, and Disclosure Control

Confidence intervals are quoted in the publication and included in the tables to indicate this variation.

Comparisons between groups and over time have been statistically tested to determine whether differences are likely to be genuine (i.e., statistically significant) or the result of random natural variation. Only statistically significant differences have been described with terms such as "higher", "lower", "increase" or "decrease".

When a comparison does not show a statistically significant difference, this will be described using terms such as "similar to" or "the same as".

In the statistical publication text and excel tables, percentages are rounded. Differences are calculated from the rounded Figures in the Excel tables and then shown in the text.

Reference Data from Guernsey

Data from Guernsey's Child Measurement Programme (GCMP) has been included in this report for reference purposes only, not for direct comparison. It is important to note that comparisons between Jersey (Reception and Year 6) and Guernsey (Year 1 and Year 5) cohorts have not been made, as the year groups measured are at different stages of development. Children grow and develop rapidly in their early years, and even small differences in age can significantly influence their measurements.

Feedback

If you would like to provide feedback, then please contact us on the following address or email us at: healthintelligence@gov.je

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