

DR MEREDITH HAWKING AND REBECCA MUIR, QUEEN MARY UNIVERSITY OF LONDON - WRITTEN EVIDENCE (FDO0083)

Thank you for giving us the opportunity to respond to this inquiry. We are qualitative health researchers based at the Centre for Primary Care, Wolfson Institute of Population Health, Queen Mary University of London. We draw on social science and public health approaches to study child health and household practices, weight stigma, and health policy analysis. We are submitting evidence as are interested in the downstream impact of current policies and believe that the wider determinants of health, as well as harmful direct consequences of policies, are not fully considered in current governmental policymaking around food, diet and obesity.

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Summary of our response

Our response highlights how governmental policies on obesity designed to improve health can have potentially harmful social and emotional effects on both children and adults. We discuss our work on the potential harms of the National Child Measurement Programme (NCMP) (Hawking et al., 2023). We bring attention to how framings of obesity in policy can underpin weight stigma and can have negative impacts for the health and wellbeing of people classified as obese. Current obesity policy focused on individual behaviours and family units fail to address the lived reality of widening social inequalities experienced by people throughout the United Kingdom.

The National Child Measurement Programme may harm the children it aims to help

Firstly, we want to highlight our recent research on the National Child Measurement Programme, a government led programme to tackle childhood obesity (Hawking et al., 2023).

We conducted a meta-ethnography of the NCMP, to synthesise evidence from published qualitative research and to understand the impact of the NCMP on parents and children classified as overweight or severely overweight. Whilst the epidemiological data resulting from the programme can be useful for exploring upstream determinants on child health, we documented concerns that the method of delivery and individualistic focus and messaging of the NCMP can cause undue harm.

The NCMP pre-measurement letter sent to parent's states that '*body image, self-esteem, weight-related teasing and restrictive eating behaviours do not change as a result of being measured or receiving feedback*'. However, we found that being categorised as 'overweight' or 'very overweight' resulted in emotional and social consequences for children who participate, and their parents. We found that parents have concerns around how participation in the NCMP can contribute to weight-related teasing, dieting, and mental health issues in the future. Parents face a difficult task of maintaining their child's self-esteem and question and reject aspects of the programme in order to protect their children from a weight-focused future.

The conclusions from the meta-ethnography are supported by studies revealing that weight-conscious school environments can negatively impact learning. Studies have found that children who experience weight stigma and weight-related bullying can cope in damaging ways such as by extreme social withdrawal, missing school, and comfort/ boredom eating (Rees et al., 2014; Himmelstein and Puhl, 2019). Additionally, there is little evidence to suggest that initiatives targeting individual families are currently successful in reducing childhood obesity at a population level. Longitudinal cohort studies have shown that weight-stigmatising policies targeted at children may have the counterintuitive effect of increasing adulthood obesity rates. For example, a longitudinal study found children who experienced weight-related teasing and parental weight-related concerns were more likely to be classed as overweight 10 years later (Quick et al., 2013). Wider research showing that high-school students who experience body-shaming are more likely to show eating disorder symptoms (Cerolini et al., 2024).

Children in the UK are experiencing high levels of socioeconomic deprivation, and experience of child poverty is a predictor of high BMI measurement in both childhood and adulthood. The wider political and economic context has a significant impact on family access to adequate healthy, nutritious food. More than one million emergency food bank parcels were distributed to households with children in 2022-2023, according to the Trussell Trust (Trussell Trust, 2023). The Food Foundation has estimated that at least 1 in 5 households in the UK have

experienced food insecurity (Shona Goudie, 2023). The report also found that food-insecure families worry how being unable to afford food will affect their children's health and weight. Rather than individual behaviour change initiatives, upstream policies tackling inequalities in access, food insecurity and household poverty are required to tackle childhood obesity.

Weight-neutral approaches to health and wellbeing

There are many biological, genetic, and environmental influences affecting weight regulation, and public health researchers have long advocated for a systems approach to tackling obesity (Nobles et al., 2021). In spite of this, obesity initiatives such as the NCMP predominately frame obesity as an individual responsibility through a focus on individual behaviour change. Policies which emphasise the responsibility of the individual for excess weight and focus solely on individual behaviour change can centre the idea that a lack of will power underpins excess weight, increasing weight stigma. This can lead to a reduction in engagement with obesity related programmes - for instance, people in larger bodies can feel unwelcome taking part in sports and exercise activities due to previous experiences of weight stigma and discrimination (Thedinga, Zehl and Thiel, 2021). Weight stigma is highly pervasive in obesity discourse with dominant representations of people with obesity framed as lazy, unintelligent and lacking discipline (De Brun et al., 2014). Alongside social impacts, weight stigma has harmful effects along the life-course. For instance, analysis of the English Longitudinal Study of Ageing found weight discrimination created a significant psychological burden for obese older adults (Jackson, Beeken and Wardle, 2015). Research has shown that weight stigma is an inappropriate and ineffective method for encouraging weight loss (Williams & Annandale, 2020; Pearl et al., 2015; Lewis et al., 2011). In order to shift the focus from the individual and reduce weight stigma, efforts to tackle obesity should be weight-neutral, upstream, and systems-focused.

Policy suggestions

1. Understandably, many parents want to protect their child from negative, stigmatising experiences related to being classified as 'overweight' or 'very overweight', and imagine a future for their children of health and happiness. We advocate for reimagining the individualistic focus of the NCMP towards a systems approach to tackling obesity, focusing on upstream, universal interventions such as increasing social and welfare support for families, increasing access to healthy nutritious food environments, and provision of universal free school meals for all primary and secondary school students.

2. Weight-neutral public health initiatives are possible and should be supported and developed, for instance Doncaster City Council are pioneering a weight-neutral approach to health and wellbeing called the Family Food Programme (FFP). Investing resources into developing initiatives which build self-worth and self-esteem and encourage a holistic focus on health and wellbeing will help improve children's health and wellbeing.
5. At every level, policy initiatives should be shaped by the people targeted by the policies and their families.

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