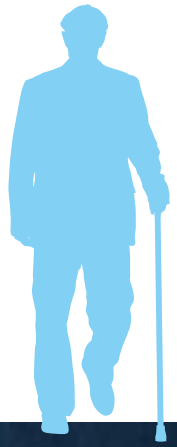
HOW **STIGMA** AFFECTS THE HEALTH AND WELLBEING OF OUR COMMUNITIES

KNOWSLEY PUBLIC HEALTH ANNUAL REPORT
2024 - 2025

Knowsley Council

Healthy KNOWSLEY

CONTENTS



FOREWORD

This year's Public Health Annual Report highlights the complex and often hidden impact of stigma and how it manifests in everyday life, how it intersects with the social determinants of health, and how it contributes to health inequalities across the borough.

Stigma is pervasive across society and is a serious public health issue. It can isolate individuals and create barriers to prevent people from seeking the support they need. Through data, lived experience, and local insight, we explore this impact.

Tackling stigma requires a whole-system approach to promote understanding, acceptance, inclusion and equity. This report highlights the work already underway in Knowsley to challenge stigma, and outlines opportunities for further progress through partnership, policy, and practice but as always more needs to be done.

The report focuses on the various forms of stigma people can face and is explored through the lens of key public health priority areas. The report looks at how stigma can contribute towards; worsening poverty, levels of harms from addiction, rising mental health issues and suicide rates, and act as a barrier to people reporting domestic abuse. The report also highlights the impact perceived stigma has on older adults and addresses the issue of weight stigma within healthcare settings.

These are all just a few examples of how stigma has real impacts on individuals but there are many more. I am hoping through looking at these examples we are all more able to identify stigma in its other forms and work together to address it.

I am grateful to Professor Harry Sumnall, Liverpool John Moores University, who has kindly authored a chapter addressing public stigma and stigma by association in relation to addictions and how we can challenge negative attitudes and stereotypes surrounding the issue.

I would like to sincerely thank all other colleagues and partner organisations who have contributed to this report, and in particular to those who have shared their personal experiences. This is a stark reminder that behind every statistic is a story and behind every story is a person who deserves dignity, respect, and support.

Dr Sarah McNulty
Director of Public Health

Please contact me should you have any queries
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The front cover of this report represents people from our diverse communities. Any one of them could experience stigma due to visible or hidden characteristics.

CHAPTER 1
Introduction

How stigma evolved

The term stigma originated in ancient Greece and referred to as symbols or marks usually burned or tattooed into the skin of enslaved people, criminals, traitors or those belonging to specific social groups. This visible mark was a mark of disgrace, or it served as a warning to others that the individual should be avoided.

Over the generations, people who were seen as being different to others or demonstrated different behaviours to what was considered normal were often hidden from public view or institutionalised due to moral judgement and stigma[1].

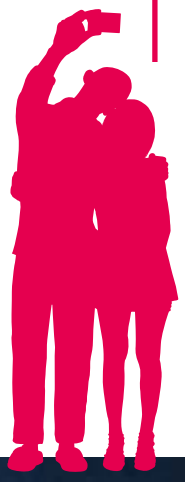
The sociologist Erving Goffman in his 1963 book defined stigma as "an attribute that is deeply discrediting[2]". A discredited attribute could refer to visible and immediately recognisable differences of an individual such as skin, hair colour or body size or the attribute could be discreditable, hidden and not immediately obvious to others, such as hearing loss, addiction, mental illness, religious beliefs or social class.

Today, sadly, stigma still exists, passed down through family attitudes or cultures (worried about reputation or shame), media portrayal, and systemic practices. Labels are given to individual attributes or characteristics which are different from what is considered normal or acceptable. These differences are linked to a negative opinion or stereotype about an individual or group of people, often these are unjust, inaccurate and discriminatory.

This can lead to situations were individuals or groups feel that they have more power, influence or control over others, whilst the stigmatised group or individual feels devalued, excluded and discriminated against (treated negatively)[3] as demonstrated with the example depicted in figure 1.

Labels can also be useful

They are a way we make sense of the world, they help us categorise, communicate and navigate social environments. We use them to process information quickly and communicate ideas, they can help us with our sense of identity and belonging.



Stigma
is a negative perception, label or stereotype.

Prejudice
is the negative feelings, beliefs and emotional reactions people feel towards the stigmatised individual/group.

Discrimination
is the action or behaviour that result of the prejudice.

Figure 1 – how stigma evolves

Stigma
Through / Association

"People with _____ are at fault for their condition. It happened because of bad decisions."

Prejudice
Belief / Reaction

Starts to believe it, generates low self-esteem

Discrimination
Action / Behaviour

Individual fails to pursue opportunities

Stigma through a public health lens

Research[4] outlines stigma as a driver of health inequalities, the more factors or differences an individual experiences the more likely they are to be stigmatised, discriminated against and have poor physical and mental health outcomes.

Stigma can be compounded further when policies or practices implemented by organisations or directed by law are biased towards or discriminate against people from particular groups. This lack of consideration and recognition along with knowledge and understanding in relation to the needs of different groups is a significant barrier to them accessing services.

Based on Goffman's[2] foundational work and through continued research[3] over the years, there are different types of stigma (see figure 2) which are commonly referred to. These types of stigma are often interconnected and interact to create a complex web of inequalities, shaping how individuals experience disadvantage across multiple aspects of their lives.

This report looks at the issue of stigma through a public health lens and a different type of stigma has been applied to a public health priority area. The report explores how stigma manifests within these specific areas, the barriers it creates to accessing care and support, and the broader implications for public health policy and practice.

It is recognised that stigma is deeply embedded within society and extends beyond the specific issues focused on in this report. For example, people living with dementia or an infectious disease also encounter stigma in their daily lives, highlighting the broad impact of stigma across society.

Figure 2 - Different types of stigma through a public health lens

	Type of stigma	Definition	Public health priority area
	**Structural stigma**	Stigma is embedded in society through social structures, cultural norms and beliefs, laws, policies, and institutional practices, creating barriers to opportunities and access to resources.	Understanding how structural stigma contributes towards poverty
	**Public stigma and stigma by association**	Negative attitudes and beliefs towards others who have certain health conditions or characteristics. Family and friends of those stigmatised may also experience criticism, judgement or discrimination.	Challenging general misconceptions and ending the stigma surrounding addiction
	**Self stigma**	People internalise the negative attitudes and public beliefs about themselves, even if not true, leading to self-blame, low-esteem and shame.	Understanding self-stigma in relation to mental health and suicide prevention
	**Perceived stigma**	People believe/anticipate that others hold negative views about them, their age or their condition, even if those views are not accurate.	The impact perceived stigma has on older people, especially those with long-term conditions or disabilities
	**Label avoidance**	People deliberately distance themselves from an identity label that carries social stigma, thereby hoping to escape the associated bias or unequal treatment.	Silenced by stigma – domestic abuse
	**Health care professional stigma**	Negative attitudes and behaviours which may be exhibited by healthcare providers towards individuals with certain health conditions or characteristics.	Weight stigma in healthcare settings

CHAPTER 2

Understanding how structural stigma contributes towards poverty

Structural stigma

In this chapter, we look at structural stigma and how this contributes towards poverty. Structural stigma refers to how society is structured, including laws, policies, beliefs, cultural norms and institutional practices which can restrict the opportunities, access to resources and health and wellbeing of those who experience stigma.

Poverty is defined as lacking the resources to meet basic needs such as food, warmth, clothing and shelter, it can also relate to the ability to participate in everyday society resulting in social exclusion or lack of access to services.

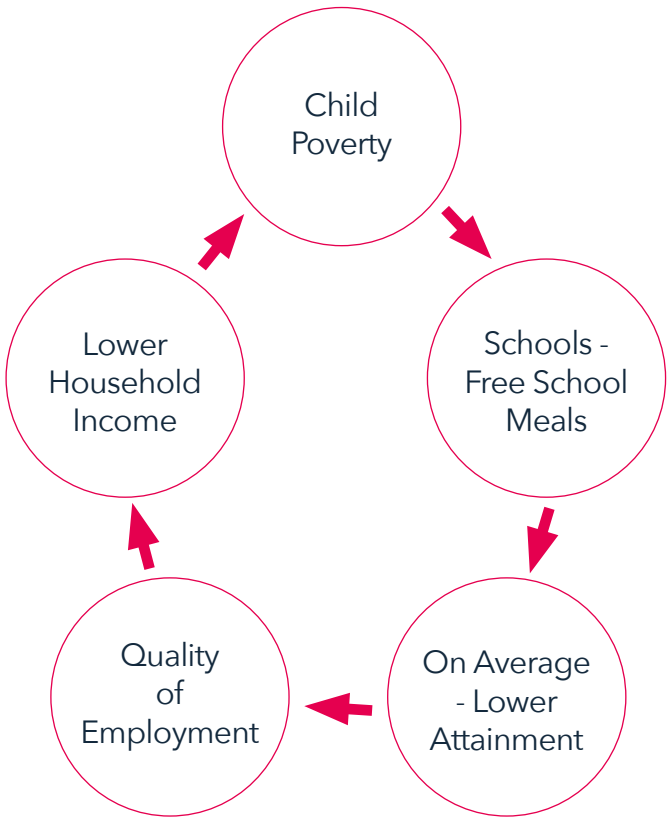
A recent report by Cheshire and Merseyside's Public Health Collaborative[5] stated that 27.8% of Knowsley's children live in relative poverty and of these, over half were in working families. This number has increased significantly in the past five years.

Living in poverty can have a detrimental impact on both physical and mental health and can trap people in a cycle of poverty and poor health as shown in figure 3.

The causes of poverty are complex, but its impacts can be seen at every age, even from before birth. Poverty can come in different forms such as in-work poverty, food poverty, fuel poverty, period poverty and transport poverty.

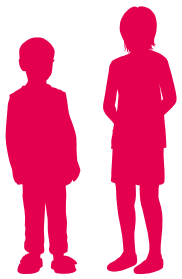
Common health conditions that are associated with poverty include low birth weight, shorter life expectancy, respiratory illness, diet-related illness, cardiovascular and musculoskeletal problems as well as experiencing increased levels of stress, anxiety and low self-esteem. This means that people living in poverty generally experience poorer health outcomes than those living with greater resource creating health inequalities between geographical areas and population groups.

Figure 3 – An example of the cycle of poverty and poor health



School aged children may experience poverty related stigma through bullying or isolation caused by:

- Not being able to join school trips or participate in extra-curricular paid-for activities.
- Claiming free school meals.
- Not having the latest trends and brands
- Not going on family holidays.



Poverty is a cause of stigma with perceptions in society of those living in poverty being idle or not being able to manage finances. Negative media stereotypes of people living in poverty can be particularly damaging. Children may grow up living with the stigma of being poor or poverty related stigma may be experienced for the first time in later life.

As an adult poverty may be felt through lack of material things and commodities that are valued or normalised by society, for example, a car, holidays and social activities. Those living in poverty often experience a lack of choice, for example on which area to live in, what food to buy and shops to use, all of which can exacerbate feelings of stigma. Shame or humiliation may also occur when accessing services designed specifically for people on low incomes such as food banks and hire purchase agreements.

How structural stigma impacts poverty

Structural stigma can be difficult to recognise as it is often built into normal society through our laws and policies and accepted as normal, even by those it impacts most. It is a significant contributory factor for those living in poverty.

Structural stigma can make it more difficult for people who experience stigma to challenge or change the system as their voice is excluded or not as strong as others. It is not about individual actions or attitudes but how systems operate.

National laws and policies

Section 1 of the Equality Act 2010 is called the Socio-economic Duty[6]. This requires certain public bodies to consider how their decisions might reduce or worsen inequalities linked to poverty. However, in England this duty has never been brought into force, despite its use in Scotland and Wales. The Labour government manifesto commits to enacting this duty during this parliamentary term and a consultation on this enactment has recently been completed.

In Knowsley, consideration of socio-economic status is given to all decisions and strategies to help reduce unintended negative consequences and strengthen positive impacts of the decisions we make for those living in poverty, this is discussed later on in this chapter.

The welfare benefit system is another example of structural stigma where legislative changes can worsen a household financial situation such as the introduction of the bedroom tax or the two-child cap on child benefit. These policies can lead to sudden changes in income, uprooting of families from their established homes and a perpetuation of negative stereotypes.

Institutional practices and policies

Policies, practices, procedures or funding decisions developed and adopted by organisations can either intentionally restrict opportunities or have unintended consequences for people who experience stigma. For example, this could relate to people without internet access being unable to use services that have moved exclusively online, or those with addictions being criminalised for drug use, or not being able to use mental health services whilst under the influence.

Knowsley has high levels of poverty, alongside high numbers of people out of work due to ill health. However, the language used to talk about deprivation and linked health outcomes can itself be stigmatising and demoralising. Learnt behaviours from what we hear and see around us can lead to unconscious stigmatising processes and actions against people who may be different to the 'norm'. For example, people who are homeless, people living with visible disabilities or people on low incomes.

Structural stigma can lead to some groups experiencing poorer health outcomes than others because they are not able to access services and drive change for themselves in the same way as others.

Structural stigma affects people, especially those with[7]:

- Mental health conditions
- Learning disability or neurodiversity
- Chronic physical health conditions or long-term illness
- Substance misuse issues
- HIV or other stigmatised conditions
- Older adults needing care

Importantly, many of these groups outlined above are also more likely to be living on a low income due to reduced ability to work, and/or having to pay additional costs for things such as care or transportation. They are also more likely to experience other types of stigma discussed throughout this report.

As a society we make assumptions based on the norm which miss the acute and specific needs of minority populations. Examples include, not considering the needs of a disabled person when organising an event or failing to account for neurodiversity when recruiting for a job. Failure to recognise this means people miss out on services or provision they can't afford or are not able to access due to structural stigma – see figure 4.

Figure 4 - Examples of how structural stigma can impact

Situation	Difficulty due to structural stigma	Impact
Child from a low-income family needs to attend a hospital appointment in the middle of the day	• Miss out on their free school meal for that day. • Parent/carer has to take time off work – possibly unpaid.	• Child may not eat lunch that day or extra income is spent on purchasing lunch. • Lower income received that week.
Screening or immunisation appointment missed	• Venue not easily accessible by public transport.	• Missed opportunity for early intervention or prevention. • May lead to significant health issues later in life.
Person who is homeless - does not have a fixed address	• Need home address to register with GP. • Accessing online services such as registering with housing provider or welfare benefits. • Opening and managing a bank account.	• Ability to improve their situation and receive the medical and financial support they need.

Communication about health is often complicated and it can be difficult to navigate around the healthcare system even for relatively minor healthcare problems. Structural stigma increases this frustration by failing to recognise the needs of people who have low literacy levels, English as a second language or find it difficult to remember and recall specific instructions or information. This can be worsened by use of chatbots and automated telephone systems rather than speaking directly to a person.

What we are doing to reduce how structural stigma impacts people living in poverty

Some forms of structural stigma are bound by law and therefore can only be changed by national government. However, locally we can help to change these by highlighting them and advocating for those impacted by the laws.

Other forms of structural stigma are found at a more local and service level and are embedded into policies, procedures and practices as discussed above. Although often hard to recognise there are ways in which they can be addressed and changed as outlined below.

Knowsley Council continue to reduce structural stigma and influence other partner organisations to do the same through:

Reviewing and removing unfair policies or practices

Every decision and new policy or strategy is subject to an equality impact assessment. This assessment requires systematic thought and consideration to the potential positive and negative impacts of that decision, policy or strategy. If negative impacts are identified there must be consideration what can be applied to reduce those negative consequences. Taking this approach reduces structural stigma by considering different population groups individually rather than taking a whole population approach.

As part of reducing structural stigma to accessing support, the Council website was recently redesigned to help ensure digital access to Council services and related information are accessible to all and easy to navigate for those with limited digital skills. This was an important change to apply to practice and procedures as this is the route in which residents' access vital Council information.

Including diverse voices in decision-making

Knowsley Council is on a journey to developing a community approach which starts by considering the strengths in each place. New roles have been created in the Communities and Neighbourhoods Team as well as within Intelligence and Insight Team to prioritise the collection and use of all community voices.

Under this new approach decision making will be led by the communities themselves, encouraging them to use their strengths and assets to build thriving communities. This allows issues related to structural stigma to be highlighted and raised with the appropriate services.

Collecting and analysing data to identify inequalities

The Knowsley Council Plan 2025-2030[8] is built around improving opportunity and fairness to all, across the life-course. Data is used to identify inequalities that are present within our communities. This is supported by being part of Cheshire and Merseyside Marmot Community. The use of the All Together Fairer framework[9] has highlighted unfair inequalities and access to services across the population and started to make progress in improving this.

This coming year the Health Equality Assessment Tool[10] will be piloted in the procurement process to ensure our commissioned services recognise and work towards reducing health inequalities by collecting and analysing the right data and then using this to adapt services to suit. This will help to reduce barriers to people accessing support.

Making reasonable adjustments for those with different needs

Knowsley Council operates a job carving scheme, whereby, bespoke work opportunities are created for people who are neurodivergent to match their skills and abilities. Removing the formal job application and interview process which can be overwhelming, demonstrates how structural stigma related to organisational practices can be addressed and people supported to enter the workplace. People can build upon their skills and progress within the workplace helping them away from potential poverty.

This scheme is operated by the Council but many other organisations across the borough have joined and welcomed people into roles where they are now flourishing.

Living Well Bus and reducing health inequalities

The Living Well Bus supports residents to live well by bringing services to the heart of the communities in which they live. Delivered by Cheshire and Wirral Partnership NHS Foundation Trust the mobile drop-in service reduces health inequalities by providing a range of free, accessible services such as all routine UK immunisations (including MMR and shingles), cervical screening, physical health checks.

The service also collaborates with other local partner agencies to signpost residents to a wider network of health, wellbeing and social support services. This approach helps overcome structural barriers people face in accessing healthcare such as time and money (travel and childcare costs and missed wages), inconvenient appointment times associated with traditional clinic settings.

The Living Well Bus has helped to improve awareness and uptake in relation to cervical screening by offering a convenient, private and discreet way for people to attend their cervical screening or discuss any concerns, without the need for an appointment. This can help to reduce any shame or embarrassment people may feel making attending for screening easy, quick and accessible.

Citizens Advice Knowsley

The policies and procedures involved in claiming welfare benefits unwittingly cause stigma for people who find it difficult to understand complex information and process information online. This often means that people are not claiming what they are entitled to and missing out on vital income.

Citizens Advice staff have extensive knowledge of the welfare benefits system and support people through the process to help them claim benefits they are entitled to.

- A Knowsley household was assisted to understand the complex pathways of guaranteed pension credit, attendance allowance, universal credit, council tax reduction and personal independence payments. This was hugely complicated because of regulations which determine that after a certain age mobility problems are considered to be age-related rather than due to a specific health condition.

- A resident who cannot read or write relies on staff at Citizens Advice to read benefit letters and help them to submit evidence online for continuing claims. Before the resident sought this help, they were missing out on vital income because they could not understand the letters or manage the online system.

Healthwatch Knowsley

Healthwatch Knowsley champions the voices of the community on issues concerning health and social care, supporting residents experience and feedback so that policies and practices can be changed for the better.

Choosing the appropriate access route to health care can be difficult for some people to navigate due to the many routes of online access available which also varies across GP practices. To help make this easier for residents, Healthwatch Knowsley worked with the Primary Care Network's (PCN's) and local residents to co-produce a guide which clearly outlines the purpose of the different types of online access available and when and how they should be used. For example, when the NHS app should be used, or when to use the e-consult option, along with how to access approved health apps.

This guide helps residents to choose the most appropriate online access route. However, using technology to access services is inaccessible or difficult for some people as identified through Flo's experiences outlined below.

Flo is an 87-year-old lady living in Knowsley who has always embraced new technology both in personal and professional life. Flo worked as a registrar in Liverpool and Cheshire and was there when digital recording came into practice and is well versed in using online services. This development continued with a wide range of voluntary roles from Listening Ear to forming Caring Companions in Prescot.

In recent years, Flo's ability to access online services has diminished due to neuropathy (nerve damage) and a loss of dexterity in her hands. In addition to not being able to book GP surgery appointments online and then having difficulty in not being able to get through to the GP practice by telephone, some other practical examples Flo has experienced due to her condition include;

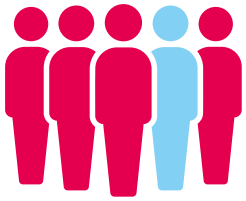
- Difficulty using her finger to sign her name on tablets/touchscreen devices
- Difficulty using touch screens instead of buttons on some newer chip and pin machines.

As Flo uses a simple mobile phone, which does not have internet access, and as the signal is so poor where she lives, this can also cause problems in keeping in touch with other people.

Flo said… "it's all very well to move forward with technology, but it's important not to leave people behind who cannot use the internet or do not want to".

CHAPTER 3

Challenging general misconceptions and ending the stigma of addiction



Public stigma and stigma by association

The first section of this chapter has been written by Professor Harry Sumnall who is a Professor in Substance Use in the School of Psychology at Liverpool John Moores University. The section explores public stigma and stigma by association, two types of interconnected stigma experienced by people who struggle with addictions.

Public stigma towards addictive behaviours refers to the negative attitudes, beliefs, and judgments that individuals or society holds toward people who struggle with problems related to substance use (alcohol and other drugs) or other behaviours like gambling or gaming[11]. This stigma can be expressed in many ways, including social exclusion and isolation, discrimination, moral condemnation, or blaming the person for their condition.

Stigma has been identified in national government policies as keeping addictive behaviours hidden and is a major factor preventing people from accessing the support they need[12,13]. Whilst many health and social behaviours, conditions, and circumstances are stigmatised, public surveys consistently show that addictive behaviours, and drug use in particular, are the most stigmatised[14]. This is made even worse by the fact that people who are struggling are also more likely to be stigmatised in other ways, for example, through experiences of poor mental health, homelessness, poverty, family breakdown or involvement in the criminal justice system. Research we have undertaken at Liverpool John Moores University even suggests that stigmatisation of some forms of drug use goes even further, and that people who develop problems with drugs like heroin are dehumanised by the public, and are thought to be 'less than human' and so don't have the same emotions, thoughts and feelings as others[15].

Across the UK, deaths and other harms from alcohol and other drugs are at record high levels[16]. In Knowsley, between 2021 and 2023, deaths rates from drug poisonings were 1.5 times higher than the English average, and alcohol death rates were also higher than the national average[17]. We are also becoming more aware of the harms of gambling, from lower-level financial harms to debt, crime, and suicide, which can lead to breakdown of relationships and negative impacts on health and wellbeing. Whilst rates of gambling related harm in Knowsley are broadly similar to the rest of the country, high levels of deprivation in the borough mean that affected groups may experience a disproportionately bigger impact of these harms.

There has been much improvement in national funding and quality of local services over the last few years, but too few people are accessing the support they need. It has been estimated that in Knowsley, around 53% of those using opioids and/or crack, and who might benefit from treatment support are not accessing it[18]. For alcohol, this unmet need is even higher at 73%. One explanation for this is that high levels of public stigma means that people using substances anticipate being treated unfairly or being negatively labelled because of the problems they are experiencing. This leads to many people avoiding asking for help.

Stigma affects other people through association

There's another reason to be concerned about stigma. Stigma also affects people who have caring responsibilities with people experiencing dependence. This has been called stigma by association and happens when family or friends are thought by the public to be responsible for others' upbringing or behaviour. This leads to beliefs that those individuals are 'dangerous' or 'unhealthy' as well, as they have been 'contaminated' by their relative or friend's behaviour. Many family members already struggle to support their loved ones through times of crisis, but this type of stigma only increases negative impacts on quality of life and reduces the likelihood of help-seeking. Those experiencing this type of stigma report feeling socially isolated, avoided by neighbours, and feeling that their parenting is brought into question. For siblings, this can lead to additional negative consequences such as being thought to be inevitably 'on the same pathway', and for younger children, it can lead to reduced socialisation opportunities as other parents seek to 'protect' their own children from bad influences.

Stigma continues even when a family has experienced a death related to these problems, with those bereaved reporting feeling isolated and sometimes even unable to grieve. They feel shame and guilt for not being able to do more to help or being told that they are 'better off' without their relative[19,20]. Whilst we are getting better at recognising and challenging stigma when it is directly experienced by affected individuals, stigma by association has received much less attention. The national charity Adfam[21], has estimated that 1 in 10 of people in Great Britain are negatively affected by someone else's alcohol or other drug use.

In Knowsley, around 25% of people attending alcohol and other drug treatment services had children living with them, and 16% were parents with children living elsewhere[22]. Despite this, little national funding goes towards delivering family support[23].

How do we begin to address public and associative stigma?

Addressing stigma is not about indicating that we 'approve' of people's behaviour, or that we think people should have no responsibility for the consequences of their actions. As stigma expert Dr James Morris has written, there's no such thing as 'good stigma', and substance use or gambling problems don't result from a lack of disapproval or judgment from society[24]. On a human level, tackling stigma is about treating people in our communities with the same kindness, respect and compassion as anybody else. It is also a public health necessity. Supporting people to access high quality treatment services as early as possible reduces harms, including deaths, reduces crime, and is the first step to long-term recover[25]. Addressing stigma-related barriers to support therefore has benefits for individuals and communities.

Stigma is ingrained in society, not just in our social interactions, but also in laws, policies and how organisations work. It is human nature to want to try and identify differences between us and others - it's how we develop our sense of identity and define the social groups we belong to. So, stigma will always exist and addressing it will require a multi-level and long-term approach involving individuals, communities, institutions, and public policy. Despite these challenges, there are activities and interventions that we know could make a difference and lessen its impact, particularly in relation to public and associative stigma[26]. This is non-exhaustive, and none of these should be seen as standalone activities, but delivered as part of a co-ordinated strategy:

Public education campaigns

Educating the public about the biological, psychological, and social causes of substance use and gambling helps dismantle myths that it is simply a matter of willpower, bad choices or moral failure. Our own research, for example, found that stigma was reduced when the public were presented with information that discussed substance use as a consequence of the adverse childhood experiences[27,28] . Campaigns can include:

- Explanations about the complex causes of substance use and gambling
- Real-life stories from diverse groups of people with a range of different experiences about the problems they experienced, why they happened, and how stigma affected them
- Information about the effectiveness of treatment and recovery
- Content highlighting that stigma can harm not just the person affected by substance use of gambling, but also their loved ones and friends

Encouraging the use of accurate, non-stigmatising language

The words we use can shape perceptions and others' self-identity. Using person-first non-judgmental language which emphasises the individual before their behaviour. For example, describing someone as a person with a substance use disorder, rather than an 'addict', can promote dignity and reduce bias.

There are many guides available and these all advocate for these language changes in public discussion, health and social care, media, and policymaking. The Anti Stigma Network have recently published one such guide[29].

Storytelling and lived experience:
Sharing personal stories breaks down stereotypes by 'humanising' people in the eyes of the public. This can help audiences:

- See the diversity of people affected
- Relates to individuals beyond their condition

Challenging stigmatising media representation:
The media plays an important role in shaping public attitudes. Reducing stigma involves:

- Avoiding sensationalist or criminalising portrayals
- Highlighting everyday stories of hope, resilience, and recovery

Whilst we may not have the opportunity to influence media content, we can challenge stigmatising and stereotypical representations when we see them – particularly in local media.

Professor Harry Sumnall, School of Psychology and Public Health Institute, Liverpool John Moores University. Please visit https://profiles.ljmu.ac.uk/1416-harry-sumnall to find out more about Harry's work.

How we are working to reduce stigma towards people who use substances and people who gamble

As Professor Sumnall highlights, the use of non-stigmatising language is a crucial step to reducing public stigma. Not just in relation to the issues discussed in this chapter, but throughout this report. Public health communications use inclusive language and focus on positive messages related to seeking help rather than focusing on negative associated health harms.

National challenging stigma pilot programme

Knowsley is one of seven local authorities in England taking part in the National Challenging Stigma Pilot Programme (NCSPP). This two-year evidence-based programme launched in September 2025 is led by Liverpool John Moores University and builds on international work from the University of New South Wales[30].

Research[31] shows that many professionals and volunteers, particularly those with limited direct contact, often lack access to training that provides insight into the lived experience of substance use and the harmful effects of stigma.

To address this, the NCSPP has worked with local programme leads (from across all areas) and other professionals and individuals with lived experience of drug and alcohol dependence to co-produce a 30-minute online training resource. The aim of the training is to increase the understanding of the social, psychological, and structural factors that lead to people experiencing problems with substance use, including trauma, mental health, and inequality.

The training uses a supportive and non-judgmental approach to challenge stigma through powerful real-life stories and lived experience videos that promote empathy. In addition, the training covers practical guidance on non-stigmatising language and behaviours and empowers staff with skills and knowledge to reflect on their own attitudes to deliver more respectful, non-stigmatising, person-centred care. The training will be evaluated to help us understand the impact.

Knowsley's Combating Drugs Partnership have identified several key organisations who provide front-line services accessed by people experiencing addiction to participate in the training. This includes Mersey and West Lancashire Teaching Hospitals NHS Trust, Knowsley Council, Merseyside Police (Knowsley division), Mersey Care NHS Foundation Trust, Primary Care Networks and local housing providers along with Knowsley Council key front-line services.

Hidden harm offer for children and young people

Alcohol and drug use within a family is often not spoken about due to stigma and feelings of shame and embarrassment. Knowsley Integrated Recovery Service for Children and Young People (delivered by Change Grow Live), offer dedicated resources to support children and young people who have been affected by a parent or carers drug and/or alcohol addiction. This support helps the child to cope emotionally with the challenges of living with addiction and resulting associated stigma and aims to prevent the child from experiencing future addiction related issues.

Lived experience recovery organisation

Knowsley was one of the first local authority areas to set up a fully constituted lived experience recovery organisation, known as Knowsley Haven. The organisation provides weekly family and carer peer support, which aims to make recovery visible within communities and contribute towards reducing stigma by sharing lived experience stories and through making treatment accessible and welcoming.

Gambling charter helps to challenge public stigma

Knowsley Council was the first local authority in the city region to gain Beacon Counselling Trust's Workplace Charter for Reducing Gambling Harm[32]. Citizens Advice Knowsley and Healthwatch Knowsley also joined. Staff from Livv Housing and Merseyside Youth Association received specific gambling awareness training.

This work plays a crucial role in challenging public stigma by reshaping how gambling harm is perceived within a visible and influential setting such as the workplace. It helps to reduce stigma around gambling-related harms by fostering a culture of understanding, support, and openness within the workplace and reinforces that it is ok to seek help.

CHAPTER 4

Understanding self-stigma in relation to mental health and suicide prevention

Self-stigma

In this chapter we look at self-stigma and how this has an impact on individual mental health. Self-stigma is when people internalise the negative attitudes and public beliefs about themselves, even if not true, leading to self-blame, low-esteem and shame.

Public attitudes towards and the care of people with mental health conditions has changed dramatically over time. In the 1800s, asylums were built to house people with mental illness, who were often sent to these institutions due to behaviours deemed socially unacceptable, conditions we now understand today as depression, schizophrenia or epilepsy. The purpose of the institutions was more about containment than care, with 'treatment' taking the form of harmful restraint, isolation and early forms of electroconvulsive therapy.

Over time, as psychiatry developed and treatment and conditions improved some of these asylum buildings evolved into specialist mental health hospitals, particularly in the early to mid-20th century, However, these institutions carried a stigma of places to be avoided.

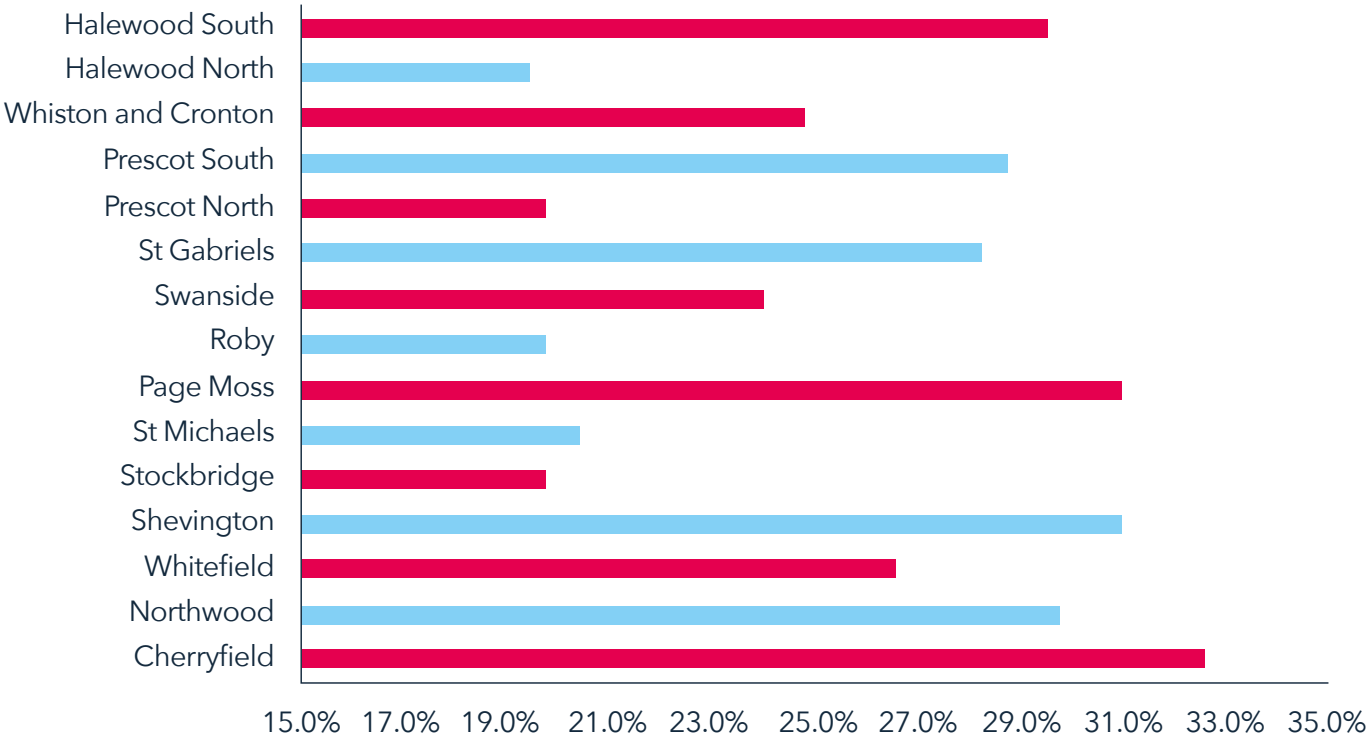
In recognition of advancing psychiatric treatments and the negative effects of long-term institutionalisation, the early to mid-1980s saw most of these old, dilapidated, once grand Victorian buildings closed and replaced by care in the community. This meant people were supported to live within their own community or in general hospital with a separate mental health unit[33].

Today, mental health challenges continue to be a significant issue for many of our residents. NHS England data for 2022/23 shows that the percentage of people aged over 18 who have diagnosis of depression in their patient record as 20.4%, which is significantly higher than the North West (16.4%) and England (13.2%). Data from 2023/24 shows that Knowsley has the highest rate of new depression diagnoses (3.1%) across England[34].

Recent analysis of GP data[35] from August 2025 also shows there are noticeable differences between areas of the borough (see figure 5). Although there are exceptions, this broadly aligns with deprivation levels. This means, some of the most deprived wards have the highest percentages of people (aged 20+) living with a common mental health condition such as anxiety or depression.

Data also shows that from across Cheshire and Merseyside, Knowsley has the third highest percentage (1.7%) of residents who are living with a severe mental illness such as schizophrenia or bipolar affective disorder.

Figure 5 - % people (aged 20+) living with a mental health condition by ward



How self-stigma develops

Sadly, stigma around mental health still exists through lack of understanding, ignorance and misinformation. People living with poor mental health whether it be a common mental health condition or a severe mental illness may be viewed in a negative way, treated differently and made to feel ashamed or embarrassed about their mental health.

This can lead to people experiencing what is known as self-stigma[36]. This refers to the process in which a person with a mental health diagnosis becomes aware of and starts to internalise the negative public perceptions, stereotypes and beliefs associated with their condition, see figure 6 and 7.

Figure 6 - How self-stigma develops[37]

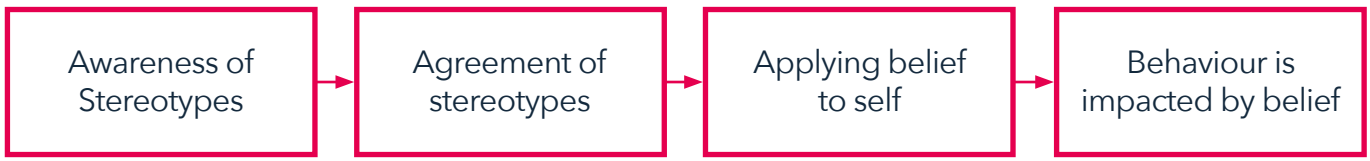


Figure 7 - Why try effect

The why try effect undermines an individual's confidence and beliefs in their ability to live independently, get a job and develop meaningful and positive relationships[40].

I'm incompetent and lazy	There's no way I'm ever going to be trusted, so what's the point in trying
I'm unstable and unreliable	Nobody is going to want to offer me a promotion, so what's the point in trying
I'm dangerous and unpredictable	I won't be able to work again or lead a happy life, so what's the point in trying

Mental health at work

According to the Office for National Statistics, in 2022 poor mental health was cited as the fifth most common reason for sickness absence among working adults in the UK[38]. Research[39] shows that stigma is a barrier to people accessing support in the workplace as people have a reluctance to disclose mental health conditions or difficulties due to an awareness of negative stereotypes. This can then cause self-stigma such as being labelled lazy or incompetent or the fear of being overlooked for opportunities or promotions.

This reluctance can result in increased sickness absence and reduced productivity not just due to their mental health condition but as a result of self-stigma due to anticipated negative responses or experiences.

A supportive work environment which encourages openness and provides accessible and confidential support options can help employees feel valued and recognised and able to talk openly about their mental health condition or personal struggles they may be facing.

Attitudes to mental illness

An 'attitudes to mental illness' research report published by Mind in 2023[41], indicated a worrying decline in public attitudes towards mental health for the first time in recent years. Measures of mental health-related knowledge and intended behaviour towards people with mental health problems have both fallen back to 2009 levels and attitudes towards mental illness have also declined and are now equivalent to 2014 levels. However, data suggests this is strongly related to a decline in trust in community mental health support rather than being 'attitudinal'.

Worsening stigma for people with mental health problems can mean greater social isolation and exclusion, it can lead to self-stigma and shame, and make people feel unable to seek the treatment they need.

Use of language

Many stigmatising phrases and ways of talking about mental health or suicide have been ingrained into everyday language, with many older phrases now considered to be outdated and stigmatising. Considerate language which is inclusive and respectful includes using language that doesn't define a person entirely by their condition. For example, describing a person as living with schizophrenia rather than using other older terms which are outdated and offensive. This emphasises the person before the condition and acknowledges that people have many different identities, traits, strengths and experiences beyond their condition.

A common mis-used word in relation to suicide is use of the word 'commit' as it implies suicide is a crime (which it was in England until 1961) reinforcing the stigma that it is a selfish act and personal choice. Using neutral phrasing like 'died by suicide' helps remove shame or blame.

Media portrayal

The media often portrays negative stereotypes and misrepresents people with mental health conditions as violent, dangerous, or lazy. This is particularly commonly experienced by people living with severe mental illness. These inaccurate portrayals contribute to stigma and discrimination and prevent people from seeking help and support. They may not want to 'labelled' (which is another type of stigma addressed elsewhere in this report) due to shame and low self-esteem/self-worth, through fear of being judged or rejected.

Male mental health and suicide prevention

Masculinity is a difficult term to define; it is usually associated with stoicism, dominance and self-reliance[42]. These attributes or characteristics may arguably discourage boys and men from expressing vulnerability or seeking help, as doing so may be perceived as weak or unmanly. This is particularly concerning in the context of suicide prevention. From 2000 to 2023, there have been 249 male deaths by suicide in Knowsley, which represents 77% of all deaths by suicide during this period[43].

Local analysis from the recently completed Knowsley suicide audit[44] suggests that some men who died by suicide did not reach out for mental health support before their death, were not known to primary care for their mental health or mental health services. Although the reasons for taking their own life are complex, according to research, not reaching out for support is likely to do with masculinity norms[45].

A barrier to not seeking support may be as a result of experiencing self-stigma and perceiving themselves to be 'weak' or 'abnormal' for not being able to cope with something which many others either don't appear to be experiencing or seem able to manage without receiving help or support.

What we are doing to support good mental health and encouraging people to seek support

Mental health is a key priority for Knowsley as it features in the Joint Health and Wellbeing Strategy 2020-2025[46], alongside reducing health inequalities as priority areas. In addition, achieving the aims of the Knowsley 2030 Strategy[47] and the Knowsley Council Plan 2025-2030[48] is dependent on good mental health as it is influenced by all the wider determinants of health, and is a key driver for reducing inequalities.

Knowsley Council and Knowsley Health and Wellbeing Board have both been recognised as a Prevention Concordat signatory for Better Mental Health[49]. This is a national agreement aimed at implementing preventative approaches to improve public mental health and reduce inequalities. It provides a framework through which those priorities can be achieved.

An underlying factor of the aforementioned plans and strategies is reducing stigma and encouraging people to seek support. This work continues through a variety of interventions, some examples are discussed below.

Mental health grants

Over the years, Knowsley has awarded local groups funding to deliver activities and interventions to support positive mental health and reduce stigma.

The legacy of the 2021 local suicide prevention grants programme which specifically targeted middle-aged men continues to demonstrate positive impact. Many of the groups who were originally awarded small amounts of funding (up to maximum £5,000) to set-up men's mental health activities, continue to operate today. They support and encourage men to talk about their mental health in a non-stigmatising way.

Public Health continue to support appropriate initiatives and interventions through Council grants programmes, including the public health funded winter wellness grants programme which helps to reduce social isolation in the colder months. From 2025, all Council offered community grants including winter wellness have been combined into a Knowsley Communities Fund. This fund was established to support the delivery of Council priorities through investment in community and voluntary sector groups. Many of whom are essential to addressing and reducing stigma not just in relation to mental health and wellbeing but other public health related areas such as addiction and social determinants of health, such as unemployment and poverty.

Suicide prevention action plan

In May 2025, Public Health hosted a suicide prevention summit, which brought together partners from a wide range of areas to inform the development of a suicide prevention action plan. The plan which continues to be adapted includes actions such as; continuing to encourage residents and staff to undertake the free online suicide prevention training developed by the Zero Suicide Alliance and Mersey Care NHS Foundation Trust. This provides people with the knowledge to talk about suicide in a non-stigmatising way.

Mentally healthy workplaces

The Working Well programme delivered by Knowsley Chamber, funded by Public Health helps businesses improve employee health and wellbeing. There are nine standards which a business must meet to receive a working well award at gold, silver or bronze level.

One of these standards relates to supporting employee mental health. In addition, through the provision of working well grants, local businesses can apply to deliver initiatives to improve mental health in the workplace such as mental health first aid training which helps to reduce mental health related stigma in the workplace through increased knowledge and understanding.

Many large-scale employers offer mental health support through occupational health services or via employee assistance programmes. Knowsley Council has an employee assistance programme delivered through Vivup which offers access online or by phone to 24/7 confidential support to help with a range of physical, financial and mental wellbeing concerns. Line managers are encouraged to adopt a positive and supportive approach when conducting one to ones to ensure employees feel supported within the workplace and know how and where to seek help.

Phil Noon is a co-founder and director of Evolving Mindset, a non-profit mental health organisation based in Knowsley.

Phil has kindly provided us with the following account of his personal experience in his own words...

"For most of my adult life, I believed that showing emotion or asking for help made you weak – especially as a man. I was raised to keep things to myself, to push through, to be the one everyone else could depend on. In our family with five brothers, mental health wasn't something we talked about. If you were struggling, you kept it to yourself and got on with it because in our community we are strong resilient dependable men and we don't show vulnerability or weakness.

In my 30s, I started to feel like I was falling apart. The anxiety, the low moods, the sense of being constantly overwhelmed – it all crept in slowly but took over everything. I stopped sleeping properly. I lost interest in the things I used to enjoy. I isolated myself. I drank more. I buried myself in work.

But what kept me silent the longest was shame – not just for myself, but the fear of what it said about me as a man, as a father, and as a husband. I kept thinking, How can I be a good dad to my boys if I can't even keep my own mind together?

I wanted to be strong for them. To be their protector, their example. I was terrified that if they saw me struggle, it would damage them – or worse, that they'd grow up thinking their dad was weak. And with my wife, I felt like I was failing her too. I thought, She didn't sign up for this. I didn't want to be a burden. So I smiled when I had to, bottled it up, and pretended I was fine.

That pressure – that self-stigma – nearly broke me. I convinced myself that needing help was a personal failure, and that talking about it would bring shame on my family. I didn't want them to worry. I didn't want them to look at me differently.

But the truth is, pretending was exhausting. And it wasn't protecting them – it was pushing them away. I finally reached a point where I knew I couldn't keep faking it. I reached out for help, quietly at first, with a lot of guilt.

What I've learned is this: asking for help didn't make me weak – it made me honest. It made me present. And in the end, it made me a better father and a better husband. My boys don't need a perfect dad. They need a real one. One who shows them that it's okay to feel, to struggle, and to talk about it.

I'm still working on it. Some days are harder than others. But I'm done carrying the weight of shame – because healing doesn't just help me. It helps the people I love most".

CHAPTER 5

The impact perceived stigma has on older people, especially those living with long-term conditions or disabilities

Perceived stigma

In this chapter we explore the impact perceived stigma may have on older people, especially for older people living with long term conditions or disabilities. Perceived stigma is when people have a belief or anticipate that others hold negative views about them, their age or their condition, even if those views are not accurate.

An older person is defined by the United Nations as someone who is over 60 years of age[51]. Almost one in five (11 million) people in England are aged 65 and over, and almost two in five (22 million) are aged 50 and over[52]. As people age they are likely to encounter a range of physical, mental, social, and financial challenges that can impact their quality of life. However, we also know that people living in more deprived areas are more likely to face additional challenges associated with ageing but at a much younger age. This is influenced by the wider determinants of health such as the conditions in which people grow, live, work and age.

Recent Knowsley data from 2022 estimated there are **26,353** people aged over 65[53]. Representing **17%** of total population.

By 2040 this figure is likely to increase to approximately **35,640** representing **18%** of total population.

As people age, they may also be living with long-term conditions or disabilities, they may experience ageism (negative stereotypes about older age) and ableism (discrimination against people with disabilities), which can significantly impact an individual's daily living, independence and quality of life as they age. Having a long-term condition is strongly associated with ageing and examples include diabetes, arthritis and dementia[54], these conditions often co-occur. Visual impairment is a disability related to ageing[55], which can lead to several challenges with regards to independent living, health and wellbeing and accessing community support.

Disability has a broad meaning ranging from sensory impairments to conditions which present physical and mental limitations[56].

People who have previously experienced negative attitudes or behaviours towards themselves, or their characteristics are likely to perceive or anticipate that they are going to be judged or treated in a certain way again. This may lead to them changing the way they think and behave. For example, they may not want to take part in social activities or be afraid to access health and social care services due to the perception or fear of being judged negatively. Older adults are often reluctant to use mobility aids due to concerns about pride and social stigma.

Perception or fear of:	
Ageing	Being seen as incompetent or frail due to ageing.
Disabilities	People focusing on their limitations rather than abilities.
Long term conditions	Being treated unfairly at work or in social settings due to their long-term condition.

According to the Richmond Group of Charities[57] more than 14 million (one in four) adults in England live with two or more long-term health conditions. For adults aged 65 years and older this is estimated to be approximately two in three adults living with two or more long-term conditions. This means that there could be a significant number of people who have experienced stigma due to their age, long-term condition and/or disability.

A recent study carried out by the Centre for Ageing Better[58] found that amongst older adults (aged 50 and over), the most common consequences of perceived stigma in relation to age included;

- 34% didn't take part in a social activity
- 31% avoided or limited physical activity
- 24% avoided certain places
- 24% didn't seek help for a health complaint

Having a negative perception of ageing has been shown to be associated with an increased risk of early death and reduced physical function such as the ability to do housework or be active.

Older people and mental health

In addition to older adults being at increased risk of developing a long-term condition and/or a disability, they are also at an increased risk of having poor mental health. Research by the International Longevity Centre UK[59] found that the estimated percentage (14%) of older people aged over 65 living with a mental health condition was similar to other age groups, 15% for adolescents and people of working age, yet older people are less likely to seek support.

Often older people have different perceptions of mental health which is thought to be linked to perceived stigma and 'generational taboos' which have historically surrounded mental health in older generations. For example, seeking help was considered a sign of weakness and people should 'just get on with it'. The research report called for targeted and personalised mental health support at all stages of life to reduce the health inequalities experienced by people due to perceptions of stigma.

How are we supporting older people to age well in Knowsley

Healthwatch Knowsley facilitate the six partnership boards which cover; physical and sensory impairment, older people, carers, learning disability, dementia and autism who meet on a regular basis. They are a partnership between community members, health, social care representatives and wider partners. The partnership boards encourage individuals to share their experience, while allowing them to seek support and advice from peers and professionals in a safe space. This helps to break down barriers which may exist due to perceived stigma and helps not just individuals but also services to recognise barriers and enablers that contribute towards stigma.

Healthwatch Knowsley also support and deliver several initiatives which aim to include and empower older adults, including those living with a long-term condition or disability to participate in activities targeted towards them, free from any form of stigma. For example, Knowsley Older Peoples Voice invites residents, or those registered with a Knowsley GP, and who are over the age of 55 to share their thoughts on local issues. Knowsley is also an Age Friendly Community which follows the World Health Organisations Age Friendly Communities framework which supports people to age well and live a good later life.

Knowsley Visual Impairment Service, working in partnership with Bradbury Fields, provides support services for people who are blind or partially sighted. To help minimise any perceived stigma the person with sight loss may anticipate, they encourage and support people to access their local communities to try new activities to support their health and wellbeing with adjustments made for their sight loss.

It is important that we continue to empower older adults, including those living with long term conditions and disability, to live meaningful and engaged lives, and protect their rights to dignity, respect and fulfilment.

Age without limits annual celebration event

Livv Housing Group and Livv Housing Group Residents' Associations celebrated the Centre for Ageing Better's national 'Age without limits[60] day', an annual event which aims to bring communities and workplaces together across the country to celebrate ageing and challenge negative stereotypes.

Livv Housing Group Residents Association were awarded funding from the 'Age without limits' campaign to hold intergenerational gardening sessions. The sessions were supported by Livv Housing Group staff and facilitated by Evolving Mindset. Young apprentices from Livv Housing Group together with older residents shared stories and discussed issues around challenging ageism and stigma.

Abigail Hall, Community Activities Co-ordinator for Livv Housing shared:

"Throughout the day, Livv's Residents' Associations shared stories of ageing and the positive contributions they have all made to society. The conversations that took place during the activity served as a positive learning experience for Livv's apprentices, who were able to recognise first-hand how older people contribute to society, and how they have fun too!

Everyone who took part expressed enjoyment of being in the outdoors and learning new skills, explaining that irrespective of age you learn something new everyday. As a collective, everyone worked together to raise awareness and 'grow' together!"

CHAPTER 6
Silenced by stigma – domestic abuse

Label avoidance

In this chapter we explore how labels may be a barrier to people seeking support in relation to domestic abuse. Label avoidance stigma, refers to the process by which people deliberately distance themselves from an identity label that carries social stigma, thereby hoping to escape the bias or unequal treatment associated with that label.

Domestic abuse significantly impacts the lives of many residents. It is a pervasive, widespread, persistent and a complex issue, deeply embedded in some communities. Although anyone can experience domestic abuse, Knowsley's demographics mean that the prevalence is likely to be higher than average. For example, women who live in households with an income of less than £10,000 are 3.5 times more at risk than those in households with an income of over £20,000[61]. As Knowsley is in the bottom 13% of local authorities for income distribution, this means Knowsley residents may be at a higher risk of experiencing domestic abuse[62].

Public Health has a multifaceted role in preventing and addressing the impact of domestic abuse. This may be through prevention, initiatives such as awareness campaigns and promoting healthy relationships or through influencing the commissioning of specialist services such as counselling services for both adults and children[63]. Many other Council services also provide support to those who may have used alcohol, drugs and/or other substances as coping mechanisms to deal with the abuse[64].

> Domestic abuse is an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence from someone known to the individual. In most cases by a partner or ex-partner, but this type of abuse can also be by a family member or carer.
>
> Abuse is not just one thing, one behaviour or one action, it is common and is something that can occur regardless of gender or sexuality. The abuse takes many forms including - physical, emotional, sexual, financial, psychological and coercive control. Abusers use various tactics to exert power and control.

Health services such as GPs, midwives and hospital accident and emergency departments are often the first point of contact for those experiencing domestic abuse[65]. Therefore, it is important that health professionals are equipped with the skills and knowledge to know and recognise the risk factors and telling signs and cues and provide a safe space for people to disclose free from stigma.

The police receive a domestic abuse-related call every 30 seconds. Yet it is estimated that less than 24% of domestic abuse crime is reported to the police. On average, sadly one woman is killed by an abusive partner or ex-partner every five days in England and Wales[66].

In 2023/24 Merseyside Police recorded **27,850** crimes that were domestic abuse-related. However, due to under-reporting, the figure is thought to be much higher.

The Council's domestic abuse services have seen a year-on-year increase in referrals. During 2023/2024, the service received 1,467 new referrals into the service and provided support to 1,403 residents[67].

Label avoidance stigma through the lens of domestic abuse

Stigma presents additional challenges to addressing domestic abuse at both individual and societal levels, this means it is necessary to directly challenge stigma[68].

Whilst domestic abuse is a gendered issue, with women disproportionately affected, significant numbers of men also experience domestic abuse (1 in 4 women and 1 in 6-7 men)[69]. Men face many of the same challenges, however, services are not designed with men in mind. They fear gender-based ridicule, shame, or being labelled the initiator of violence[70]. Men may find it more difficult to report the abuse because of the pressure to be seen as masculine and meet the masculinity standard imposed on them (by themselves, their partner and wider society)[71]. They are more likely to avoid labels which identify them as someone who has experienced domestic abuse, which may mean the crime is not reported.

In the case of domestic abuse, labels like victim and perpetrator can oversimplify what is often a complex situation and even contribute to the stigma experienced as well as the label avoidance. This is because some labels have negative association, which reduce individuals and reinforce the power imbalance in the relationship, for example labels such as victim, perpetrator, abuser, offender. The stigma around these labels can act as a barrier to seeking help and support, they can isolate, invoke feelings of shame and humiliation or lead to discrimination. It can result in (or a feeling of) a loss of status - being less powerful than others who do not experience abuse. The feelings experienced by stigma can result in a decline in mental health[72].

Labels like 'victim' and 'perpetrator' as well as reinforcing stigma, can perpetuate a sense of helplessness or blame. Whilst the term victim may absolve blame, it also creates an image of someone who is abused, trapped, passive and weak[73]. These labels can make it difficult for individuals to see beyond their current circumstances or to believe that change is possible. Using language that empowers rather than defines people by their experiences supports recovery and helps them reclaim identity and agency[74].

Linked to label avoidance is the concept of perceived/anticipated stigma - what will happen if people know about the abuse (for example rejection, disapproval, blame). The perception or anticipation of stigma affects the decision to disclose the abuse and seek help. For example, those with children fear being labelled as a bad parent for staying with their partner leading to the additional fear that their children will be taken away[75].

Those experiencing or who are survivors of domestic abuse may face additional or intersectional stigma[76] for example, related to their ethnicity, gender identity, addiction to alcohol or drugs or other aspects of identity. They may also experience poor mental health, either as a pre-existing condition or because of the abuse. Making it even harder to seek and find appropriate help and support.

How we are working towards tackling domestic abuse

Knowsley partners have made good progress in recent years in establishing a strong foundation for addressing domestic abuse. This includes recognising the role of stigma and the importance of using thoughtful, inclusive language when discussing domestic abuse.

Knowsley has a boroughwide multi-agency forum which includes representatives from the Council the Knowsley Better Together Partnership as well as experts by experience (a preferred term rather than 'victim' or 'survivor'). Its purpose is to provide a platform for experts by experience (and those professionals that support them) to influence future policy and drive change.

In recognition of the wide-ranging impact and the prevalence of domestic abuse and recent femicide reports a new Knowsley domestic abuse strategy and framework for action is being developed together with partners, experts by experience and residents to ensure that priorities are shared and agreed. Alongside this, a domestic abuse joint strategic needs assessment is also in the process of being developed.

A co-created Knowsley communications campaign 'Is this you?' has been launched to instigate conversations about domestic abuse to encourage people to seek support. The aim was to create a lightbulb moment for people unaware they are living in a domestic abuse situation. The campaign has three core narratives and asks the reader to consider if this is something they experience in their own lives and recognise the potential red flags. The campaign also targets perpetrators of domestic abuse, asking them to consider their behaviour and to seek support if they are worried about how they treat those they love.

CHAPTER 7
Weight stigma in healthcare settings

Healthcare professional stigma

In this chapter we explore stigma in relation to how healthcare professionals may be biased on how they treat or diagnose patients and therefore may offer a lower level of care due to negative beliefs associated with obesity.

The rise in diet-related illnesses such as cardiovascular disease and diabetes reflects the broad systemic shift in food environments, physical activity, and commercial influences. Ultra-processed foods, which are cheap, heavily marketed, and high in fat, sugar, and salt, drive overconsumption, while modern lifestyles reduce opportunities for physical activity.

Knowsley overweight or obese prevalence 2023/24:

Around 3 in 4 adults **(71.1%)** compared to 2 in 3 in North West **(66.7%)** and England **(64.5%)**[77].

28.8% of children in Reception compared to England **22.1%**.

45.5% children in Year 6 compared to England **35.8%**[78].

Despite this, stigma arises from policy narratives (structural stigma) or public perceptions (public stigma) which often frame obesity as a matter of personal responsibility, ignoring the complex biological, psychological, social, and environmental drivers of weight gain. This individualised view reinforces weight stigma, negative stereotyping and discrimination toward people with higher body weight, which is linked to poorer health outcomes, reduced healthcare engagement, and can itself contribute to weight gain through stress, disordered eating, and social isolation[79].

This stigma, rooted in cultural beliefs and 'us versus them' dynamics is pervasive across society and exists not just within healthcare settings, workplaces, education, media, and relationships. Unlike many other stigmatising characteristics that can be concealed, body size is highly visible, making those affected more vulnerable to judgment, exclusion and avoidance in engaging in healthcare services[80].

People may avoid seeking healthcare services due to[81]:

- Fear of judgment, past negative experiences or discrimination.
- Use of language by healthcare professionals that blames/shames them as parents/carers for them or their child being overweight.
- Self-stigma, where individuals internalise negative stereotypes such as being lazy or having a lack of willpower due to low self-worth, feeling less attractive or less useful due to their weight.
- Experiencing stress, anxiety and/or depression due to their weight.

Media portrayal

Images used to accompany online or printed news stories frequently depict people with obesity from unflattering angles, often being inactive or consuming unhealthy food. This portrayal creates an environment where there is a lack of understanding and influences on public perceptions to stigmatise people living with obesity.

The role of healthcare professionals in addressing weight related stigma

Healthcare professionals (doctors, nurses, pharmacists and other allied health professionals such as physiotherapists, dieticians) play a crucial role in reducing weight stigma and improving care for people living with diet-related illness. However, they may be biased on how they treat or diagnose patients and give a lower level of care due to negative beliefs associated with excess weight. This could potentially lead to serious health conditions being over-looked.

This may be because they may have limited knowledge or feel insufficiently trained, lack confidence, have concern about damaging rapport, have personal discomfort in raising the issue, particularly where practitioners themselves live with excess weight. Figure 8 outlines guidelines healthcare professionals should adhere to when supporting people with excess weight.

According to the World Obesity Federation **44%** of people did not feel comfortable talking to their GP about weight[81].

Figure 8 - According to recent UK and international guidelines[82], healthcare professionals should:

Recognise and address bias	Undergo training to identify and reduce explicit and implicit weight bias.
Use inclusive and respectful communication	Use person-first language ('person living with overweight or obesity' rather than 'obese person').
Create supportive clinical environments	Ensure clinics are physically accessible and comfortable for people of all sizes.
Engage in shared decision-making	Collaborate with patients on health goals, respecting their preferences and autonomy, such as not defaulting to a conversation about their weight.
Advocate for systemic change	Support policies and practices that reduce stigma in healthcare and beyond.

How we are working towards eliminating weight stigma

Key actions in the new Healthier Weight Strategy 2025-30[83] aims to tackle the issue of weight stigma. The strategy sets out how partners and communities will positively act to improve the environmental and societal factors that contribute to diet-related illness through a collaborative approach. This means all partners who encounter residents take a holistic view to health and wellbeing and understand their role in relation to healthier weight.

For example, be mindful in their choice of language and any actions or activities that may influence an individual's behaviour or choices, and have compassion and understand that for some people, making the healthier choice is not always possible if they are dealing with food insecurity.

Why Weight to Talk training

This training is delivered free by Health Equalities Group (UK based public health charity). The training aims to improve how practitioners engage in weight-related conversations with children, young people, and families, particularly those affected by health inequalities across Cheshire and Merseyside.

Between 2023-25, **57** Knowsley staff attended training sessions which aimed to increase confidence in raising the issue of weight and making appropriate referrals to community support services.

Making Every Contact Count (MECC)

This approach encourages staff to use the opportunities arising during their routine interactions with patients/residents to have conversations about how they might make positive improvements to their health or wellbeing. This training is delivered by the Healthy Knowsley Service (Mersey Care NHS Foundation Trust) to all frontline staff. Raising the issue of weight that is not blaming an individual is part of the training.

In 2024-25, the service trained **249** people from across Health and Social Care, other local authority staff groups, private, voluntary and community sector settings and within schools.

National Child Measurement Programme

The National Child Measurement Programme (NCMP) is a statutory public health initiative delivered annually in schools by Knowsley's 0-25 school nursing team (Wirral Community Health and Care NHS Foundation Trust). The NCMP involves measuring the height and weight of children in reception class (ages 4-5) and year 6 (ages 10-11). The programme monitors trends in child growth and identifies children at risk of underweight or overweight and raises awareness among parents and carers about healthy growth and a healthy way of life.

While the NCMP has public health benefits, it has been criticised for potentially contributing to weight stigma, as the programme involves weighing children in school, which can leave them feeling embarrassed or singled out. For those children who fall outside of the healthy height and weight range (measured as body mass index (BMI) a letter is sent home to parents/carers sharing their child's results, the way in which the letter was written/presented further contributed to stigma.

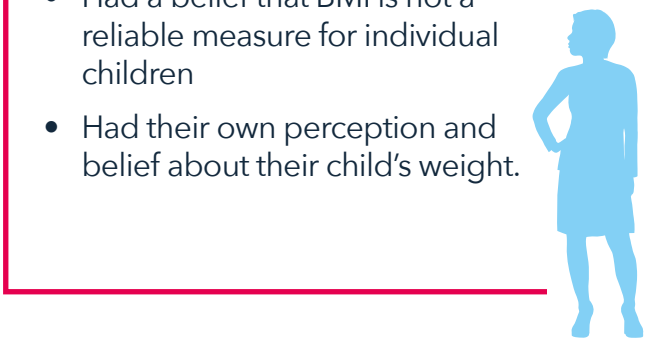
Consulting with parents/carers

To address this, Knowsley Public Health and School Nurses consulted with parents and carers to improve their understanding of the NCMP and discuss any issues which could be improved with a view to aiming to reduce the stigma associated with their child being weighed and measured in school.

As part of the consultation, the letters were revised to include more sensitive language, removing stigmatising terms and labels such as 'overweight or obese', which had previously been written in bold text and displayed at the front of the letters. The revised letter removes blame and highlights further support using QR code links to useful websites and animated videos for those who may be concerned about their child's growth, weight, body image or eating patterns.

Feedback from local parents/carers told us they disregarded the results letter as they:

- Felt patronised and/or judged
- Felt the letters lacked sensitivity to the emotional impact of the issue
- Had a belief that BMI is not a reliable measure for individual children
- Had their own perception and belief about their child's weight.



Two animated videos were created to support parents and carers. The first animated video acknowledges the challenges families face to living a healthy way of life. It focuses on happy healthy children, and does not mention terms such as 'weight, overweight or obesity'. The animation explains the term BMI and recognises that parents can feel a range of emotions upon receiving a results letter, reassuring parents that this is completely normal.

The second animation provides 'top tips' for a healthy way of life and gives examples of simple changes families can try irrespective of income, weight status or background. Both animations finish with signposting information on where families can access further support.

See link here to videos: [Knowsley Public Health]

Feedback on the changes to the results letters and the addition of animated videos has been positive, with many parents/carers reporting that this is a more sensitive and supportive approach and reduces unintended health care related stigma.

RECOMMENDATIONS

This report has given a broad overview of the impact stigma can have on the health and wellbeing of our communities and the work Public Health, partners and residents have taken to address this. The recommendations below outline the next steps for action during 2025/26 to continue to make a difference.

1 Collect areas of good practice from partners to consider socioeconomic factors in developing and monitoring impact of services.

2 Explore what more could be done to highlight and strengthen considerations under the Socioeconomic Duty in preparation for the duty being enacted in England.

3 System-wide roll-out of anti-stigma training across Knowsley to identified partner organisations, including evaluation of impact on reducing stigma.

4 Develop a place-based Anti-Stigma Organisation Charter which includes; a commitment to challenging stigma, ensuring all communications are following the Anti-Stigma Network's language guide and providing staff with annual anti-stigma training.

5 Continue to develop and implement the local suicide prevention action plan for 2025/26 which includes working with partners to address stigma.

6 Continue to use non-stigmatising language in all public health campaigns and communications to foster an open and inclusive stigma free environment which encourages people to seek support for their health and wellbeing.

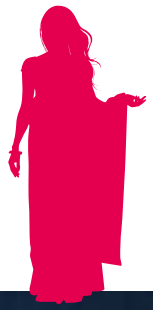
7 Promote healthy workplace practice to support employee wellbeing and address stigma through the working well programme and other local employers.

8 Knowsley Partnership Boards, led by Healthwatch, to continue to foster an environment where individuals feel able to share their experiences of stigma.

9 Support the development and implementation of the Council's Domestic Abuse Strategy and Joint Strategic Needs Assessment.

10. Continue to deliver the Council's Healthier Weight Strategy action plan for 2025-2030 which includes working with partners to understand the issue of weight stigma.

An update on recommendations from the 2023/24 report – Improving lung health in Knowsley can be found at www.knowsley.gov.uk/publichealth



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