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research article

The many meanings of policy instruments: exploring individual and structural determinants in obesity policy

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Health inequalities researchers have long advocated for governments to adopt policy instruments that address structural determinants of health rather than targeting individual behaviours. The assumption behind this position is that such instruments might challenge a core neoliberal principle of individualism embedded in the prevailing health policy paradigm. We critique this assumption by highlighting the discursive construction of policy instruments, and their discursive effects. Using the UK's Tackling Obesity policy as a case study, we demonstrate how instruments designed to target structural determinants of health (such as food advertisement regulation) can actively sustain – rather than challenge, the dominant policy paradigm. We call this phenomenon 'upstream individualism', exploring how it relates to tensions in the research-policy relationship, and its relevance beyond health policy. We argue that instruments can shape policy change and continuity, including at a paradigm level, and that 'upstream individualism' provides a useful basis for theorising these power dynamics. This article contributes to the constructivist public policy literature by noting how policy instruments meant to challenge the discursive construction of individualism within public health can ultimately reinforce it.

Key words policy instruments • obesity policy • discourse analysis • policy paradigms • health policy • health inequalities

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Introduction

Health inequalities researchers have long advocated for governments to move away from health promotion policies targeting individual behaviours, to instead adopt measures that address the so-called structural determinants of health, such as 'health

harming' industries (tobacco, processed-food, alcohol, fossil fuels). Advocating for a shift in health promotion policy from targeting individuals to targeting market actors, is often described as a way to address the 'causes of causes' of many non-communicable diseases. Researchers and practitioners use the metaphor of a river to illustrate this shift: 'downstream' are individual behaviours such as the consumption of processed foods. Downstream interventions accordingly target the individual through policies such as educational and social marketing initiatives that promote healthier lifestyles (for example, 5 A Day campaigns to encourage fruit and vegetable consumption). The problematic nature of these policies – both in terms of health equity and effectiveness has been documented extensively in the public health literature (see [Katikireddi et al, 2013](#); [Baum and Fisher, 2014](#); [Carey et al, 2017](#)), and is accompanied by calls to shift policy action 'upstream' by targeting the industries producing and selling unhealthy products. In this context, 'moving upstream' means stronger regulation of corporate actors via instruments such as standardised packaging of tobacco products or advertising restrictions on unhealthy foods, in addition to policy actions to tackle wider social and economic determinants of health, such as progressive systems of taxation ([Collin and Hill, 2015](#); [Crosbie et al, 2018](#); [McKee and Stuckler, 2018](#); [Freudenberg et al, 2021](#)).

But a successful 'move upstream' goes beyond instruments and is expected to be accompanied by a fundamental shift in how policymakers think about the nature of the problems they are meant to be addressing – that is, the policy paradigm within which they work. This reflects an implicit assumption within advocacy and academic research on the relationship between instrument and paradigm, in which the adoption of market-correcting instruments is expected to embed a more socio-political understanding of health, one that challenges the dominant neoliberal paradigm focused on individual responsibility. Calls by health inequalities researchers for governments to adopt policy instruments that target structure rather than individual agency therefore need to be understood as an attempt to also change a prevailing neoliberal policy paradigm that disproportionately focuses on individual behaviour. Why this expectation remains unrealised has been explored by Cairney, St Denny and Mitchell (2021), who note that many health inequalities researchers follow a step-by-step 'playbook' to advocate for their desired policies and/or policy instruments but do so without engaging meaningfully with policy theory or conceptualisations of power. This has often produced frustration within the public health community because policy recommendations largely fail to achieve meaningful change.

This article poses the following questions: what happens when 'upstream' instruments are adopted? Interpretivist approaches to policy analysis would reject the idea that adopting particular instruments will somehow automatically challenge a prevailing policy paradigm, with a recognition that instruments are not neutral, but are instead actively, discursively constructed and manipulated ([Yanow, 2003](#)). What we therefore explore is *how* the neoliberal paradigm is sustained. What happens to the upstream policy instrument, and how is it reconciled with the dominant policy paradigm? To address these questions, we analyse the adoption of upstream instruments, exploring how they may be constructed to fit with the goals of an existing paradigm. We argue that policy instruments require further attention in the interpretivist public policy literature, because their discursive construction can affect whether a policy paradigm is maintained or altered, more than is often assumed. As we will elaborate later, the case of the upstream/downstream metaphor in health policy is particularly useful

in illustrating why the discursive framing of instruments matters to the stickiness of existing policy paradigms.

Our goal in this article is to examine the discursive construction of obesity policy instruments that would substantively qualify as upstream. Taking as a case study the UK government's Tackling Obesity strategy, we demonstrate how instruments that substantively point to failures of an existing paradigm, may nevertheless be discursively constructed to reinforce, rather than destabilise, that paradigm.

We introduce the term 'upstream individualism' as our main contribution capturing these findings. Upstream individualism describes the process of discursively fitting policy instruments to reinforce a dominant paradigm, even where those instruments are substantively targeting the structural architecture that promotes that paradigm. Our concept 'upstream individualism' challenges functionalist approaches to the study of policy instruments which can often assume a coherence between instruments and paradigms, and provides a useful tool to theorise the relationship between instruments and dominant paradigms from an interpretivist perspective.

The relevance of upstream individualism is twofold: first, by highlighting the importance of policy instruments as discursive constructs with discursive effects, it contributes to the developing interpretivist public policy literature focused on instruments. While often neglected within the interpretivist public policy literature, there is an emerging body of work on policy instruments that looks at their discursive nature. For example, research on 'instrument constituencies' explores how actors and instruments are brought together, and the ways in which actors design, promote, implement and transfer particular instruments, including how they are framed. We position our article within this scholarship, but use a more 'structuralist' conceptualisation of discursive power (see [Bacchi, 2005](#)). This means that we are concerned with how an existing neoliberal policy paradigm 'co-opts' instruments that could challenge its underlying assumptions and organising principles ([Schmidt, 2016](#)). This contribution is useful because it adds to our understanding of the resilience of policy paradigms. Second, the concept of upstream individualism offers what we hope is a helpful critique of the upstream–downstream metaphor,² which points to the importance of engaging with the relationship between new policy instruments and core ideas embedded within an existing policy paradigm. For public health communities seeking to impact policy, the usefulness of upstream individualism lies in how it highlights the resilience of neoliberalism in public health policy. This suggests that promoting specific policy instruments without explicitly engaging with the normative and inherently political underpinnings of their intended purpose, is unlikely to be sufficient to advance the kind of paradigmatic change that is often advocated for. This implication resonates with the work examining the politics of evidence and the importance of ideational power in public health policy ([Smith, 2013](#); [Parkhurst and Abeyasinghe, 2016](#); [Lynch, 2017](#)).

The remainder of the article is divided into four parts. We first expand on the theoretical underpinnings of our research, situating our concept of upstream individualism within the literature on policy instruments, paradigms and critical public health. The second part details the methods employed in the study, in particular the 'policy as discourse' analytical approach. We then move on to presenting the case study, first by contextualising the Tackling Obesity strategy within the dominant UK obesity policy paradigm, then by unpacking and exploring the tensions between the instruments proposed in the policy, and their discursive framing. The empirical findings

are organised around how the instruments are constructed, identifying inconsistency between the upstream problems they are intended to address and their discursive construction as downstream solutions to individual behaviour change. In the final part of the article, we explore the relevance of upstream individualism beyond the UK obesity policy context.

Instruments and paradigms in public health policy

Conceptualising policy instruments

Instruments are an essential infrastructure of governance that allow public policy to be made operational through sets of rules, procedures and tools that provide the means by which specific policy goals are achieved (Lascoumes and Le Gales, 2007; Bali and Halpin, 2021). Mukherjee (2021) argues that instruments represent the most concrete manifestation of government intent, affecting policy outcomes through regulatory and/or administrative mechanisms that modify behaviour (Howlett, 2000). As a concept, the role of instruments in public policymaking has been explored across literatures in political science (Lascoumes and Le Gales, 2007), policy studies (Béland et al, 2018; Foli et al, 2018) and public administration (Hood and Margetts, 2007), with extensive research on the interaction between different types of instruments and effective policy design (Capano and Howlett, 2020). Policy instrument research often differentiates between substantive and procedural categories of tools (Bali et al, 2021). The substantive aspects of instruments relate to regulatory and fiscal policymaking and are designed to directly or indirectly affect the production, consumption and distribution of public goods and services (Mukherjee, 2021). Examples of substantive tools include market-based regulation such as emissions trading (Voß and Simons, 2014) and ecolabels, as well as instruments that are designed to modify consumer demand for specific products, such as excise taxes levied on tobacco and regulation of commercial practices including product marketing. Procedural instruments affect the decision-making architecture within political institutions, intended to shape the design and implementation of public policy (Bali et al, 2021). This includes administrative tools that configure the internal workings of government, such as codes of conduct for public officials, but also instruments that regulate interaction between governments and non-state actors, for example, consultation procedures and rules on lobbying (Woll, 2008; Dunlop et al, 2020).

The preferred substantive policy instruments approach of liberal democratic governments in addressing diet-related ill-health has largely been to target downstream, behavioural determinants of health, nudging and exhorting people to change their lifestyle choices and behaviour (Boswell, 2016; Theis and White, 2021). In this article, we consider 'downstream' instruments to be those that have as a primary substantive target the modification of individual behaviour, while instruments primarily targeted at regulating industries, and/or mitigating socioeconomic inequalities through redistribution would fall into the 'upstream' instrument category. As we focus on the importance of discourse, we are aware that this distinction is not clear-cut, and does not exist independently of social construction. That a policy instrument can be presented as upstream or downstream is very much the implication of our argument. In turn, our aim is not to assert truth claims about what really is upstream or downstream. Rather, for our analysis, we use this heuristic device in the way it is

commonly understood by health inequalities researchers. For that purpose, we use the following description: (i) downstream models of intervention target action at the individual level, encouraging healthier lifestyle behaviours to improve population health; (ii) upstream models of intervention understand the problem as shaped by social, political and economic contexts that require basic, but often transformative, policy change to alter the material conditions in which people live.

In this article, we examine how the meanings of instruments are not necessarily fixed to their substantive target and effects (whether downstream or upstream), but instead constructed through discourse (Yanow, 2003). It builds on interpretive approaches to policy analysis (Bevir and Rhodes, 2003; Wagenaar, 2011) which focus on the role of language in constituting political realities (Yanow, 1996; Hajer and Laws, 2006; Hajer, 2009), and, specifically, frame analysis which explores how policy 'frames' distinguish between what demands attention and what can be neglected (Laws and Rein, 2003), with particular definitions of a policy problem linked to specific types of solutions or instruments. As scholars such as Stone (1989) and Yanow (2003) have shown, instruments are not neutral but are the locus of interpretive struggles to which actors attach values and meaning. The works of Schön and Rein (1994; 1977) observed that frames act to organise and interpret the social world and call for certain policy responses over others. In this sense, instruments become attached to discourses that construct their meaning in terms of addressing an identified policy problem. More recent research by Dekker (2017) suggests that there may be ambiguity or frame inconsistency between solution and problem, in which instruments do not necessarily have fixed meanings. What we explore in this article is the relationship between instruments and policy paradigms, and how their discursive construction can shape policy change and continuity.

Continuity and change in paradigms

The reluctance to regulate markets while instead seeking to discipline people's behaviour, is consistent with neoliberal rationality still prevailing as the dominant structuring worldview³ in many country contexts (Crouch, 2011; Jones et al, 2013; McMahon, 2015; Schmidt, 2016; Gane, 2021). Despite policy statements often acknowledging upstream determinants of health, public health policy instruments have tended to target individual behaviour. This has been described by health inequalities researchers as 'lifestyle drift'. 'Lifestyle drift' captures a recurrent pattern of public health policies that begin with a recognition of the upstream social, political and economic determinants of health, only to drift back downstream into designing and implementing policies targeted at modifying individual lifestyle behaviours (Whitehead and Popay, 2010; Alvaro et al, 2011; Baum, 2011; Williams and Fullagar, 2019). This lifestyle drift has been seen as symptomatic of the resilience of neoliberal principles of individualism and market fundamentalism underpinning public health policy.

We argue that, to better understand the failures to change the policy paradigm, we need to move beyond the concept of 'lifestyle drift' and engage deeper with the literature on policy paradigms and theories of policy change (Cairney et al, 2022). Drawing on this literature can provide a better-informed sense of what kind of change can or cannot be expected. In line with the findings of Dekker (2017) our analysis suggests that instrument change may not necessarily lead to changes in policy frames or paradigms.

According to Hall (1993), policy paradigms constitute interpretive frameworks of ideas and standards that specify policy goals and the instruments to achieve those goals (Blyth, 2013). The interpretive framework that constitutes paradigms is embedded in discourse and language, and constructs what is taken for granted and what is left out. Hall distinguishes between three different orders of change: first-order changes, pertaining to the settings of policy instruments. In second-order changes, instruments are changed ‘without radically altering the hierarchy of goals behind policy’ (p 282). Finally, third-order changes are rarer and represent radical changes in policy goals and the instruments used to achieve those goals. Changes in policy paradigms – so-called third-order changes – entail changes not only of the targets a policy is designed against, or of the instruments used to attain a policy goal. Rather, changing a policy paradigm reflects deep-seated change in terms of the overarching premise of the policy discourse, and the way in which the issue at hand is thought about. While first- and second-order changes are routine political practices and do not challenge the status-quo, third-order change is relatively rare. In the latter case, previously taken-for-granted ideas, instruments and worldviews become the subject of political contestation.

This framework emphasises the importance of instruments, ideas and discourse to different types of policy change. Yet while transformations in policy discourse is seen as a necessary condition for radical paradigm shifts, little has been said within the literature on policy paradigms about the discursive construction of instruments and how such processes may shape different types of change and continuity. Specifically, little is said about how discursive dynamics can shape the relationship between the introduction of policy instruments, and the prevailing policy paradigm. Instead, changes to instruments are viewed by Hall as policy experimentation in response to perceived anomalies or failures within an existing paradigm. This reflects a wider neglect of policy instruments within studies of policy paradigms which have tended to focus on ideational transformation (for example, Schmidt, 2011; Wood, 2015) in explaining policy change. Instruments tend to be regarded as technical devices, whose selection and settings are consistent with the underpinning ideas and standards of a paradigm. This functionalist approach is also evident in policy instrument research, which has often focused on their substantive effects, rather than their construction through discourse.

Recent research on the concept of instrument ‘constituencies’ has begun to address this neglect of discourse through examining the actors and practices that form around specific instruments, and how constituencies engage in processes of discursive legitimation to promote and expand particular models of governing. As Voß and Simons (2014) argue, an important task for instrument constituencies is to articulate persuasive narratives that promote their instrument as both model and implemented practice. This article similarly highlights the discursive nature of policy instruments, taking a more ‘structuralist’ approach to conceptualising discursive power, compared to the literature on instrument constituencies which tends to be more agency oriented. While this is not meant as a binary distinction, our approach places less emphasis on the intentionality of discursive framing, and more on the power of the pre-existing and dominant policy paradigm. In that sense, the instrument constituency literature tends to see agents more as ‘discourse-users’, whereas we take a view of actors and institutions as more ‘constituted in discourse’ (although both are not mutually exclusive, see Bacchi, 2005: 200). This approach speaks to and contributes

to the interpretivist public policy literature focused on instruments, by offering new insight into how the dominant paradigms are sustained, and the role of instruments in this paradigmatic resilience.

The idea of upstream–downstream can also be interpreted as engaging – albeit implicitly – with the relationship between instruments and policy paradigms. From this perspective, lifestyle drift can be understood in terms of a lack of change in the framework of ideas and instruments of existing paradigms, in which policymaking remains focused on the settings of lifestyle–behavioural instruments. In response to this drift, health inequalities researchers have advocated for governments to adopt policy instruments that shift responsibility from individuals to upstream determinants. The underlying assumption behind this position is that instruments that substantively address structural drivers of health might transform the core principles of individualism embedded within existing policy paradigms. In this sense, the upstream–downstream metaphor provides a useful analytical tool for understanding the relationship between instruments and policy paradigms, where calls for ‘moving upstream’ implicitly expect change not only of the types of instruments used to achieve policy goals, but also paradigmatic change in terms of how public health is thought about.

The upstream–downstream metaphor thus offers valuable insights into the discursive characteristics of instruments. Our analysis suggests that the failure of upstream policy instruments to shift the terms of the debate, underscores the discursive relevance of instruments: an instrument substantively targeting upstream factors (marketing regulation) can simultaneously be discursively constructed as downstream (individual behaviour).

To theorise this discrepancy between a policy instrument’s substantive target, and its discursive construction, we propose the concept of upstream individualism. We argue that upstream individualism relates to a reassertion of individual agency, where instruments are discursively constructed to fit (rather than challenge) dominant policy paradigms. Where lifestyle drift identifies a tendency for public health policies to acknowledge upstream factors but drift back to downstream interventions (acknowledging A but acting upon B), upstream individualism captures how policy instruments which substantively address structural, ‘upstream’ drivers of health may still be discursively constructed as individualised issues (turning A into B). This theorisation represents a new way of thinking about the relationship between the substantive target and discursive framing of policy instruments. It provides a basis for understanding how public health policies may juxtapose representations of structural and individualised determinants of health, of simultaneously upstream and downstream. In our case study, we identify these discursive dynamics as promoting paradigmatic continuity, despite substantial changes in instruments.

Methods

The analysis in this article applies a ‘policy-as-discourse’ approach (Bacchi, 2000; Shaw, 2010) which emphasises how language constructs the meanings of policy issues (Hulst and Yanow, 2014). We apply this approach to look not only at how the policy issue is discursively constructed, but also to zoom in on how the proposed policy instruments fit (or are made to fit) within it. Informed by Lascombes and Le Galès (2007) political sociology approach to public policy instruments, we define instruments as devices that are both technical and social and which organise relations between state and society.

We draw on their theorisation of public policy instruments as carrying a ‘concrete concept of the politics–society relationship’ (p 4) sustained by regulation. We focus on the substantive and discursive dimensions of policy instruments and how these dimensions relate to the relationship between government and the governed. Policy frames are not necessarily coherent, they can be incomplete or ambiguous (Dekker, 2017). In the same vein, the relationship between substantive and discursive dimensions of instruments, and their relationship to the broader policy frame and paradigm, can also be ambiguous or incoherent.

This discourse–analytical perspective does not treat policy instruments as neutral, technical tools, and challenges dominant positivist forms of policy analysis (Li and Wagenaar, 2019). It focuses on the role of ideas, concepts and categorisations (Hajer, 2009) in shaping politics and policy. This approach identifies discursive framing as the practice of selecting some things as relevant or important and backgrounding or ignoring others, in ways that promote particular problem definitions and solutions (Entman, 1993; Hulst and Yanow, 2014). As Rein and Schön (1977) observe, frames are ordering devices that structure the reality of a policy issue, in which cause, blame, responsibility and solutions are attributed to actors and legitimated through discourse. This interpretive approach lends itself to studying how policy instruments and tools are represented, and in particular, the normative–prescriptive stories used to justify their implementation.

In this article, we explore how the UK government has framed its obesity strategy with reference to problem representation, solutions, policy instruments and actors. This typology is inspired by the work of frame theorists such as Entman (1993), Rein and Schön (1977; 1996) and Stone (1989). The Tackling Obesity policy statement was accessed on the Department of Health and Social Care website and imported and coded in NVivo 12 data analysis software. The frame typology was developed through the analytical steps of grounded theory (Wagenaar, 2011), in which descriptive coding was connected to conceptual categories through analysis and re-analysis of the empirical data.

Case study: the Tackling Obesity strategy

Published in July 2020, following the early phase of the COVID-19 pandemic, the UK government’s Tackling Obesity strategy announced new restrictions on advertising of products high in fat, salt and sugar (HFSS). Notably, this includes a specific ban on online advertisements of HFSS products and restrictions on broadcast advertising until 9pm, replacing self-regulatory industry codes of marketing to children, as well as restrictions on in-store promotions of HFSS products. While previous administrations have consulted on marketing restrictions (Department of Health and Social Care, 2020), Tackling Obesity is the first strategy to explicitly commit the UK government to legislation relating to the marketing practices of the commercial sector. This points to a significant shift in the type of instruments used to achieve policy goals, with the legislative proposals in stark contrast to the tendency of UK governments to reject state regulation in favour of voluntary industry codes and lifestyle–behavioural interventions. A 2010 White Paper on public health exemplifies this mind-set, stating that ‘it is simply not possible to promote healthier lifestyles through Whitehall diktat and nannying about the way people should live’, emphasising ‘core values’ of personal responsibility and self-esteem (HM Government, 2010). These ideas have been

reflected in the strategies of Conservative administrations between 2010 and 2019, which have largely focused on downstream interventions, such as the ‘Change4Life’ social marketing programme (see Table 1).

The announcement of the strategy received support from high-profile advocacy organisations, with the Obesity Health Alliance (a coalition of over 40 organisations including the British Medical Association) noting its potential to significantly improve population health (2020) and Cancer Research UK describing it as ‘a landmark day’ for public health (2020). Two years on, implementation of the strategy has been delayed, in part due to substantial political instability producing dramatic and sudden

Table 1: Illustrative examples of emphasis placed on downstream instruments in UK government obesity strategies 2010–2020

Administration	Government strategy	Year	Upstream	Downstream
Coalition (Conservative and Liberal Democrats)	Healthy Lives, Healthy People	2010		Change4Life (social marketing programme supporting healthier lifestyle behaviours through campaigns on fruit and vegetable intake and physical activity)
	Healthy Lives, Healthy People: A call to action on obesity	2011		Start Active, Stay Active (physical activity guidelines)
	Public Health Responsibility Deal	2011–2015		Calorie reduction challenge (voluntary industry commitment to ‘support and enable’ healthier choices to reduce population-level calorie intake by 5 billion calories per day)
Conservative	Childhood Obesity Plan	2016	Soft Drink industry Levy (SDIL) (tax on soft drinks that contain more than 5g sugar per 100 mL)	Change4Life Sugar Smart app (‘provides families with the knowledge and tools to cut down on sugar’ using barcode scanner)
	Childhood Obesity Plan: Chapter 2	2018		Calorie labelling for out-of-home sector
	Tackling Obesity	2020	Total online restriction for products high in fat, sugar, and salt (HFSS) Restriction on broadcast advertising of HFSS products before 9pm Restricting in-store promotion of HFSS products	Better Health (weight management app)

shifts in the leadership of the Conservative government. Nevertheless, despite this uncertainty, the UK government has committed to introducing policy instruments to regulate HFSS product marketing by 2024, with statutory regulation on in-store promotions of HFSS products having come into force in October 2022.

It is unclear that the Tackling Obesity strategy, while committing to implement upstream instruments, places any less emphasis on individual lifestyle behaviours. As we detail later in the article, the discrepancy between an instrument's substantive target and the discourse constituting it, is illustrative of what we call upstream individualism: how policy instruments that tackle upstream drivers of health are discursively constructed as issues of individual responsibility. The results here demonstrate how the Tackling Obesity strategy constructs an upstream individualist approach to public health policy within which: (i) policy instruments regulating marketing are discursively presented as ways to empower individuals (ii) the policy issue of diet-related ill-health is represented as a problem of 'choice architecture', minimising the role of the market and corporate actors that shape food environments, and indeed socioeconomic inequities. This results in maintaining responsibility with individuals for their behaviour, despite the introduction of policy instruments that regulate the food and drink industry. We argue that this upstream individualist approach reasserts the boundaries of what is considered modifiable, and reinforces the prevailing policy paradigm, despite the substantively upstream nature of the policy instrument proposed.

Instruments for empowering individual self-control

The instruments in the Tackling Obesity strategy can be interpreted as an implicit recognition by the UK government that self-regulatory approaches have not sufficiently reduced exposure to unhealthy food marketing, despite being presented by the food and advertising industries as an effective substitute for statutory regulation (Carters-White et al, 2021). In this regard, policy actions to introduce an online ban of HFSS product advertising and restrictions on broadcast media are instruments which substantively address upstream determinants of health that exist largely beyond the control of individuals. Yet, rather than being justified in terms of the health harming strategies of industry actors, this regulatory instrument is framed as primarily supporting individuals to navigate food environments more effectively. For example:

That's why when it comes to food and drink, we want to ensure everyone has the right information, that they are offered a fair deal and that they are not unduly influenced to purchase less healthy food and drinks.

This reframing enables instruments that address upstream drivers to be transformed into solutions to empower individuals within particular 'choice architectures'. We employ the term 'choice architecture' to emphasise how the discursive construction of the marketing ban portrays the ubiquity of HFSS products as a passive, a-contextual reality detached from corporate agents.

Many people have tried to lose weight but struggle in the face of endless prompts to eat [...] We understand this [...] we are announcing a new set of policies that starts to change this environment; to empower people to make healthier choices they want to make.

Through this narrative, policy instruments that substantively address upstream determinants of health become a tool of individual empowerment:

It is fundamental that we all have access to the information we need to support a healthier weight, and this starts with knowing how calorific our food is.

Legislative measures to restrict HFSS product marketing are framed as a solution to individual inability to resist the power of advertising, rather than as a tool to regulate commercial sector practices. Throughout the strategy, the food industry is not presented as an active agent, rather, advertising is presented as a pre-existing reality with no responsible actor:

Finally, we know our food choices are shaped and influenced through advertising in its many forms. Currently, the food and drink that is advertised in the UK does not reflect the healthy balanced diet that would support us all live healthier lives.

By omitting the active role and responsibility of the food and drink industry in shaping population health, instead emphasising individual choice as the modifiable factor, we suggest that the strategy frames the advertising environment as taken for granted, and thus positions individuals' inability to navigate this environment as the target of policy interventions. As such, the advertising restrictions are not being brought in as a solution to address problematic industry practices, but still thought of as a way to rectify individuals' 'failures'.

The idea of empowering individuals is also evident in the more straightforwardly downstream instruments of the Tackling Obesity strategy, such as the introduction of an NHS weight loss app and social marketing campaign to promote healthier choices. The problem of diet-related ill-health is attributed to inadvertent lifestyle behaviours, in which information asymmetries and micro-level features of the food environment work to shape individual choices. While this does not deny or ignore that legislative instruments are required to address structural drivers of obesity, it retains core principles of individualism in how these instruments are justified.

A problem of 'choice architecture'

The discursive construction of the proposed regulatory instruments is embedded in the broader emphasis put on 'choice architecture', where the architecture is given, and cannot be fundamentally changed. Instead, what is presented as alterable is how one navigates this environment. For example, the strategy states that 'excess weight is one of the few modifiable factors for COVID-19 and so supporting people to achieve a healthier weight will be crucial', issues a 'call to action' for individuals to 'take steps to move towards a healthier weight', and emphasises that COVID-19 'has given us a wake-up call' to 'kick start our health, get active and eat better'.

In this sense the strategy still presents obesity very much as a problem of nudging individuals into behaviour change, in which regulation of HFSS advertising is presented as one such nudge. It conceptualises the drivers of health in terms of choice architecture that can be re-designed to influence consumer and lifestyle choices, reflecting the political and philosophical commitments of nudge economics (Leggett,

2014; Gane, 2021). A prominent example of nudge theory in the Tackling Obesity strategy, is its emphasis on product placement, evoking the work of Richard Thaler and Cass Sunstein (2009) on choice architecture, to emphasise how lifestyle choices are shaped by the placement of HFSS products in physical and online settings:

Many people have tried to lose weight but struggle in the face of endless prompts to eat – on TV and on the high street. In supermarkets, special offers and promotions tempt us to buy foods that are not on the shopping list but are hard to resist.

While this problem representation does not deny the role of HFSS product advertising, it presents it in terms of passive ‘architecture’ which can be tweaked by instruments to fix individuals for the market (McMahon, 2015). Looking back at the upstream–downstream metaphor, we can see that the introduction of an upstream instrument can still be embedded in a downstream problem representation, and therefore does not automatically challenge the dominant policy paradigm.

Upstream individualism: reasserting the boundaries of the modifiable

What is distinctive about this document in comparison to previous UK government obesity strategies (see Table 1), is that it does not merely pay lip service to what health inequalities researchers refer to as upstream determinants of health. In contrast, the strategy demonstrates a political commitment to implementing policy instruments targeted at regulating industry practices. Yet, the discourses mobilised to represent the problem and solutions turn the structural (upstream) into the individual (downstream). In doing so, we argue that the strategy reasserts what is deemed modifiable and what is not, selectively emphasising individualised responsibility and minimising the role of markets and the commercial sector.

To achieve this, the obesity strategy performs three key discursive tasks. It defines the problem of overweight and obesity as being one for which individuals are responsible, and it is through an individual’s failure or difficulty to manage their own weight that the policy instruments are targeted. In doing so, it reasserts the dominant policy paradigm. The strategy then fits the regulatory policy instruments into the dominant policy paradigm by presenting them as tools of ‘empowering individuals’ to navigate the problematic food environment, which in turn omits any causal evaluation of the role that corporate actors and markets play in structuring this environment. The use of upstream instruments advocated for by health inequalities researchers and that do regulate market practices, are discursively turned into instruments intended to assist individual behaviours. As such, and third, the strategy reasserts the boundaries on what is considered modifiable (and how) to address overweight and obesity. Those boundaries are dictated by the dominant policy paradigm, which the new regulatory instruments not only fail to change, but actively reassert.

The idea that public health is shaped by a neoliberal policy paradigm is certainly not new, with a wealth of literature on how neoliberalism aims to limit the regulatory scope and shift responsibility to individuals by promoting better consumer and lifestyle choices. But the novelty we explore here, is that individualising discourses are juxtaposed to policy instruments that are considered upstream (Scott-Samuel

and Smith, 2015; Lynch, 2017). Our concept of upstream individualism captures how policy instruments can reinforce the dominant policy paradigm even if their substantive effects seem to contradict that paradigm.

This analysis has implications for health inequalities researchers relying on the upstream/downstream metaphor when calling for more progressive public health policy. Through upstream individualism, we make the case that ‘simply’ calling for upstream instruments might not lead to the type of transformative policy change desired. To be clear, we are not arguing that the substantive effects of instruments do not matter. Rather, that a lack of engagement with overarching paradigms is arguably symptomatic of the depoliticised approach often taken when advocating for policy change (Godziewski, 2022). There is a contradiction in advocating for ideational, paradigmatic policy change while treating instruments as neutral. As argued by Smith (2013), public health needs to seriously consider the role and power of ideas. Ideas are malleable and can be made to fit existing systems of meanings: as such, policy instruments can be made to fit an existing paradigm, even if they might conceivably challenge its core principles and ideas. Moreover, the neoliberal paradigm of individualised solutions to public health problems is resilient and adaptable, evolving from victim-blaming, into a more positive language of empowerment.

Engaging with ‘upstream individualism’ may be an opportunity for health inequalities researchers to explore potential tensions between pragmatically advocating for policy instruments that are perceived as feasible, or explicitly and radically challenging existing policy paradigms and running the risk of being perceived as ‘too radical’ (Smith, 2012; Lynch, 2020). In either case, expectations of how, how much and how fast deep-seated change can occur needs to be managed (Cairney et al, 2022). We suggest that to challenge upstream individualism, public health needs to seriously engage with power, and avoid tacitly assuming upstream policy instruments will automatically lead to a more upstream policy paradigm.

Beyond public health policy, our findings also suggest that the discursive construction of instruments should not be underestimated when looking at the dynamics of policy change and continuity. At the same time, different ideas do not exist in vacuums, nor do they compete on an equal footing. What the Tackling Obesity case study has also shown, is that a dominant policy paradigm, a dominant idea about a policy problem, can persist even if it does not seem to be the coherent or logical story justifying the resort to a particular policy instrument. Some ideas are more powerful and more deeply institutionalised than others. The material and structural institutionalisation of neoliberal policy paradigm (see Berman, 2022), contributes to the resilience and the malleability of it as an idea, and its capacity to absorb other ideas. This is even more relevant in the case of ‘fuzzy’ normative agendas that can easily become co-opted and watered down, such as the vague call for moving upstream. This interplay between ideas and their embeddedness in institutional structures allows us to study the discursive nature of policy instruments in their contexts.

Conclusion

This article develops the concept of upstream individualism to explore the discursive nature of policy instruments, and its relationship to institutionally embedded policy paradigms. We apply the concept empirically to the UK government’s Tackling Obesity strategy, exploring how its policy instruments relate

to the notion of upstream/downstream interventions, widely used in public health and health inequalities research. Our analysis shows how policy instruments that are generally understood by health inequalities researchers to be upstream – that is, targeted at regulating markets and in this case regulating industry marketing practices – are nevertheless discursively constructed as a matter pertaining to downstream individual behaviour.

These empirical findings matter to those interested in the problematic and resilient nature of neoliberalism in public health policy. While there exists a vast literature critiquing dominant neoliberal policy paradigms in public health, there is scope for better understanding the processes through which dominant policy paradigms are maintained (Bell and Green, 2016). Our upstream individualism concept offers insights into why advocating for upstream instruments without engaging with discursive power and policy paradigms, fails to bring about meaningful change. It points to the limits of depoliticised approaches to advocating for policy change. This issue may be particularly relevant in public health because it is a field situated at the intersection between biomedical and social science. Yet with much (although by no means all) of this discipline more strongly rooted in biomedical approaches to research, it has tended to approach the study of public health policy in a depoliticised way, avoiding engagement with the study of power (Mykhalovskiy et al, 2019).

The main contribution of our article, however, is to the public policy literature studying instruments. Upstream individualism can help theorise the relationship between instruments and policy paradigms from an interpretivist perspective, highlighting how instruments that have the potential to challenge a policy paradigm can be discursively constructed to fit within its underlying assumptions and organising principles. This concept speaks to the literature on instrument constituencies, by studying the discursive power of policy instruments, with a focus on the co-option dynamics of instruments to fit materially and institutionally powerful dominant policy paradigms. This complements the work on instrument constituency, which has advanced our understanding of discursive strategies of actors promoting a specific instrument, often with a view of promoting change. Agency and structure being co-constituted, it may be interesting to study how actors intentionally frame instruments to promote institutional continuity of the neoliberal paradigm. By engaging with the notions of instruments as discursively constructed, and how that impacts policy change and continuity, our article contributes to the growing interpretivist literature on instruments. While we explore public health as a case study, upstream individualism could be applied to other complex issue areas, such as climate change and sustainable food systems, where policy instruments that target structural drivers may nevertheless be framed in ways that reinforce existing paradigms. Future research might explore how configurations of ideas, institutions and interests shape the meanings of policy instruments, and how the stickiness of existing paradigms might make transformative policy change difficult, even when new instruments are adopted. To conclude, we argue that upstream individualism is a conceptual tool that can be useful to researchers interested in the types of complex policy puzzles, because it captures a particular configuration of the relationship between discursive construction and the substantive target of policy instruments within the contemporary neoliberal context.

Notes

¹ For more critiques of the upstream/downstream metaphor, see [Krieger \(2008\)](#).

² For a definition of neoliberalism as a structuring worldview, see for example [Schmidt \(2016\)](#).

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Conflict of interest

The authors declare that there is no conflict of interest.

References

- Alvaro, C., Jackson, L.A., Kirk, S., McHugh, T.L., Hughes, J., Chircop, A. and Lyons, R.F. (2011) Moving Canadian governmental policies beyond a focus on individual lifestyle: some insights from complexity and critical theories, *Health Promotion International*, 26(1): 91–99. doi: [10.1093/heapro/daq052](https://doi.org/10.1093/heapro/daq052)
- Bacchi, C. (2000) Policy as discourse: what does it mean? Where does it get us?, *Discourse*, 21(1): 45–57.
- Bacchi, C. (2005) Discourse, discourse everywhere: subject ‘agency’ in feminist discourse methodology, *NORA – Nordic Journal of Feminist and Gender Research*, 13(3): 198–209.
- Bali, A. and Halpin, D. (2021) Agenda-setting instruments: means and strategies for the management of policy demands, *Policy and Society*, 40(3): 333–44. doi: [10.1080/14494035.2021.1955489](https://doi.org/10.1080/14494035.2021.1955489)
- Bali, A.S., Howlett, M., Lewis, J.M. and Ramesh, M. (2021) Procedural policy tools in theory and practice, *Policy and Society*, 40(3): 295–311. doi: [10.1080/14494035.2021.1965379](https://doi.org/10.1080/14494035.2021.1965379)
- Baum, F. (2011) From Norm to Eric: avoiding lifestyle drift in Australian health policy, *Australian and New Zealand Journal of Public Health*, 35(5): 404–6. doi: [10.1111/j.1753-6405.2011.00756.x](https://doi.org/10.1111/j.1753-6405.2011.00756.x)
- Baum, F. and Fisher, M. (2014) Why behavioural health promotion endures despite its failure to reduce health inequities, *Sociology of Health & Illness*, 36(2): 213–25. doi: [10.1111/1467-9566.12112](https://doi.org/10.1111/1467-9566.12112)
- Bell, K. and Green, J. (2016) On the perils of invoking neoliberalism in public health critique, *Critical Public Health*, 26(3): 239–43. doi: [10.1080/09581596.2016.1144872](https://doi.org/10.1080/09581596.2016.1144872)

- Béland, D., Howlett, M. and Mukherjee, I. (2018) Instrument constituencies and public policy-making: an introduction, *Policy and Society*, 37(1): 1–13.
- Berman, E.P. (2022) *Thinking like an Economist: How Efficiency Replaced Equality in U.S. Public Policy* Princeton, Princeton, NJ: Princeton University Press.
- Bevir, M. and Rhodes, R.A.W. (2003) *Interpreting British Governance*, London: Routledge.
- Blyth, M. (2013) Paradigms and paradox: the politics of economic ideas in two moments of crisis, *Governance*, 26(2): 197–215. doi: [10.1111/gove.12010](https://doi.org/10.1111/gove.12010)
- Boswell, J. (2016) *The Real War on Obesity: Contesting Knowledge and Meaning in a Public Health Crisis*, London: Palgrave Macmillan.
- Cairney, P., St Denny, E. and Mitchell, H. (2021) The future of public health policymaking after COVID-19: a qualitative systematic review of lessons from Health in All Policies, *Open Research Europe*, <https://open-research-europe.ec.europa.eu/articles/1-23>.
- Cairney, P., Keating, M., Kippin, S. and Denny, E.S. (2022) *Public Policy to Reduce Inequalities across Europe: Hope Versus Reality*, New York and Oxford: Oxford University Press.
- Cancer Research UK (2020) New obesity strategy is a ‘landmark day for the nation’s health’ and our ambition to beat cancer, <https://news.cancerresearchuk.org/2020/07/27/new-obesity-strategy-is-a-landmark-day-for-the-nations-health-and-our-ambition-to-beat-cancer/>.
- Capano, G. and Howlett, M. (2020) The knowns and unknowns of policy instrument analysis: policy tools and the current research agenda on policy mixes, *SAGE Open*, 10(1): 1–13. doi: [10.1177/2158244019900568](https://doi.org/10.1177/2158244019900568)
- Carey, G., Malbon, E., Crammond, B., Pescud, M. and Baker, P. (2017) Can the sociology of social problems help us to understand and manage ‘lifestyle drift’?, *Health Promotion International*, 32(4): 755–61. doi: [10.1093/heapro/dav116](https://doi.org/10.1093/heapro/dav116)
- Carters-White, L., Chambers, S., Skivington, K. and Hilton, S. (2021) Whose rights deserve protection? Framing analysis of responses to the 2016 Committee of Advertising Practice consultation on the non-broadcast advertising of foods and soft drinks to children, *Food Policy*, 104: 102139. doi: [10.1016/j.foodpol.2021.102139](https://doi.org/10.1016/j.foodpol.2021.102139)
- Collin, J. and Hill, S. (2015) Industrial epidemics and inequalities: the commercial sector as a structural driver of inequalities in non-communicable diseases, in K.E. Smith, C. Bambra and S.E. Hill (eds) *Health Inequalities: Critical Perspectives*, Oxford: Oxford University Press.
- Crosbie, E., Thomson, G., Freeman, B. and Bialous, S. (2018) Advancing progressive health policy to reduce NCDs amidst international commercial opposition: tobacco standardised packaging in Australia, *Global Public Health*, 13(12): 1753–66. doi: [10.1080/17441692.2018.1443485](https://doi.org/10.1080/17441692.2018.1443485)
- Crouch, C. (2011) *The Strange Non-death of Neoliberalism*, Cambridge: Polity Press.
- Dekker, R. (2017) Frame ambiguity in policy controversies: critical frame analysis of migrant integration policies in Antwerp and Rotterdam, *Critical Policy Studies*, 11(2): 127–45. doi: [10.1080/19460171.2016.1147365](https://doi.org/10.1080/19460171.2016.1147365)
- Department of Health and Social Care (2020) *Tackling Obesity: Empowering Adults and Children to Live Healthier Lives*, London: The Stationery Office.
- Dunlop, C.A., Kamkhaji, J., Radaelli, C.M., Taffoni, G. and Wagemann, C. (2020) Does consultation count for corruption? The causal relations in the EU-28, *Journal of European Public Policy*, 27(11): 1718–41. doi: [10.1080/13501763.2020.1784984](https://doi.org/10.1080/13501763.2020.1784984)

- Entman, R.M. (1993) Framing: toward clarification of a fractured paradigm, *Journal of Communication*, 43(4): 51–58. doi: [10.1111/j.1460-2466.1993.tb01304.x](https://doi.org/10.1111/j.1460-2466.1993.tb01304.x)
- Foli, R., Béland, D. and Fenwick, T.B. (2018) How instrument constituencies shape policy transfer: a case study from Ghana, *Policy and Society*, 37(1): 108–24. doi: [10.1080/14494035.2017.1377987](https://doi.org/10.1080/14494035.2017.1377987)
- Freudenberg, N., Lee, K., Buse, K. and Collin, J. (2021) Defining priorities for action and research on the commercial determinants of health: a conceptual review, *American Journal of Public Health*, 111(12): 2202–2211. doi: [10.2105/AJPH.2021.306491](https://doi.org/10.2105/AJPH.2021.306491)
- Gane, N. (2021) Nudge economics as libertarian paternalism, *Theory, Culture & Society*, 8(6): 119–42. doi: [10.1177/0263276421999447](https://doi.org/10.1177/0263276421999447)
- Godziewski, C. (2022) *The Politics of Health Promotion in the European Union*, London: Palgrave Macmillan.
- Hajer, M.A. (2009) *Authoritative Governance: Policy Making in the Age of Mediatization*, Oxford: Oxford University Press.
- Hajer, M. and Laws, D. (2006) Ordering through discourse, in M. Moran, M. Rein and R.E. Goodin (eds) *The Oxford Handbook of Public Policy*, Oxford: Oxford University Press, pp 249–66.
- Hall, P. (1993) Policy paradigms, social learning, and the state: the case of economic policymaking in Britain, *Comparative Politics*, 25(3): 275–96. doi: [10.2307/422246](https://doi.org/10.2307/422246)
- HM Government (2010) *Healthy Lives, Healthy People: Our Strategy for Public Health in England*, London: The Stationery Office.
- Hood, C. and Margetts, H.Z. (2007) *The Tools of Government in the Digital Age*, Basingstoke: Palgrave Macmillan.
- Howlett, M. (2000) Managing the ‘hollow state’: procedural policy instruments and modern governance, *Canadian Public Administration*, 43(4): 412–31. doi: [10.1111/j.1754-7121.2000.tb01152.x](https://doi.org/10.1111/j.1754-7121.2000.tb01152.x)
- Hulst, M.van and Yanow, D. (2014) From policy ‘frames’ to ‘framing’: theorizing a more dynamic, political approach, *The American Review of Public Administration*, 46(1): 92–112.
- Jones, R., Pykett, J. and Whitehead, M. (2013) *Changing Behaviours: On the Rise of the Psychological State*, Cheltenham: Edward Elgar.
- Katikireddi, S.V., Higgins, M., Smith, K.E. and Williams, G. (2013) Health inequalities: the need to move beyond bad behaviours, *Journal of Epidemiology and Community Health*, 67(9): 715–16. doi: [10.1136/jech-2012-202064](https://doi.org/10.1136/jech-2012-202064)
- Krieger, N. (2008) Proximal, distal, and the politics of causation: what’s level got to do with it?, *American Journal of Public Health*, 98(2): 221–30. doi: [10.2105/AJPH.2007.111278](https://doi.org/10.2105/AJPH.2007.111278)
- Lascoumes, P. and Le Galès, P. (2007) Introduction: understanding public policy through its instruments – from the nature of instruments to the sociology of public policy instrumentation, *Governance*, 20(1): 1–21. doi: [10.1111/j.1468-0491.2007.00342.x](https://doi.org/10.1111/j.1468-0491.2007.00342.x)
- Laws, D. and Rein, M. (2003) Reframing practice, in M. Hajer and H. Wagenaar (eds) *Deliberative Policy Analysis: Understanding Governance in the Network Society*, Cambridge: Cambridge University Press.
- Leggett, W. (2014) The politics of behaviour change: nudge, neoliberalism and the state, *Policy & Politics*, 42(1): 3–19.
- Li, Y. and Wagenaar, H. (2019) Revisiting deliberative policy analysis, *Policy Studies*, 40(5): 427–36. doi: [10.1080/01442872.2019.1618813](https://doi.org/10.1080/01442872.2019.1618813)

- Lynch, J. (2017) Reframing inequality? The health inequalities turn as a dangerous frame shift, *Journal of Public Health*, 39(4): 653–60.
- Lynch, J. (2020) *Regimes of Inequality: The Political Economy of Health and Wealth*, Cambridge: Cambridge University Press.
- McKee, M. and Stuckler, D. (2018) Revisiting the corporate and commercial determinants of health, *American Journal of Public Health*, 108(9): 1167–70. doi: [10.2105/AJPH.2018.304510](https://doi.org/10.2105/AJPH.2018.304510)
- McMahon, J. (2015) Behavioral economics as neoliberalism: producing and governing homo economicus, *Contemporary Political Theory*, 14(2): 137–58. doi: [10.1057/cpt.2014.14](https://doi.org/10.1057/cpt.2014.14)
- Mukherjee, I. (2021) Rethinking the procedural in policy instrument ‘compounds’: a renewable energy policy perspective, *Policy and Society*, 40(3): 312–32. doi: [10.1080/14494035.2021.1955488](https://doi.org/10.1080/14494035.2021.1955488)
- Mykhalovskiy, E., Frohlich, K.L., Poland, B., Di Ruggiero, E., Rock, M.J. and Comer, L. (2019) Critical social science with public health: agonism, critique and engagement, *Critical Public Health*, 29(5): 522–33. doi: [10.1080/09581596.2018.1474174](https://doi.org/10.1080/09581596.2018.1474174)
- Obesity Health Alliance (2020) OHA response to government’s new obesity strategy, <http://obesityhealthalliance.org.uk/2020/08/07/statement-uk-governments-new-obesity-strategy-27-july-2020/>.
- Parkhurst, J.O. and Abeysinghe, S. (2016) What constitutes ‘good’ evidence for public health and social policy-making? From hierarchies to appropriateness, *Social Epistemology*, 30(5–6): 665–79. doi: [10.1080/02691728.2016.1172365](https://doi.org/10.1080/02691728.2016.1172365)
- Rein, M. and Schön, D. (1996) Frame-critical policy analysis and frame-reflective policy practice, *Knowledge and Policy*, 9(1): 85–104. doi: [10.1007/BF02832235](https://doi.org/10.1007/BF02832235)
- Rein, M. and Schön, D. (1977) Problem setting in policy research, in C.H. Weiss (ed) *Using Social Research in Public Policy Making*, Lanham, MD: Lexington Books.
- Schmidt, V.A. (2011) Speaking of change: why discourse is key to the dynamics of policy transformation, *Critical Policy Studies*, 5(2): 106–26. doi: [10.1080/19460171.2011.576520](https://doi.org/10.1080/19460171.2011.576520)
- Schmidt, V.A. (2016) The roots of neo-liberal resilience: explaining continuity and change in background ideas in Europe’s political economy, *The British Journal of Politics and International Relations*, 18(2): 318–34. doi: [10.1177/1369148115612792](https://doi.org/10.1177/1369148115612792)
- Schön, D. and Rein, M. (1977) Problem setting in policy research, in C.H. Weiss (ed) *Using Social Research in Public Policy Making*, Lexington, MA: Lexington Books.
- Schön, D.A. and Rein, M. (1994) *Frame Reflection: Toward the Resolution of Intractable Policy Controversies*, New York: Basic Books.
- Scott-Samuel, A. and Smith, K.E. (2015) Fantasy paradigms of health inequalities: Utopian thinking?, *Social Theory & Health*, 13(3–4): 418–36.
- Shaw, S.E. (2010) Reaching the parts that other theories and methods can’t reach: How and why a policy-as-discourse approach can inform health-related policy, *Health*, 14(2): 196–212. doi: [10.1177/1363459309353295](https://doi.org/10.1177/1363459309353295)
- Smith, K. (2012) Fools, facilitators and flexians: academic identities in marketised environments, *Higher Education Quarterly*, 66(2): 155–73. doi: [10.1111/j.1468-2273.2012.00513.x](https://doi.org/10.1111/j.1468-2273.2012.00513.x)
- Smith, K. (2013) *Beyond Evidence Based Policy in Public Health: The Interplay of Ideas*, Basingstoke: Palgrave Macmillan.

- Stone, D.A. (1989) Causal stories and the formation of policy agendas, *Political Science Quarterly*, 104(2): 281–300. doi: [10.2307/2151585](https://doi.org/10.2307/2151585)
- Sunstein, C.R. and Thaler, R.H. (2009) *Nudge: Improving Decisions About Health, Wealth and Happiness*, London: Penguin.
- Theis, D.R.Z. and White, M. (2021) Is obesity policy in England fit for purpose? Analysis of government strategies and policies, 1992–2020, *The Milbank Quarterly*, 99(1): 126–70. doi: [10.1111/1468-0009.12498](https://doi.org/10.1111/1468-0009.12498)
- Voß, J.P. and Simons, A. (2014) Instrument constituencies and the supply side of policy innovation: the social life of emissions trading, *Environmental Politics*, 23(5): 735–54.
- Wagenaar, H. (2011) *Meaning in Action: Interpretation and Dialogue in Policy Analysis*, New York: Routledge.
- Whitehead, M. and Popay, J. (2010) Swimming upstream? Taking action on the social determinants of health inequalities, *Social Science & Medicine*, 71(7): 1234–36.
- Williams, O. and Fullagar, S. (2019) Lifestyle drift and the phenomenon of ‘citizen shift’ in contemporary UK health policy, *Sociology of Health & Illness*, 41(1): 20–35. doi: [10.1111/1467-9566.12783](https://doi.org/10.1111/1467-9566.12783)
- Woll, C. (2008) *Firm Interests: How Governments Shape Business Lobbying on Global Trade*, Ithaca, NY: Cornell University Press.
- Wood, M. (2015) Puzzling and powering in policy paradigm shifts: politicization, depoliticization and social learning, *Critical Policy Studies*, 9(1): 2–21. doi: [10.1080/19460171.2014.926825](https://doi.org/10.1080/19460171.2014.926825)
- Yanow, D. (1996) *How Does a Policy Mean?: Interpreting Policy and Organizational Actions*, Washington, DC: Georgetown University Press.
- Yanow, D. (2003) *Constructing Race and Ethnicity in America*, London: Routledge.