

Youth Select Committee

Oral evidence: Body Image

Friday 7 Jul 2017

Watch the meeting

Members present: Thomas Copeland (Chair); Becca Moore (Vice-Chair); Alizeh Abdul Rahman; Michael Bryan; Emma Curran; Oscar Daniel; Zacchaeus Hayward; Aisha Malik-Smith; Samuel Pidgeon; Alex Robertson; Yasmin-Jade Sides.

Questions 1-42

Witnesses

[I](#): **Dr Philippa Diedrichs**, Associate Professor, Centre for Appearance Research University of the West of England, **Professor Peter Fonagy**, Professor of Contemporary Psychoanalysis and Developmental Science, UCL, Chief Executive Officer, Anna Freud Centre, and NHS England Clinical Adviser, and **Professor Jessica Ringrose**, Professor of the Sociology of Gender and Education, UCL Institute of Education.

[II](#): **Shirley Cramer CBE**, CEO, Royal Society for Public Health, **Kate Dale**, Strategic Lead, Brand and Digital, Sport England, **Liam Preston**, Senior Parliamentary and Policy Officer, YMCA / Be Real Campaign, and **Elena Veris Reynolds**, Advocate, Girlguiding.



Examination of witnesses

Witnesses: Dr Phillippa Diedrichs, Professor Peter Fonagy and Professor Jessica Ringrose.

Q1 Chair: Good morning. I am Thomas Copeland, Chair of the Youth Select Committee. I welcome everyone to the first panel of the oral evidence sessions for our Committee's inquiry into body image. This topical issue was chosen by almost 1 million young people, who voted it as one of their top issues in the UK Youth Parliament's Make Your Mark ballot in 2016. The specific areas that we are planning to look into today are awareness, education, the services provided and, linked to that, the stigma around mental health and how we can reduce that stigma in relation to body image. We have received more than 70 pieces of submitted evidence, and we are really looking forward to hearing what you all have to say and how you can help us improve our report.

Can everyone please ensure that their mobile phones are on silent and that there is no video or photography taken during the session? The session is being recorded and will be available to view online via parliamentlive.tv. Please follow us on Twitter today using #youthselect to keep up to date with the panel and the discussions throughout the day.

Before we begin, I would like to thank all our witnesses for giving up their time to meet with us today, and I would like to invite you to introduce yourself and give a brief overview of your organisation.

Professor Fonagy: My name is Peter Fonagy. I am professor of clinical psychology at University College London. I am also chief executive of the Anna Freud Centre and national clinical adviser to NHS England on children and young people's mental health.

Dr Diedrichs: My name is Phillippa Diedrichs, I am an associate professor in appearance research at the Centre for Appearance Research at the University of the West of England. We are the world's largest concentrated group of researchers looking at body image and appearance psychology in the world.

Professor Ringrose: Hi, I am Professor Jessica Ringrose from the UCL Institute of Education. I study gender, sexuality, sexualisation and sexting—specifically looking at the youth use of social media and digital technology.

Q2 Chair: Thank you very much. To start off, could you give us a small comment on how big an issue you think body dissatisfaction is among young people in the UK—starting with Professor Fonagy?

Professor Fonagy: First of all, let me say how pleased I am to be here. I have been in front of you at previous Youth Select Committees and I thoroughly enjoyed it—it was about as testing as the other version. I am particularly interested in commenting on an issue that is, I believe, one of



the key issues at the moment facing children and young people in this country.

Body dissatisfaction has always been something that characterised particularly 11 to 15-year-olds, but really all individuals. I think it would not be unfair to say—although colleagues will comment on this—that over half of young people do experience body dissatisfaction to a certain point. The important issue for us at the moment is that there is a gender asymmetry about body dissatisfaction that has always existed, where after age 11 females or young women have greater dissatisfaction, but this is increasing—people disagree about exactly by how much, but there is no doubt that the trend is for it to increase. Again, this is happening against a context or background of mental health problems, unhappiness and general dissatisfaction with life—increasing also in young women, not in young men. So there is a parallel that points to a particular social problem or public health problem that we probably need to tackle.

Q3 Chair: Professor Diedrichs, would you similarly agree that this is an issue that there is increasing evidence for?

Dr Diedrichs: I think there has been evidence now for over two decades looking at the issue of body image, particularly among adolescents and more so among pre-adolescents and children. Typically, what the studies show—as has been alluded to before, the estimates vary—is that it is around 20% to 70%, depending on what study you look at and what assessment measure you use. Researchers since the late '80s have been calling this a normative discontent, where it is now the norm for young people in particular to be unhappy with the way their bodies look and how their bodies function.

A number of studies now—global studies as well as studies in the UK—point to typically at least a third of young people being unhappy with their bodies. We see higher rates for girls in particular. There was also a systematic review published last year of over 16 studies looking at children under the age of 11 and showing that in the vast majority of these studies, children even younger than six are experiencing these body image concerns now. We know it is an issue for children and an issue for boys and girls, but actually we also know it is an issue across the lifespan. What we are seeing is that people do not graduate from body image concerns; the concerns continue through their lives.

Chair: And a comment from Professor Ringrose as well.

Professor Ringrose: To echo my colleagues, I specialise in gender differences, and we can definitely see that these issues escalate among girls and young women at a particular age, especially around their desire to be active in sporting activities, increasing pressures around sexualisation and sexual maturity, and increasing sexism that they are experiencing in everyday life. We are seeing increasing levels of sexual harassment and issues that I study, such as rape culture, and these issues of escalating sexism obviously have huge impact psychologically and on



self-esteem and wellbeing. I am sure we will have opportunity to discuss some of those as we proceed today.

- Q4 **Chair:** Could I also have a comment, starting from my right as well, as to what you consider to be the comparison between young people in the UK and young people in other countries on the issue of body dissatisfaction?

Professor Fonagy: There are data on that. I think we are about 15th in the league table, so there are countries like Italy and Greece that have higher rates of dissatisfaction, but also many countries that have lower rates of body dissatisfaction. The interesting thing is that although we are a particularly rich country by comparison—a relatively wealthy country—that does not seem to protect our young people from body dissatisfaction. What discrepancies are associated with it are probably deeply culturally rooted, and I would not want to identify any kind of overarching principle that makes one country more vulnerable to this than others. I think a large combination of elements contributes to this, but the fact that we are better than South Korea does not reassure me.

Chair: And a brief comment on the same issue from Dr Diedrichs.

Dr Diedrichs: There are a couple of studies that have looked at the issue globally and compared countries, but actually there are few of them. In terms of the methodology and the rigour of those studies, I don't think we have a very good body of evidence to be able to say that we are worse off than other countries.

One of the other difficulties when you look at these cross-country assessments is the measures that get used to measure body dissatisfaction and body image concerns. A lot of the evidence has tended to come from Australia, the UK and north America, and some of western Europe as well where we have measures that have been rigorously validated and established. But in lots of other countries there is very little research going on, so it is very difficult to make those comparisons, because we still do not understand whether the concepts of body image are the same between countries. I would issue a word of caution when interpreting some of those cross-country statistics.

The other point to be made is that, where we stand, I think it is all comparative. Irrespective of where we stand, if we have a broad proportion of our population that is dissatisfied with this, it is an issue that requires addressing regardless of where we sit in a league table of countries.

Professor Ringrose: I am a sociologist and I deal with really in-depth, context-specific research. I have done research in the United Kingdom, Canada, the USA and with some Australian colleagues, but I would just like to echo that I think we need to be context-specific, culturally specific, and we need to be thinking about what diversity issues within any given context are leading to this, because there are certainly a lot of differentiated issues facing young people in the United Kingdom—let alone comparing us to other geographical contexts.



Q5 **Samuel Pidgeon:** Hi, I'm Sam. This question is directed to Professor Ringrose. How do characteristics such as gender, ethnicity and gender identity affect the likelihood of a young person suffering from poor body image?

Professor Ringrose: Once again, as a sociologist speaking very context-specific, I have done research on this issue in the United Kingdom and I have done some research in America, specifically in New York City. One of the things I have wanted to bring to light in the session is the issue of racism in terms of beauty norms. My research looks at norms of beauty and norms of sexuality and sexiness for girls and young women in particular. We see that these are highly racialised norms across the global beauty industry. We see all sorts of issues in terms of shadism and skin tone. We had research findings where young girls of colour were whitening out some of their images on social media to appear lighter. They were commenting on this practice in mainstream media and advertising: the constant "whitewashing", as they called it, even of celebrities who are not as white as they appear on the cover of a magazine. I feel it is really important that we think about how these types of pressures differentially affect different groups of young people and have very serious implications for racism in the context of the United Kingdom, but also, of course, America and Canada—the context that I am familiar with.

Q6 **Samuel Pidgeon:** Focusing on gender identity, what specific challenges do young transgender people face in relation to body image?

Professor Ringrose: Transgender is a very complicated issue right now: we are in this moment of gender revolution; many of you might have seen *National Geographic's* whole issue on the gender revolution.

Actually, I am currently working with some young trans people, and some of the challenges they are facing in school are profoundly difficult. Schooling usually and typically enforces a gender binary—girls' schools and boys' schools. I have been working in some girls' schools, so single-sex schools. What happens in a girls' school when you have a transgender young person who says, "I'm a boy."? I am working with some amazing schools that are adapting, but there are a lot of challenges around parents' views, the family, cultural norms and how the school policy addresses some of these important issues that are putting young people at harm and at risk, because they do not have a supportive environment at home or in school. There are really good schools out there that are doing amazing work. Of course, Stonewall is now really focusing on trans issues, so they have important educational tools out there that we can turn to.

Chair: Can we just encourage slightly briefer answers?

Professor Ringrose: I apologise.

Chair: No, no—that goes for all our panellists.

Q7 **Michael Bryan:** Thank you all for your insight. My name is Michael. As leading academics, having done myriad research, this is a question for you all, starting with Professor Ringrose. What are the most significant



HOUSE OF COMMONS

gaps in academic research around body image and young people?

Professor Ringrose: I'm going to turn that question to you, Professor Diedrichs, because I think that you probably know the gaps more clearly than I do.

Dr Diedrichs: Thank you; I have got a long list! As I said before, there is already a couple of decades of research into this issue, but historically the research has tended to focus on the problem—establishing how many people are affected and what are the core influences. It has come very much from a health perspective, and often from the field of eating disorders as well.

I think it would be really useful to have some research on body image dissatisfaction looking at not only its health implications and consequences, but how it can affect young people's relationships, their performance in education in school, as well as their agency and ability to speak out and engage with their community. If we want to get that on to the agenda at a national or global level, we need to be extending it beyond health. It is increasingly important that the research we do has some effective interventions that have been shown to work in schools, for example, but what we have less research on is how to get them out there on a broad scale and how to get members of the community involved to deliver those interventions. By doing that we will be able to achieve scale in putting those out there.

Importantly, I think we need more research on pre-adolescent children. Historically, we have focused on ages 11 to 14. We need better cross-country research and, finally, I think that we need to start to look at the positive aspects of things like social media and traditional media, and how they can have a positive influence, as opposed to a negative one.

Q8 **Michael Bryan:** Thank you. If you do not mind me asking, how can academic research be tailored to ethnic minorities, those with disabilities and other minorities?

Dr Diedrichs: Certainly. On the question of transgender young people, I came across a review that shows that there are 18 studies that have looked at it in terms of body image. Historically, I think that it depends on the type of research. As Jessica said, her research focuses on small groups and sometimes qualitative methods, and you will typically see more diversity in the groups that are represented there. However, we need more population-based studies and bigger studies, so that we can look at specific groups of people and see how those issues affect them, what is unique to them and what they need to be supported.

Michael Bryan: Thank you.

Professor Fonagy: If I could just add to what Phillippa was saying, although there are school-based studies that show an impact, I think that there is less evidence of how we can maintain and sustain that impact. Maybe earlier intervention will help, but in most areas it seems that the big challenge in these interventions is sustainability, because if a young



person sees 5,000 advertisements a day that push for something else, and if it is true that looking at a magazine is likely to decrease a young woman's self-esteem 80% of the time, then you are fighting a tsunami. I would very much agree with Jessica that we need a cultural change as well as these kinds of specific interventions—and if we do specific interventions, we need to focus on how we can make them last in the long term.

Q9 Alex Robertson: Hi, I am Alex. It is really great to have you here today. Aside from social media, which we will come on to in a moment, what do you think are the biggest influences on young people's body image in the UK?

Professor Ringrose: Advertising, as Peter just mentioned; corporate influences; the toy industry; these massive corporate entities that are influencing people's understanding of gender identity and what is pretty, cool or good. I would say that would be one of the massive influences and we need strategies to transform advertising and industry to have corporate responsibility. We were just discussing that earlier.

Dr Diedrichs: We have identified some key influences. We know that peers and friends can have an important influence, as can parents and family. We know that media can—as I said, we'll come on to social media, but traditional forms of media can, too. We also know that broader social and cultural norms around gender can, as well as industries that are profiting from this dissatisfaction and creating a culture that makes it very difficult to be accepting of your body.

We also know some psychological factors at the individual level can influence people's body image: how much they internalise or buy into the cultural ideas about what's considered beautiful and attractive, and the tendency we have to compare ourselves to others—people who compare themselves more are more likely to be dissatisfied. Then there are some more general factors like negative mood and tendencies towards perfectionism. Interestingly, one of the key and robust predictors is body mass index, or body size. But actually, I think when we consider that, we need to recognise that the culture and society we are living in, which doesn't value larger bodies—in particular for women—is probably driving that effect.

Professor Fonagy: I just want to underscore one aspect of what Phillippa said. Parents being involved in a young person's life turns out to be particularly important, not just in terms of driving forward a positive body image, but self-esteem and attitude towards school—a whole range of things.

What has happened, unfortunately, over the past decades—again, we're looking at several decades here, maybe four decades—is that there is increasingly less involvement of parents in the life of children and young people. It relates to social media because that is something that children and young people do on their own, for the most part, but that's not all.



HOUSE OF COMMONS

Since secondary education has become uniform, during adolescence there has been a real, substantial decline in the number of adults involved in the life of a young person. That lack of adult involvement actually makes young people, I think, much more vulnerable to social influence. I want to underscore that because that is something we can do something about: encourage parents to be more involved in the life of young people.

Q10 Emma Curran: Coming on to social media, what do you think both the positive and negative impacts of social media are on young people and the issue of body image? Professor Ringrose, do you want to start?

Professor Ringrose: Well, that's a big one. I deal with schools, and I think one of the problems that we see in schools is that schools do treat social media largely as negative. Now, this actually relates to social class; your previous point, Peter, relates to class, too. If I could just mention that I think with parenting, there are some types of very intensive parenting—when you have more resources—and then with more marginalised or disadvantaged young people, perhaps there are less resources invested in terms of parental time and so on. I just wanted to make a side note.

Social media also, I think, relate to these issues of background and which children in which schools. We find that in less privileged schools, where there's more of an emphasis on just getting the children to achieve and get through their grades, we see the banning of mobile technology, for example, because mobile technology is seen as a distraction or a risk.

I have been working really hard to help schools understand that social media can be a very positive learning influence. A lot of young people think that social media are their lifeline, really, to what they need to know, whether that be news or learning about different identity issues. If they're not getting high-quality sex education, for example, maybe they're learning about things online.

I think it's a very complicated question that you're asking, but I think that what we need to be doing is finding positive resources on social media rather than demonising the technology. The technology is just a conduit for existing cultural norms, so we need to challenge things like sexism and poor body image in the wider culture, not demonising the technology as the cause of the problem.

Dr Diedrichs: There have actually been over 20 studies done on the impact of social media on body image, and typically most of them are correlations—so they just show an association. It shows that more social media usage is associated with more negative body image; but in terms of which causes which, we don't really know. There are a couple of experimental studies showing that looking at Facebook for 10 minutes can increase dissatisfaction with some aspects of appearance and lead to a more negative mood.

The research also tends to suggest that particular activities on social media might be really potent. That could be image-based activities:



HOUSE OF COMMONS

uploading, sharing or looking at images, as well as seeking validation and feedback from others from social media. We have much less research looking at the positive aspects. I agree with Jessica that there is actually lots of power in social media and lots of positive potential. We now have consumers taking the lead with creating media. There is the potential to see more diversity. We have seen that with the rise of some social media influences—for example, plus-size fashion bloggers and other people who might have been marginalised and are not represented in mainstream media. Also, everybody has a tool for social activism in their back pocket when they have a mobile phone. Through Twitter and other forms of social media you can call out companies, publishers or other businesses that you don't agree with and have a dialogue with them, which we previously did not have.

We are starting to do some research at the Centre for Appearance Research, looking at what impact really simple things on social media—such as following Facebook pages, Instagram accounts or Snapchat accounts that actually promote body-acceptance and body-positivity—can have as well. But we don't know so much about how this kind of causal relationship is going on.

Professor Fonagy: I agree with everything that Jessica and Phillippa have said. One aspect that I think is really important and perhaps unique. There has always been presentations of ideal body shape from celebrities that have influenced young people. I think what may be a difference is that when that image comes from a friend, as opposed to just from a news media or news outlet, it may have a bigger influence. So whereas you can set aside the image of someone you admire if you just see it in a magazine, if it comes from someone you really trust, it has a bigger impact on you. So I think that social media—because they tie in to the intimacy of social relationships—make any communication more powerful than a mass communication. So when the individual communication is towards something that is unhelpful, it will have more of a toxic effect. By the same token, if that communication could somehow be socially engineered to be more positive, it would have more of a positive effect.

Emma Curran: Thank you.

Q11 **Becca Moore:** Hi, I am Becca, Vice-Chair of the Youth Select Committee. Professor Ringrose, you mentioned in your little introduction that you have done a lot of research into sexting. What do you think the connection is between sexting and body-confidence?

Professor Ringrose: That's a complicated issue. I have given some thought to that. I would like to say first off that sexting—the sharing of sexually explicit content through digital media—is not problematic in and of itself. There are all forms of consensual sexting. The issue is legality: passing around an image of anyone under 18 years of age is actually illegal and young people need to understand that law in order to protect themselves.



HOUSE OF COMMONS

I think that there is a lot of pressure around sending images of your body as part of new dating rituals, as part of the intimacies that Professor Fonagy mentioned. There are new types of pressures, which never existed before, upon young people to make images and send images, almost as a display of love and affection, or what have you. The problem is what happens to those images. That is a problem of a sexist culture where you will see that boys are treating images as a form of currency, perhaps. When they have images, they may want to share those images as an esteem thing for themselves: "Oh look, I'm popular or desirable because someone has sent me this image." That is where the coercive non-consensual element comes in, when those images are passed around without the consent of the young person involved.

However, there is an issue with some of the resources that educators are using. For example, there is a CEOP film called "Exposed" that is very problematic, because it blames girls and young women for taking the image, rather than the social practices that make it okay to pass around an image without the consent of other people. So the legal specificities of this and the overarching sexual or sexist culture need to be unpacked as part of PSHE in school. We need to have this as part of what kids are taught about how to manage these pressures. We cannot bury our heads, because these things are going to be happening; we have to give them the tools to know how to handle the pressures if and when they come up in their lives.

Q12 **Becca Moore:** Do you think that teachers and parents—the adult figures around young people—have the skills and confidence to deal effectively with issues about sexting?

Professor Ringrose: That will hopefully be addressed by the fact that sex education has been made compulsory, just very recently. I cannot underscore enough how important it is as a cultural shift for schools to prioritise compulsory sex education that deals with technology, because they previously haven't. We really have to get technology, pornography, all these issues into the school curriculum so that educators know how best to tackle them. That is not a high enough priority in schooling. We do not have enough teacher education on these issues. Teachers may not feel comfortable with them. They are buying in a lot of external services to deal with the issues. Every teacher needs to be upskilled in how to deal with this issue when it happens, because it does happen in every single school context.

I know more about teachers' ability to deal with this, and it is much too low at present. Of course parents need to be upskilled as well, but perhaps my colleagues can say more about parenting.

Professor Fonagy: I would very strongly affirm what Jessica said about the need for appropriate education of teachers, of adults really, in relation to adolescent sexuality. Some kind of memory loss seems to happen at age 18: people somehow forget what it was like and have all kinds of fantasies about what it was like, as opposed to the reality of it. I say that slightly in jest, but I would say that parents should be supported more



strongly in this area. Parents get support in other areas of communication with young people; there is very little support out about how you communicate about sexuality.

Let me give you what seems to be a completely irrelevant little factlet, although it does indicate that this is something that we need to look at. When mums look at babies, they reflect any emotion that the baby displays. When the baby smiles, they smile back, and when the baby cries, they make a sad face; every emotion is reflected. When a baby shows sexual interest—a male baby by an erection, or a female baby might be touching her genitalia—they turn away. What I am getting at is that the parents' tendency to turn away from a child's sexuality goes back a long way. And it really needs something pretty significant, parents will probably need quite a lot of support to help their children deal with the kind of difficulties and challenges that they face.

- Q13 **Aisha Malik-Smith:** Hi, I am Aisha. It is wonderful to have you all here. Professor Fonagy, to what extent would you say that the increase in mental ill health among young people is linked to increasing body image issues?

Professor Fonagy: That is a very nice question and one that I was anticipating. There are two longitudinal studies that bear on this, and both are quite interesting. You need to do a longitudinal study, because if you do it cross-sectionally, you will obviously show that someone who is unhappy will be unhappy about their body as well. There is one rather nice four-year study with over 1,000 teenagers that shows that dissatisfaction with the individual's body increases the likelihood of depression over a four-year period. Whether that body dissatisfaction is an early indication of someone's propensity to become depressed we do not know, but the association with depression is clear. A similar kind of fact applies to eating disorders, which is perhaps less surprising.

There are interesting associations. Although, as I say, body dissatisfaction and the ideal of a thin body is very general and probably does not identify people who are likely to develop an eating disorder, interestingly, if you think you can achieve thinness at no cost, with no downsides—that it is easy, or there is only good associated with it—you are more vulnerable. So 25% of those who have that attitude develop an eating disorder, versus 6% of those who think that thinness is something that you need work hard at and that involves exercise and all kinds of other things.

- Q14 **Aisha Malik-Smith:** Following on from that, do you feel that body image issues are taken seriously enough as an indicator of poor mental health, and are unhealthy practices such as substance abuse linked to poor body image in young people?

Professor Fonagy: That is quite a complicated question. Are we taking it seriously enough? I would agree very much with Phillippa, and also with Jessica implicitly, that to treat it uniquely as a health issue is probably inaccurate, and probably is no more accurate than treating my hair loss as



HOUSE OF COMMONS

a health issue. It kind of is and kind of isn't. It is just the way people are and the way society is.

The important aspect is that we do have effective ways of improving an individual's body image that are known to reduce their likelihood of developing eating disorders. For example, there is a therapy called dissonance therapy where you are shown an image of a very thin ideal body shape—a person with an ideal body—and you are asked to write down all the things that are wrong with that image and all the bad things about it. This seems to help particularly those people who have the attitude that there is no cost to such a body, to develop a kind of resilience to it. So there are things that we probably can do about it. There are other things I could mention as well. We could do more, but I feel it is much more appropriately treated as a social issue that affects all of us rather than as an individual issue with a particular young person.

Dr Diedrichs: Could I briefly add to the answer about the relationship between body image and mental health and whether it is taken seriously or not? Peter has alluded to the longitudinal studies. There are more than just two. There are quite a few of them now that have followed young people over up to five years, which have shown that body image predicts negative mood and depression as well as anxiety. It can also predict other health behaviours like fruit and vegetable consumption, or over-exercising or not exercising much at all. We also know it is related to smoking initiation—so starting to smoke—or having difficulty quitting. We know that body dissatisfaction is associated with risky sexual behaviours. That has been shown in some longitudinal studies as well. It is related to not engaging in safe sex practices.

As Peter has alluded to, body dissatisfaction is the most potent risk factor that we know of for some eating disorders: not all, not anorexia, but bulimia nervosa and binge-eating disorder. It is a really important mental health issue, and I don't think it is taken seriously enough. One of the most common questions I get asked is: isn't this just an issue for young people? I will let you unpack the patronising nature of that question, because even if it was, I don't think that means it is not important.

We also know that it impacts on education. Young people will not turn up to school or put their hands up in the classroom on days when they are unhappy with how they look. We know from studies around the world that when young women think they are overweight or have a large body, irrespective of their actual body weight, they achieve poorer grades. We know that it affects their aspirations for what they would like to go on to do in further education.

Emerging research suggests that when girls in particular have low body satisfaction and experience objectification and other things, they are less likely to speak up and challenge social issues. I would like to underscore that the evidence strongly suggests that this is an important mental health issue, but it is also a social justice issue and a gender issue that we need to address on a broad scale.



HOUSE OF COMMONS

Q15 **Zacchaeus Hayward:** Hello, I am Zacchaeus. Thank you all for coming today. This question is addressed to Dr Diedrichs. You have been involved in creating programmes that encourage positive body image. How important would you say such programmes are in tackling body dissatisfaction?

Dr Diedrichs: They are very important. Ultimately, we need a multi-level approach. I started off in my research by looking at the impact of media and broader society on body image, which is really important. We need to be challenging businesses and media, as well as Government, to take this issue seriously and see how what they are creating and perpetuating has an impact.

In terms of programmes that might exist in schools or youth groups, there is about 20 years of research that has investigated those types of programme. What we saw from the first decade of research was essentially what does not work. There are a lot of common-sense approaches, like getting guest speakers in to share their experiences or just talk about the issue in general, which may seem at face value to have an impact, but the research shows that it is not effective and, in some cases, can cause harm.

This is really important, because increasingly, as there is more momentum and attention brought to this issue, we are seeing schools and community organisations interested in doing something about it. It is critical that when they do something about it, they use evidence-based approaches that have been tested in rigorous research and developed in partnership with students, teachers and adults to make sure they work. There are a lot of programmes in schools in the UK at the moment that have not been tested. That means we do not know if they are actually having a positive impact; we don't know if they are causing harm, and it is a potential waste of resources.

There are evidence-based, effective resources that exist. They typically are multi-session classroom-based lessons that teachers can deliver if they have sufficient training. On Peter's point about how long those effects are maintained, we have evidence that five 45-minute sessions can have positive impacts up to six months to two years later. There is evidence that smaller group sessions, like the cognitive dissonance approach that Peter alluded to, can have an impact up to three years later. There are effective programmes, but we need to be careful to make sure that evidence-based programmes are getting used and recommended.

Q16 **Zacchaeus Hayward:** Are programmes typically aimed at specific groups?

Dr Diedrichs: Some programmes are aimed at specific groups. A lot of the research has historically focused on girls and young women, because the research shows that they are disproportionately affected by these issues, but we know that boys and a wide variety of people are affected by these issues. I deliver some programmes to whole groups of young people, irrespective of the make-up of the classroom.



HOUSE OF COMMONS

It is really important that the programmes have not only been tested but are interactive. We need to make sure that young people have a role and participate in the programme. That means the programme can be tailored to their particular needs and suit the needs of groups better.

Q17 **Zacchaeus Hayward:** How could these programmes generally be improved upon?

Dr Diedrichs: As I alluded to before, a number of programmes have been shown to be effective. We need to look now at how we get them out there and make sure they are being used. There is a really popular saying in the field of mental health more broadly, that there will never be enough mental health professionals to go into schools or into the community to fix all the problems. We really need to enlist the help of teachers, youth leaders and, in some cases, peers. We have programmes where we train university students to deliver to other students, which is shown to be effective. We need to focus on training and upskilling people to deliver these interventions, rather than relying on psychologists, researchers or other so-called experts to deliver them.

Q18 **Michael Bryan:** Professor Ringrose, you mentioned RSE and PSHE and alluded to the role of schools. I am curious to know from you, as a sociologist, what are the main barriers stopping schools from implementing these measures now?

Professor Ringrose: Lack of resources, teaching to the test, pressures around testing and achievement—this actually relates to what Phillippa has just been saying. We are so focused on the cerebral, and we are talking about the body here, right?

Another thing is, some of these programmes seem like they are teaching a lesson about this, but how do we ensure there are the resources for young people to be more involved in sporting activities, or dance, or other things where they can be empowered through their body—their physicality—so that we can overcome this horrible, sexist situation where girls are embarrassed about their bodies? They do not want to move—they are worried about being sweaty—and they are worried about how they look. They are more worried about themselves as an object to be looked at instead of an object that is out in the world, acting.

I feel like we need more emphasis on the physical and more resources for schools. We are seeing that PSHE and even sporting activities are being reduced. Especially in the underprivileged, marginalised communities, there are less and less resources for schools. So really we need wide-scale Government change. We need more resources for what used to be normal in schools—more extracurricular activities—and for it to be built into the formal curriculum as well.

I want to add one more thing, going back to the brain and the body really. I have been doing a lot of work with schools around feminist groups in schools—empowerment groups and activist groups—and we need to be enabling and empowering young people to follow on and be active. Young people know these challenges, as you know. They want to be able to act



on them, and we need to be giving them space to be doing that type of thing in school, both in the formal curriculum but also by giving them space and support throughout the school day—and beyond that, of course.

- Q19 **Michael Bryan:** Within that, in March the Government announced that RSE would be compulsory from primary school. How can body image fit into that curriculum? What evidence is there for the effectiveness of that—I mean guest speakers and their questionable effect—in promoting positive body image?

Professor Ringrose: Phillipa knows more about the effectiveness of things, whereas I study what is actually happening on the ground. I think that having this as a compulsory subject is absolutely crucial, as I alluded to before. Body image comes into sexuality education so, so, so strongly. We need to be prioritising girls' empowerment around their desire, around their bodies. This relates back to sexuality in general. A lot of times, girls do not know a lot about their physiology. So sex education really needs to be starting from the ground up at very early ages, and working on all people's sense of empowerment around their bodies, their physicality and that healthy relationship and mutual respect aspect which I alluded to before. I will turn it to Phillipa in terms of effectiveness and what works and what does not. I am sure she has insight on that.

Dr Diedrichs: One of the big barriers to pick up on is when PSHE is not mandatory in schools and is optional—it is a really big problem and speaks to how mental health and wellbeing in personal and social issues are prioritised in school settings. The thing about body image lessons, though, is that they can be implemented across the curriculum—think about the issue's relation to media studies, to PE, to health, to social studies and society more broadly.

In terms of what is effective, programmes in schools are multiple lessons—typically at least four to six hours' worth. So they are often spread out over five lessons, which is a challenge for some schools because they have got crowded curriculums, but you need five sessions if you want to have a sustained impact. Just going in and doing a one-off lesson does not work at all.

Unfortunately, we do not have a magic bullet. We need interactive programmes, not just teaching at students. The effective programmes tend to have an element of media literacy, helping young people to deconstruct and critique media images—both traditional media and social media—as well as focusing on peer relationships and how teasing and bullying, as well as the everyday conversations we have about the way we look and how making subtle comments like, "You look great—have you lost weight?" and, "She is way too fat to be wearing that dress", can perpetuate the problem. It is also about broader body acceptance and going towards what Jessica was talking about before: focusing on activities and what your body can do rather than just focusing on what it looks like.

Trained providers are important. We know that when teachers are given support and training, which does not have to be really in-depth—when



they are given quality materials to use and a bit of support and guidance—they can also deliver these programmes effectively. You do not need to rely on external people coming in to deliver them, or having lots of resource. The resource that is really required is time and access to those evidence-based resources.

- Q20 **Yasmin-Jade Sides:** My name is Yasmin. Thanks all for coming. I am going to direct this to Professor Fonagy. We received evidence suggesting that there is limited training or advice for health professionals on dealing with body image concerns at the sub-clinical level. Given the importance of early intervention in this area, do you think that is acceptable, and how better can staff be supported?

Professor Fonagy: As I said, there are various levels at which you need to look at this. There are individuals who have already developed a mental health problem that has a body image aspect to it. There is an aspect that most of us are talking about at the minute is how you can prevent mental health problems from developing and how we should make sure that teachers, parents and peers are trained in order not to create the problem in the first place, or at least to mitigate it once it has arisen.

I believe this has three levels. Just putting it on to professionals, as Phillippa was saying, will never be able to adequately address it. There are 25,000 schools in this country, in England alone. That is a very large number. If they each had a psychologist, that would be a lot of psychologists. It really does require something that is integrated into the teacher training curriculum, and also the training of primary care physicians, nurses and all those who work with young people, in order for them to be aware of these issues and to help them. For me, it is as much to do with things not to do as with things to do. A greater awareness of stopping people doing harm will actually do a hell of a lot of good.

I do believe that young people these days are more vulnerable to social influence because of much more limited access to interpersonal influences that are not mediated by social and mass media.

- Q21 **Yasmin-Jade Sides:** How can we ensure that body dissatisfaction is recognised as a genuine issue for young people?

Professor Fonagy: How you can ensure it is an interesting question. You are making a hell of a good stab at it right now. It is very important that the kind of research that Phillippa, Jessica and, to a lesser extent, I do gets prominence, because there is both an identification of the level of the problem and the need and some aspects of the solution. For that to be part of the training of professionals in both education and healthcare, and also in social care, is really important.

I do not want to lose sight of one other thing. I do not want to let you guys off scot-free here. There is a hell of a lot of evidence that suggests that the absence of peer support makes an individual more vulnerable to this. There is a hell of a lot that young people can do themselves, when they identify a young person who is isolated, to offer support and identify the reasons for it. Schools, as well as other young persons, differ in terms



of the culture of the extent to which they show empathy, emotion regulation and other aspects of resilience, which is ultimately what is needed in order to prevent this from becoming a very large problem.

- Q22 **Oscar Daniel:** Hi, I'm Oscar. Thanks for coming. This is for you again, Professor Fonagy. How easily can young people suffering from mental ill health and body dissatisfaction access mental health services to support them?

Professor Fonagy: Let me sound slightly like a broken record. Let me be clear about one thing—Phillippa said this more eloquently than I possibly could—this is not a mental health problem; it is a lifelong problem for all of us. If I look at myself in the mirror and I see my stomach reaching to places I don't think it should reach to, I have a body image problem. It is not restricted, in any sense, to young people. It stays with them. I think the phrase she used was that one doesn't graduate from these problems. It is really important that we recognise that this is a public health problem that should be dealt with at a public health level and in the social context in which young people live these days.

I feel very strongly that, very differently from my own childhood, young people nowadays carry a far greater responsibility than I had to carry, in terms of my life course. My life course was far more set out and determined, and I didn't feel personally responsible for it. I actually had far more authority over my life than young people do these days. That combination of having to take responsibility without authority makes young people very vulnerable to social influences that are sub-optimal or not ideal. I am sure Jessica, in particular, will have something to say about that side—the social context.

Professor Ringrose: I agree that it is a public health issue, which is why I am so excited that we hopefully have an opportunity with the new relationship education. Body image is coming in as a really integral part of that, and as part of a connected idea about sexuality, empowerment, body, self-esteem and wellbeing. Hopefully if we can make schools realise the importance of that wellbeing issue more strongly, they won't be so focused just on academic outputs and will realise the absolute criticality of having wellbeing to enable people to be academically successful in the first place.

- Q23 **Chair:** Dr Diedrichs, do you personally find that there is a contradiction between body acceptance campaigns and campaigns aimed at tackling issues like obesity? Where should the balance lie between those two things?

Dr Diedrichs: That is an excellent question. One of the really common questions I get asked wherever I go to speak is, "Aren't you worried that if you promote body image and get people to accept their bodies, we are going to have a massive obesity problem? Nobody's ever going to exercise again or eat a piece of fruit." Actually, as I alluded to earlier, the evidence shows that when people have a positive body image, they are much more likely to eat fruit and vegetables, to have a balanced and healthy



HOUSE OF COMMONS

relationship with food, and to engage in amounts of exercise that are pleasurable, appropriate and healthy.

I really struggle with some of the messaging that comes through in obesity prevention and health programmes that very much focuses on weight and appearance as an indicator of health. Actually, at the crux of those campaigns, there is this idea of focusing on health behaviours. What we can do is to focus on health behaviours like eating, exercising, getting enough sleep and taking good care of your body without focusing on weight and appearance. By focusing on those behaviours, as opposed to weight and appearance, you are focusing on messages that are relevant across the population. You are also avoiding potentially stigmatising certain groups of people and perpetuating some of the problems we have in society, such as the idea that what we look like is an indicator of our status, our success and our beauty, as well as our health.

If it is about promoting health, those two fields aren't in conflict at all, but we need to think carefully about the messaging. In schools, while we have positive body image programmes, we probably also have programmes that are about healthy eating and exercise. We need to think about how those are communicated as well.

Q24 Chair: Thank you very much. We are going to move on to our final question to the three of you. Very briefly, if you could suggest one recommendation for us to put in our report to the Government on the issue of body image, what would it be?

Professor Fonagy: If I had just one recommendation, it would be for more extensive use of evidence-based and probably internet-based support for parents to help young women in particular with body image problems. There is a well-established site, the Dove Self-Esteem Project, which has been evaluated. It exists in eight languages and is accessed by 60,000 parents a day across different countries. It is a very powerful website. I had a look at it. It identifies a programme for parents to go through with their child and shows just how much they can do, in two ways. The first is promoting a positive body image and a positive approach to one's body. Probably equally importantly, it also shows them how they can avoid giving those wicked compliments that actually cause more harm than good. If you recommended that that should be accessible, available and promoted appropriately, and that parenting should become more of a public health issue across the board, I would be very happy.

Dr Diedrichs: In addition to promoting evidence-based resources for schools, teachers, youth mentors and young people themselves, what I would like to see the Government do is really engage with businesses and corporate society to see how they can be part of the solution as opposed to part of the problem. Over the years, the Government have engaged in a lot of roundtable discussions with businesses and different organisations about these issues, but we need to move towards some action on how businesses can come on board, act responsibly and be part of promoting positive body image as opposed to creating pressures.



Professor Ringrose: I want you to put heavy pressure on the Government to help schools prioritise the wellbeing of young people and prioritise young people's rights, so that they can participate and their activism and their own agendas come more to the forefront. Now that we have compulsory SRE, we need to be pushing how schools can prioritise young people's wellbeing, but the Government have to set up a situation where that is possible and schools have the resources to do it. Of course, that relates to teacher education. The Government should also be prioritising body image, as it relates to all the other issues we have been discussing, as a central issue for education all the way through every level. That is what I would really like you to press for: more resources for schools so they are actually able to effectively tackle this issue.

Chair: Thank you very much. I thank all our witnesses for giving up their time to speak to us.

Examination of witnesses

Witnesses: Shirley Cramer CBE, Kate Dale, Liam Preston and Elena Veris Reynolds.

Q25 **Chair:** My name is Thomas Copeland. I am Chair of the Youth Select Committee and I welcome all of our witnesses here today for the second panel of the oral evidence sessions in the Committee's inquiry into body image. Please could everyone ensure that they have their mobile phone switched to silent and that there is no video or photography taken during the session? The session is being recorded and will be available to view online at parliamentlive.tv. You can follow us today on #youthselect.

Before I begin, I would like to thank all of our witnesses for giving up their time today. Could you please introduce yourselves, starting from my right?

Kate Dale: I am Kate Dale. I run the This Girl Can campaign on behalf of Sport England.

Liam Preston: My name is Liam Preston. I am press and public affairs manager for YMCA England & Wales and the head of the Be Real campaign.

Shirley Cramer: My name is Shirley Cramer. I am chief executive at the Royal Society for Public Health.

Elena Veris Reynolds: My name is Elena Veris Reynolds and I am a 17-year-old Girlguiding member who sits on the national youth panel, Advocate.

Q26 **Alizeh Abdul Rahman:** Hello, I am Alizeh. Welcome to you all. A number of you have been involved in research into body image. What have been your main findings?



HOUSE OF COMMONS

Shirley Cramer: I can start on our recent report. We did some research in the spring, which was launched last month in a report called “#StatusOfMind”. It looked at the effect of social media on young people’s mental health. The reason we launched the campaign and did the research was that we were coming across an increasing number of studies that indicated that social media was having a very negative effect on young people’s mental health.

The report covered two areas: the negative impact of social media, but also the positive impact, because we wanted to provide a really balanced approach, as the start of a dialogue about social media and mental health.

We did a survey of 1,500 young people aged between 14 and 24. We asked them a range of 14 questions that we had put together through experts in public health and young people themselves—we had sort of tested the questions. Half were about the positive aspects and half were about the negative.

We looked at several areas on the negative side. You will not be surprised to hear—you have probably heard it already—that mental health issues, including sleep issues, anxiety and depression, have grown 70% in the last 20 years among young people. That was a big concern.

We looked at cyber-bullying and fear of missing out, which is something that young people told us they cared about, as well as body image, so that was one of the negative features that they told us about. The positive side was about self-expression, self-identity and being able to find information online, particularly on places like YouTube.

We asked respondents to the survey to rate each social media platform on its effect on their public health—whether it was positive or negative. You will probably not be surprised to hear that it was body image that pushed Instagram to being the most negative platform for the mental health of young people. The reason given distinctly in the report was that it is photographic, so it is about the images. Our research revealed that any social media platform showing images was more negative. The one that rated best was YouTube. That was related to the fact that you could get more information, there was more of an interrelationship and the information was more positive, according to the young people.

This was fairly recent information that we put out to the media. One thing I will say about that, which might be interesting to you, is that we were surprised not just about how much media we got for the “#StatusOfMind” report, because people are really interested in the issue, but how much global interest there was. It tells us that this is not just a UK issue; the issue of social media and mental health—particularly body image—is actually a global phenomenon.

Kate Dale: When we put together This Girl Can, which was a behaviour change campaign to get more women and girls more active, one of the early pieces of insight that we found was that the way girls and women felt about the way they looked and their body image was one of the



barriers that stopped them getting involved. Part of that was because they were not seeing images of women and girls who looked like them taking part and being active. That was having a detrimental effect on their ability to join in, because there just were not that many images out there. So with This Girl Can, one of the big things that we have tried to do is make sure that there is a much more diverse range of images across all media, particularly social media, to show a wider version of what girls—we are particularly talking about girls—look like.

Liam Preston: Thank you for inviting me here today to speak. As a former board member, chair and young person, it is nice to come full circle and be back here talking to you, so it is a real privilege for me and for the campaign.

We launched our “Somebody Like Me” research in January this year, which asked 11 to 16-year-olds what their views on body image were. Before we did any work on it, we thought it was essential to get the views of young people. Four fifths said that they felt the way they look was important, and 52%—over half the young people we spoke to—said that they often worried about how they looked. A third of them said that they do whatever it takes to look good. If there was ever any doubt that young people are worried about the way they look—that it is something that constantly preys on their mind—there is a raft of research out there, including our own, that confirms it.

What I think is important is that we cover the number of different pressures that are placed on young people. That certainly comes through in our report and our research: there are lots of different aspects that contribute to young people’s negative and low body image. It is not just the pressures on social media, but the pressures from their peers, their family and the media in general. That is what the focus of our research has really pushed into the light.

Elena Veris Reynolds: Thank you for having me here today. At Girlguiding, we carry out a survey every year called the Girls’ Attitudes Survey, in which we survey girls from different backgrounds and from all over the country on their attitudes to several different things. Over several years, we have looked into body image and mental health, and how much of an issue it is. We found that it is a very big issue for young girls: 51% of 11 to 16-year-olds and 59% of 17 to 21-year olds feel that they should lose weight. Even more than that feel that they need to be perfect.

Another really key thing that we have been looking at through the survey is the pressures—why they happen and what puts those pressures on girls. We found that it is also a gendered issue. For example, 75% of girls say that women are judged more on their appearance than on their ability.

Q27 **Alizeh Abdul Rahman:** This is, again, directed to all of you. Are negative body issues among young people in the UK becoming more serious?



HOUSE OF COMMONS

Kate Dale: I don't have any comparative data on body image; I am sure my colleagues do. I think one of the positive aspects is that it is being talked about more. It is hard to know whether it is becoming more serious or whether we are recognising it more. It is a good thing that we are recognising it more, but obviously it is not good that it is there. The fact that we are recognising it gives us more of an ability to challenge it and start putting something out there. It is certainly something that we are much more aware of.

Liam Preston: Having sat through the previous session, I have the luxury of saying, "I know it is, because all the academics said it was." From all our evidence and research and all the conversations we have with young people, we know this is becoming more of an issue. Surveys that are done around the prevalence of body image and how it affects young people and the fact that we are having this conversation today are recognition that it is becoming a more serious issue for young people. The pressures are coming from different areas than they were 10, 15 or 20 years ago.

Shirley Cramer: I agree with the previous two speakers on that. It is clear from the statistics on mental wellbeing and mental health in young people that it has grown 70% in 20 years. That is a huge issue. The growth in eating disorders and other issues around body image is well evidenced. One of the stats in one of the recent studies is that 70% of 18 to 24-year-olds have considered cosmetic surgery. That is a pretty awful statistic. The fact that people would even consider that at such a young age, or at all, shows how serious things have become. The evidence is creeping up that it is related to anxiety and depression. I am sure you heard that earlier in the session, but it is something we are becoming more aware of. It is great that you are discussing this issue today and ensuring that you are covering all the bases. There certainly needs to be more awareness among people who work with young people and parents. A whole raft of public awareness is needed in this area, and I think you can help to bring that to bear.

Elena Veris Reynolds: I totally agree with everything that has been said already. I just want to add that, because the girls' attitudes survey is carried out every year, it enables us to see how things change and how the shifts happen. We have found that, recently, body confidence has got worse, basically. In girls aged seven to 21, those who are happy with how they look has fallen from 73% in 2011 to 61% in 2016. That is quite a large decrease, if you think about it.

Q28 **Becca Moore:** Thank you very much. I'm Becca, the vice-Chair of the Youth Select Committee. We have been looking at your initiatives. In particular, why did you choose your particular approach to the initiatives, and how are you measuring their impact on the body image of young people?

Kate Dale: This Girl Can came out of a very stark statistic that there was a big gap between women and men aged 14 and over in terms of regular participation. At its highest, 2 million more boys and men were regularly active than girls and women. We know that there is a big drop-off with



HOUSE OF COMMONS

women as we leave school. Participation rates are not too dissimilar while we are at school, but when we leave, girls stop taking part.

At Sport England, we have invested in projects over the years to tackle that. They were successful, but they were not really getting into that big figure. We started looking at what was going on. We started looking at the emotional values that were getting in the way of women and girls taking part in sport, and that is where This Girl Can came from. It is far more around trying to tap into what was going on inside our heads that was getting in our way, rather than looking at practical things, such as having somewhere to go. For the images, we street-cast women and girls who were doing sports and activities that they did not normally do. We do not do any airbrushing; we show them looking as fabulous as they are without any adjustments or pretending that we have to look like some fake image of perfection. That has been one of the real drivers of success.

In terms of measuring the success of the campaign, it has got 2.8 million women and girls taking action and being more active. We have a vigorous monitoring and evaluation programme that looks not only at how active women and girls are on a regular basis, but at the attitudes beneath and how comfortable they are feeling about taking part in sport and how much they recognise women and girls like them getting active as well. All those things have shown increases.

Q29 Becca Moore: Do you think there is a link between better body image and an increased engagement in sports?

Kate Dale: I think that when you start getting active or playing sport it can change the relationship that you have with your body, because you start to think about what it can do, rather than more subjective measures of what it looks like, or what you feel it should look like. Also, when you feel more comfortable getting red-faced, getting sweaty, when you are not worried about whether you jiggle or not and all the things that we have brought to life with This Girl Can, it is one less reason not to get involved, so yes, I think it can.

Liam Preston: For us, for the Be Real campaign, I think we didn't want to recreate the wheel. We knew there were lots of resources out there that schools can access, but I think one of the problems with trying to teach body confidence in school is it can't be 30 minutes in a PSHE lesson once a year, because you just don't have the right amount of impact on that and you are not able to really get to the core of what the issues are that young people are facing.

What we felt was important, after we had spoken to the 500 teachers, and 1,000 young people, was to have an overarching approach—to take a whole-school approach to how we tackle body confidence. We knew that some teachers didn't feel confident about their own bodies and were unsure how they could teach body confidence themselves. So in our body confidence campaign toolkit for schools what we did was create a way to take body image right the way through school, whether that starts off in the staff room, giving presentations on how teachers can get other



HOUSE OF COMMONS

teachers on board, to how they can map the progress of their school. We also said that we didn't just want it to be in PSHE. We felt that, in photography, for example, you could talk around body image about how you use lighting; in history you could talk about how fashion has changed over the years to accentuate different parts of the body. If it was biology it could be around nutrition.

There are lots of different ways that you can teach body confidence; and our research said that it had to be in a peer-to-peer format, because when they were looking for someone to talk to it was friends that they wanted to go to. We also knew that friends were one of the biggest contributors to low body image as well. So our toolkit was around ensuring that teachers felt confident in teaching body confidence, but also around having a campaign that students could run in their own schools to make themselves feel confident about their bodies. That is what we delivered with our campaign toolkit—and that went to every secondary school in the country. All the research that we have done since with the schools has come back saying it has been glowing, and a really positive effect for both the teachers and also for the students as well.

- Q30 **Becca Moore:** So a more cross-curricular approach, rather than just PSHE, is what you are saying. **Liam Preston:** I do think that is the right approach to take. There are different ways you can introduce it. If you don't take a whole-school approach—we also sent letters to parents. There is a model parent letter, a model letter to governors, so that at every age of the academic journey that students will take all the different influences will be involved—their peers, the staffroom, the head teacher, the governors and the parents. Unless you get everybody on board it isn't going to be something that people will want to invest their time and energy in doing outside of all the other really challenging issues that teachers have to face.

Chair: We really appreciate everything you are saying, but I would ask you to be a little more concise, because we are a bit under time constraint—to make sure we get everything we want to hear from you today.

- Q31 **Alizeh Abdul Rahman:** Are you looking to expand your work on body image? That is for the whole panel.

Kate Dale: The campaign this year expanded our age range. Initially This Girl Can targeted 14 to 40. We have now expanded to 14 to 60. Obviously we are very specifically focused on women. It is really everyone over 14 now. That is our focus for the moment. Going younger than that is something we may look at in the future.

Liam Preston: Absolutely. All the evidence says that it starts much younger than secondary school; but this, for us, is the best approach to take, to have the biggest impact right now. But yes, it needs to start younger and also go into those college and university years as well.



Shirley Cramer: Yes, we will be taking our work forward, partly because the “#StatusofMind” campaign came out of our Young Health Movement. At the Royal Society for Public Health we have a movement about peer-to-peer support for young people. It is about getting qualifications—our young health champions. It is about what young people tell us they think ought to be happening on this. So our work around this will be dictated by what young people tell us they think is important next. It will always include their views on it. We have opened up the discourse. It is part of the pieces on social media, and we will be taking that forward through the Young Health Movement. It’s on our website; you can have a look.

Elena Veris Reynolds: We will definitely be looking to continue discussing body image. At Girlguiding, the main programme we have is “Free Being Me”, which is a peer educator programme that trains girls to go into different groups and start discussions about perfect body ideals and how we feel about our bodies. Currently we have reached over 74,000 girls through that, but we are definitely looking to expand so that we can reach as many girls as possible. We are also really interested in addressing the causes of body image issues and talking about why we all feel this way. It is really important to develop people’s resilience, but we also need to talk about the base of the problems.

Q32 **Samuel Pidgeon:** Most campaigns tend to focus on white cisgender women. Should support be targeted by characteristics such as gender and ethnicity, or are broadly-focused campaigns more effective?

Kate Dale: I think you need both. You need initiatives that target specific demographics and ethnic, cultural, sexual orientation or gender groups, because there will be specific issues and barriers. Even within any one apparently homogenous group, there will be different attitudes and things going on, so you absolutely need to make sure that any national broad-based initiative is brought home to the specific needs of specific groups.

Liam Preston: I completely agree with what Kate said.

Shirley Cramer: I agree too. There is probably a lot more evidence about girls than boys, but there is increasing concern about young men. We have seen an increase in young men with eating problems and disorders. One area that we need to explore a bit more is health inequalities in general and mental health inequalities, and whether there is a difference between children and young people in more disadvantaged areas and those in the most advantaged areas. If we look at all areas of public health, there is a massive gap between people who live in advantaged, wealthier areas and those in poorer areas. That subject will need some thinking about in future.

Chair: We will come on to that question in a second.

Elena Veris Reynolds: I totally agree with everything that has been said. I will just add that because Girlguiding is a charity for women and girls, our research focuses on girls. We know that this issue affects boys. Within the category of girls, we are interested in how different girls are affected



by body issues—how LGBT girls, non-white girls and disabled girls are affected differently. We are really interested in that and try to look in detail, rather than putting them into a general category. All girls are affected by this.

- Q33 **Alex Robertson:** Hi, I'm Alex. It's great to have you all here today. How do you ensure that your initiatives reach young people who might be difficult to engage with—for instance, those from deprived backgrounds? How do you ensure that campaigns are visible to those young people?

Shirley Cramer: In some of the work we have done—not just the campaign work—we have been working with Public Health England in our Young Health Movement. This year we have particularly targeted schools in disadvantaged areas, children in care and children and young people who have been involved with the police or the Offender Management Service. The reason is that we want to provide some support and training on becoming a young health champion, because that can give you a qualification, and we all know that employment is very important in this area. We have specifically targeted young people who may have difficulties in all sorts of areas around training and support, and body image will be part of that.

We did focus groups with young people when we started the Young Health Movement, and we all imagined that the issues young people are concerned about are perhaps drugs and alcohol. We were very interested to find that they told us they were interested in issues around resilience, self-esteem, body image and mental health issues generally. We learned a lot by talking to the young people and then being able to focus our support and campaigns in that area.

Kate Dale: We do it in several ways with This Girl Can, which is a very broad-based campaign. It needs to be made relevant to a 14-year old and now up to a 60-plus-year-old. So we have to be very careful, in our media buying and targeting, to make sure that in the mix of that we use television, out-of-home and social media, and put Snapchat in the mix and things like that that, so we know we are doing things that are specific. We are conscious of making sure we understand the media consumption patterns. It is also about how the campaign is activated so that there are suitable opportunities for the girls who we appeal to with This Girl Can to go and get active. That requires a lot of local knowledge.

There is one project at one of the companies we are working with where the activity that is really engaging local girls is a girls-only session, because when men and boys are there it feels as though they put them off. But in a completely different peer group in a disadvantaged community, they feel more intimidated in front of girls of the same age, so they are happier in a mixed group. We make sure we really listen to what girls at that local level are telling us about what they need and not just thinking we know best.

Liam Preston: We have tried to push out the materials as far and as wide as possible. We have mapped which schools have taken on board the body



HOUSE OF COMMONS

confidence campaign toolkit. We look to see which areas of the country have not been addressed and then think about how we make a concerted effort to push the materials out in those areas.

Elena Veris Reynolds: We are really happy that SRE has been made compulsory now, but we think body image needs to be included in it. If it is to be taught in schools and is compulsory, that is a way of making sure we reach all young people and not just people who have access already to these things. So that would be our approach to this.

Q34 **Yasmin-Jade Sides:** This question is for everyone to answer. How important is it to collaborate with brands such as Dove and social media companies and initiatives around body image?

Kate Dale: That is something we can't tackle on our own and in isolation. Where we can reach out and work with brands and media partners, on social media in particular, that gives us a fantastic opportunity to amplify our message, and brands have really got involved in credible, authentic ways. They do an awful lot to broaden out the message. All these messages are all around us. We can post a great campaign, but if you walk past 10 other pictures that make you feel terrible, it makes it much harder, so the more we can do the better.

Liam Preston: I think it is essential. Dove are a fantastic supporter of the Be Well campaign. They were there right at the beginning of its formation. But let us not get past the issue here. Delivering campaigns like this costs money. Charities and organisations like ours do not have that to throw around. So we need to engage brands, businesses and organisations and say to them, "This is a crucial area that affects your market. If people feel more confident about themselves and if your adverts reflect the way they look, they will buy your products." It is quite simple. So we need to get them on board and say, "There is positive work that you can do to help young people's lives and also the lives of everyone who feels less confident about their body." It is essential for them to come on board so they can promote their brands. Also, this is a social good, but unless they get on board it will be difficult to sustain the momentum that all of us have managed to achieve thus far.

Shirley Cramer: I agree with the previous two speakers. It is absolutely critical, particularly around social media. One of the recommendations that we made in the "#StatusOfMind" report was that companies should have a voluntary code of conduct where they put an icon on any photograph or image that has been photoshopped. We know that there is a huge amount of stuff out there on the internet that has been photoshopped to death, and lots of companies do this. We would like to see some kind of icon that tells young people the picture has been interfered with and that it is not a real photo. That would help gain credibility for companies and would help people have a more realistic image. I also agree that we should have many more initiatives. The Dove campaign was something we would hope other companies would follow.



Elena Veris Reynolds: I echo everything that Kate, Liam and Shirley have said. Specifically on Shirley's point, we also believe there should be a code of conduct that social media companies can sign up to around things like dealing with online harassment and abuse, and around photoshopped and airbrushed images as well. We know that is something that girls want: 77% of girls aged 11 to 21 want media outlets to be required to say when an image has been photoshopped. We know it is creating unrealistic standards that no one can ever achieve.

Q35 **Michael Bryan:** Thank you for your answer. I'm Michael. This is particularly to Kate Dale. I am a big supporter of your campaign, but how would you respond to the criticism that your campaign still falls into the pitfall of objectifying female flesh? Do you think there is a lack of minority representation in Sport England's programmes such as ASSE and TASS?

Kate Dale: In terms of This Girl Can and the way we show women, we were very specifically responding to the insights from women who told us about the way they felt about their bodies and about the way they felt about the images. A lot of the marketing that traditionally portrayed women who are getting involved in sport was about their bodies. We wanted to directly counteract that by showing that women can be all ages, all sizes, all shapes, all levels of ability, and can get active. That is what we wanted to show and really bring to life. The lines that we used in the campaign—"I jiggle, therefore I am"—directly came from what the women and girls we featured in the campaign told us on the casting tapes. We were reflecting what they said to us back to them.

More broadly, in terms of Sport England's programmes, that is something we are constantly looking at, but I am sure there is always more we can do. We have really tried—particularly with This Girl Can, which is what I know most about in this context—to make sure we are representing true diversity, in terms of ethnicity, as well as age, ability, attitude and everything else. I think there is more we can do.

Q36 **Emma Curran:** Hello. I'm Emma. This question is for you three on my left. Of all the recommendations you have made, which do you think have been the most important, and who have they been directed at?

Elena Veris Reynolds: I would shy away from saying that any of them is the most important, because I think all these things need to be done together to be effective. Certainly, something that has had a really big effect is compulsory SRE, and making sure it is high-quality and includes issues about body image and mental health. If we can tackle these issues at a school level, it will have such a big effect on society in general. It will ensure everyone knows about these issues and is talking about them, rather than having initiatives here and there.

Shirley Cramer: I couldn't agree more with that recommendation. In the public health arena over the years—you will probably know this—if you look at what works and what makes a difference, it is often because you have legislated. Think of things like seat belts and stopping smoking in restaurants and pubs. I absolutely agree that this should be mandatory,



HOUSE OF COMMONS

high-quality PSHE that includes a whole raft of things that it doesn't include now—first, body image, which is very important, and, secondly, the whole social media area. Anyone working in the area of children and young people should have training in some of those issues, because we place too little emphasis on that. That is another important area.

Parents are desperate to know and understand more. There are a lot of very contradictory pieces in the press, and it would be very useful for parents to have a place they can go, see where all the credible evidence is, really understand it, and perhaps have dialogues among themselves. We know they are very keen to do that, because they are not sure. When we did our sleep report last year, we found that parents are particularly interested in finding out what the regularity around sleep should be, the fact that people shouldn't have their phones in their bedroom—nobody should, by the way—and all of those kind of things. It is about the training, the understanding and getting it into the education system and into public awareness as early and as often as possible.

Liam Preston: I will be brief—I can see your eyes, Chair. Emma, thanks for a great question. I echo everything that has just been said. The only thing I would add is that, when we went out to speak to young people through our research and our focus groups, we found that it was the bullying element around body confidence that seemed to have the most damage and made them want to seek help less. When we spoke to young boys, the thing they said to us was, “I wouldn't want to talk to my peers about body confidence, because I wouldn't want to give them a weakness—I wouldn't want to give them a way that they could attack me with it.”

So for us, this has to be about education in schools, but it has to be in that peer-to-peer format. It has to be about young people talking to one another so that they can understand the issues that one another are facing, or just understand that, “Actually, I'm facing that issue as well. Let's talk about it.” That is where we would focus our recommendations.

Q37 Oscar Daniel: Hi, I'm Oscar. Thanks for coming today. Shirley, you touched on labelling photos that have been digitally altered. I am going to come back to that. Why do you think that labelling photos as digitally altered is a good idea? Some research suggests that it isn't. How would social media companies determine whether a photo had been digitally altered?

Shirley Cramer: That is a really great question. What we often do at the Royal Society for Public Health in terms of our campaigns is put out recommendations that are almost like—well, think of an air bubble. We put out something for discussion, because we believe that we have to come up with new ways to help people or to improve the public's health.

Believe me, I am sure the social media companies are concerned about our platform—you know, “You're the best and you're the worst in mental health and wellbeing for young people”—but it is the companies that provide those images that we would hope to involve in some kind of



voluntary scheme. We put it out there and see what people think. What we will be able to say to the companies is, “80% of young people”—I can’t remember the exact percentage, but a lot of young people—“believe that that’s the right way to go.” We have the evidence to say, “That’s what young people think you should do.” That is very hard for the companies to refute. If we all begin to say those kinds of messages more strongly, they will begin to get some purchase in the system. That is what I hope for, and that is what I hope they take up.

Q38 Aisha Malik-Smith: Hi, I’m Aisha. It’s wonderful to have you here today. This question is for Elena. In your written evidence, Girlguiding states that the Government should set clear expectations of social media companies so that the objectification of women can be regulated. What might this regulation look like?

Elena Veris Reynolds: In terms of what the regulation would involve, we especially want an emphasis on dealing with online harassment, because we see that that has a big effect on girls’ body image. If a girl posts a picture of themselves online but then gets horrible comments about their body, it has a really severe effect on them. This is mostly about tackling abuse—especially gendered abuse towards women—because very few social media sites currently do that well.

Q39 Chair: I want to ask a question of Ms Dale. Do you think there is a contradiction between campaigns that promote positive body image and those that are aimed at tackling obesity? Where do you think the balance lies between those different campaigns?

Kate Dale: That is a really good question. There is a balance, because obviously we want to encourage everyone to have healthy, happy lifestyles and healthy, happy lives. What we have tried to do with This Girl Can is show that there is no one particular image of what it is to look, be and feel healthy and happy. That is where we would try to strike the balance.

Q40 Chair: Would anyone else like to comment about the balance between positive body image campaigns and those aimed at tackling health issues like obesity?

Liam Preston: We get this criticism quite a lot, and I think it is just about saying, “It’s better to be happy and healthy than anything else.” That is the message we want to push out: “We want you to be healthy; we want you to be happy.” Again, we heard evidence earlier that, actually, if you feel more confident in your body, you tend to lead a more body-conscious and healthier lifestyle. I think it is a falsely labelled criticism of our campaigns.

Shirley Cramer: I agree with that. The healthy bit is what we think is very important. It is very difficult to get those messages out around obesity without talking about weight and without talking about statistics and prevalence data, which is of course what everybody in public health talks about on this, in order to get something happening in the system. We need to do a better job at balancing the two so that people are getting



consistent messages—that is what we really need to have in the public domain.

Elena Veris Reynolds: Totally. We also think that, as we have already mentioned, all these campaigns about tackling obesity need to be talking about being healthy, and not focusing on weight and what people look like but actually on having a healthier lifestyle, eating well, exercising enough and being happy. We are really passionate about empowering girls to feel confident in whatever they do and in who they are, rather than what they look like.

Q41 **Becca Moore:** We have talked a lot about boys and girls, but there are some other minority groups that evidence suggests are often ignored a bit when it comes to body image: specifically the trans community, people of different ethnicities and young disabled people. What more can be done to promote positive body image to those groups?

Liam Preston: We launched our Be Real body image pledge last year, and that tried to get the advertising, retail, fashion and music industries to adopt a pledge on the communications that they put out. One of the things we said was important was that those people from the groups you just mentioned need to see themselves reflected in advertising. That is something we said: we wanted to see communications reflect diversity and colour, skin, race, religion, those with disabilities, those without and those of all different types—LGBT and so on. That for us was really important. When you start to see people who look like you, who sound like you and who reflect your choices in life, that is when you start to feel more confident in yourself. So that for us was what we put front and centre of our body image pledge.

Shirley Cramer: I totally agree with that. I think it is about making sure that society is reflected in the whole way that we show that in our campaigns. A campaign we did was a very large campaign, targeted at all sorts of people—we did not target particularly. I absolutely agree with Liam on the approach that needs to be taken.

Elena Veris Reynolds: I totally agree with everything that has just been said. To reiterate what I said earlier, in terms of Girlguiding we are really passionate about talking about these specific issues that face people from more marginalised groups. As I said, we know that LGBT+ girls and non-binary people face different issues to cis girls. In everything we talk about body image and our research around it, we must make sure we are talking about and hearing those voices.

Kate Dale: I echo absolutely what everyone else has said. It is also when marketing and advertising is more reflective of a more diverse society, so that the workforce is more inclusive. That will have an impact, too, because that is part of the issue as well

Q42 **Chair:** As a final question, can we have a suggestion from each of you for a single practical recommendation that we could put in our report to go to the Government on the issue of body image?



HOUSE OF COMMONS

Kate Dale: I think—

Liam Preston: I'm glad you're going first.

Kate Dale: I think, building on what we have learnt with This Girl Can, it is about very consciously making sure that in any imagery, any stories and any way you are involving whoever your target audience is, at whatever age they are, you are really consciously thinking—this is for Government and non-government as well—about how you depict it and what you are using to showcase to the audience, and really thinking outside and making sure that is truly diverse in every aspect.

Liam Preston: For us, as I alluded to earlier, it has to be about ensuring that teachers have the time and resources to deliver materials that are effective at changing the way young people view their bodies.

Shirley Cramer: I would emphasise our recommendation in the “#StatusOfMind” report, which I think was very specifically related to body image: a voluntary code of conduct that all companies sign up to for any photoshopped or enhanced images, so that it is made very clear, whether it be in social media or in any other kind of media, so that young people or anybody looking at them will understand that this is a photograph that has been changed.

Elena Veris Reynolds: I would echo what I said before about ensuring that body image is included in PSHE and in SRE, and that it is taught to everyone across the country.

Chair: Thank you very much. I would like to thank all of our witnesses for coming and speaking to us today. We really do appreciate it. That concludes this public session. I remind everyone that we will be back again starting at 1.30 pm. Thank you very much.

Shirley Cramer: Thanks for having us.