

Youth Select Committee

Oral evidence: Body Image

Friday 14 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 167-228

Witnesses

[I](#): **Emily Antcliffe**, Deputy Director for Mental Health, Department of Health, and **Tara Kaufmann**, Head of Women's Engagement and Gender Representation, Government Equalities Office.



Examination of witnesses

Witnesses: Emily Antcliffe and Tara Kaufmann.

Q167 Chair: Welcome, everyone. My name is Thomas Copeland. I am Chair of the Youth Select Committee inquiry on body image for 2017. The topic was chosen as the direct result of over 1 million young people voting it as one of their top key issues in the UK Youth Parliament Make Your Mark ballot in 2016. The key areas that we will be looking at today include awareness, education services provided and social media.

I remind everyone that mobile phones should be switched off. Video or photography is not permitted throughout the sitting. The sitting will be filmed and will be available later on parliamentlive.tv. You can follow all today's discussion on Twitter at #YouthSelect. Follow @bycLIVE.

I thank our witnesses for coming. We appreciate that you have given up your time for us. Will you introduce yourselves, from my right to my left?

Tara Kaufmann: I am Tara Kaufmann. I am head of gender representation at the Government Equalities Office.

Emily Antcliffe: I am Emily Antcliffe. I am head of mental health policy at the Department of Health.

Q168 Chair: Just a brief question. What do you consider that the Government's responsibilities are in discouraging poor body image and promoting positive body image among young people? Very briefly.

Tara Kaufmann: The Government's responsibility is to make sure that we provide the appropriate support for young people to have, through our school system, a broad understanding of what it means to have healthy relationships with others and with themselves; to have the appropriate regulatory framework for the creative and communications industries; and to make sure that our health services properly pick up and treat young people who are exhibiting distress to do with their bodies.

Emily Antcliffe: For us, while we recognise that body image in itself is not a mental health issue, we recognise that negative body image can lead to anxiety and depression. It can also be part of someone's thoughts and feelings while they are experiencing an anxiety disorder that may have developed for other reasons. It is often linked to mental health problems, and particularly disordered eating. From the Department of Health's view, we would want to make sure that any child who is suffering from a mental health condition has access to the best quality services as soon as possible.

Chair: Thank you. Our first question is from Aisha.

Q169 Aisha Malik-Smith: Hi, I'm Aisha. Thank you for coming. Which Minister takes primary responsibility for addressing body image issues in young



people?

Tara Kaufmann: The Government Equalities Office had a campaign around body confidence under the last Government, from 2010 to 2015. We continue to be active in the area, though we are not running an active campaign. Our Minister for Women and Equalities, Anne Milton, tends to take the lead for Government. We recognise that body image is an issue that spans a lot of Government Departments, so I think a number of Ministers are active, but Anne Milton is normally the lead Minister.

Q170 **Aisha Malik-Smith:** Why is Minister for mental health currently an unfilled position?

Emily Antcliffe: There is a lead for mental health; the Secretary of State at the Department of Health has taken personal responsibility for mental health. He has put it at the top of his list of priorities for the Department, among very few other areas, and he personally champions mental health issues. We also have Jackie Doyle-Price, who is the Minister for social care and mental health within the Department, and she supports the Secretary of State on mental health issues.

Q171 **Aisha Malik-Smith:** Is there a danger that with so many Departments involved, this issue is at risk of falling through the cracks?

Tara Kaufmann: I think it is an appropriate recognition that body image is a diffuse and disparate area. It is a complex issue that comes up in a number of areas. Clearly we need some kind of leadership, and I think that leadership has been and continues to be provided by the Government Equalities Office. This is an equalities issue, for a number of reasons. We keep in close contact with other Government Departments that are doing relevant work around not just mental health but obesity, sports and physical activity, school sports, online safety—a whole number of Government Departments have a contribution to make.

Q172 **Aisha Malik-Smith:** I am interested in the idea that this is being looked at by the Government Equalities Office, which is where the main lead is coming from. Why do you feel that the Equalities Office is best suited to take on body image in young people?

Tara Kaufmann: We see this as primarily an equalities issue because of the significant impact it has, particularly on women's physical and mental wellbeing, remembering that gender is the primary factor in who suffers from body image—which is not to deny the fact that men and boys also experience body image issues, but it is clearly a very gendered issue. We think it is an equalities issue because of how poor body image undermines women's confidence and aspirations, and because cultural assumptions and expectations about women's bodies and appearance play a big part in sexism and sexist attitudes and behaviours in our society.

That is not to in any way minimise the fact that body image can also be a factor and contributory issue in mental health problems. It is something that our school sports strategy, for example, has to take on, because of the huge dropout of young women from sporting activities. I am not in any way minimising how important it is to other Government Departments, but



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we have had a run of Equalities Ministers who have felt very strongly about this subject, and that is why leadership sits with our Department.

Q173 **Emma Curran:** Hello, I'm Emma. Thank you for coming. To what extent are body image issues among young people addressed in the UK Council for Child Internet Safety?

Tara Kaufmann: Excuse me a second; this is not my Department's lead, so I just need to find something. UKCCIS is the main body through which the Government leads its work on online safety. The UK is a world leader on online safety. We have done a lot of work, and there is still a lot of work to be done. UKCCIS works against cyber-bullying; sexualised content; self-harm and suicide sites, including pro-ana sites; and harassment and so on. It has done a lot of work in this area that I think is useful around body image, including advice for schools, advice for parents and guidance for providers of social media and interactive services.

I think more can be done, and the Government is working at the moment to develop a digital charter, which is going to set out how we are going to make the UK the safest place in the world to be online. We are currently considering how best to take forward the social media code of practice within that. So there is going to be consultation. I am not able to say when that will start yet, but I understand that we will announce the details of that consultation shortly.

Q174 **Emma Curran:** Do you have any examples of how UKCCIS has managed to change social media companies' practices to help address the issue of body image?

Tara Kaufmann: I do not have the detail of that, I am afraid. We would have to put that question to UKCCIS to get back to you. In terms of specific body image, that is not information that I have been able to access at this point, but of course there are the wider issues around children and young people's safety online, which are all pertinent around body image. It is quite hard to divide them sometimes.

Q175 **Chair:** To what extent will young people be involved in the consultation you just mentioned? Is it targeted directly at young people?

Tara Kaufmann: I am afraid I do not know the details on that, but I understand that the details about the consultation will be announced shortly.

Q176 **Oscar Daniel:** Hey, I'm Oscar. Thanks for coming. How has the Government sought to engage young people in its policy on social media and communications platforms? Can you give specific examples of this, please?

Emily Antcliffe: What we have done around social media? The Department of Health does not have the lead for social media. We are, however, currently planning a Green Paper on children and young people's mental health. Part of that Green Paper will look at the impact of social media on mental health, and some of the options for how children can interact more safely with social media, and how we can make sure that



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children have the best that is possible from social media; we need to remember there are lots of good things that can benefit children's mental health from having the right and safe interactions online. We are also working very closely with DCMS on their internet safety strategy, to think about how we can protect young people, and particularly young people with mental health difficulties, while they are online.

Tara Kaufmann: I don't have much to add to that, except to make the point that UKCCIS is a kind of committee with various players in it. There are people involved with UKCCIS who are producing their own material online. We do not narrowly look at what Government produces; it is across the piece. I know, for example, that Childnet is doing some very exciting projects in the field of online behaviour, online abuse, harassment, trolling and body image. There is work going on, but it doesn't all come strictly under the Government remit.

Chair: On the Green Paper you mentioned, Ms Antcliffe, there is a question from Michael.

Q177 **Michael Bryan:** When can we expect to see the Green Paper published?

Emily Antcliffe: We have committed to publish the Green Paper by the end of the year.

Q178 **Michael Bryan:** Do you expect the Green Paper will address how body image impacts on the mental health of young people, as well as the other surrounding issues?

Emily Antcliffe: The Green Paper will cover a wide range of issues across children and young people's mental health. We are still working through our recommendations and what the outcomes of that will be. It builds on "Future in mind", which has already addressed some of these issues in terms of thinking about young people and their mental health.

The two main themes of the Green Paper will be around preventing mental ill health, and in that it will be looking at what we can do to help young people look after themselves, keep themselves well and help to understand and better know what their mental health means for them, and how they can better equip themselves to deal with life challenges. We will then also be looking at access to services for those children who have already experienced difficulties. That may include children who have issues with their body image that are linked to their mental health and how we can make sure that those children are getting access to the right services as quickly as possible.

Q179 **Michael Bryan:** You have mentioned that there will be a great deal of breadth. Will there be depth? Can you ensure that?

Emily Antcliffe: The Green Paper will have specific recommendations and ideas around preventing mental ill health, promoting good mental health and getting better access to services.

Q180 **Michael Bryan:** Could you give an indication of what those recommendations might be?



Emily Antcliffe: It is too early to say at the moment. As I said, we are publishing the Green Paper towards the end of the year, and in there we will be setting out exactly what we are recommending.

Q181 **Chair:** In terms of compiling that Green Paper, to what extent have you consulted with young people, and the experiences of young people?

Emily Antcliffe: We have had young people in over the course of the consultation on the Green Paper. We had a young persons' forum in the Department of Health I think about a month ago—it was in the pre-election period—to get their ideas and thoughts about what they are doing. We are planning some further stakeholder engagement over the next few months, which will include working with both young people and charities, such as Young Minds, that are responsible for considering children and young people's mental health issues.

Q182 **Chair:** Okay, perfect. Do you believe that social media companies are taking enough responsibility themselves for the content on their platforms that may promote poor body image?

Tara Kaufmann: It is very difficult to talk across the piece. If you go online, there is good practice and there is atrocious practice. There are social media companies and providers that are acting responsibly and there are those that are less responsible. Obviously, the digital charter will be hoping to provide a way forward.

Part of this is about recognising that you can find everything online. The evidence is mixed about the impact on body image. It depends who you are, where you're at and what you are looking at. Exposure to social media is a mixed factor in terms of causing body image and other kinds of harm. Our concern is how we constrain bad practice and protect young people from it, but also help young people to become more informed consumers.

One of the key pieces of work we have been pushing through the "body confidence" campaign has been about how we build young people's media literacy and their resilience. We have been doing a lot of work, particularly with the advertising sector, on looking at ways of doing that. We have to recognise—Emily and I are both parents—how hard it is to keep our children safe from stuff they can access online. Mostly what we can do is to try to make them informed consumers who feel that they can talk about what they find and navigate their way around it. I expect in the future you will see more activity around that. We can't ban everything that is negative online, sadly, but we can make sure that young people know what is right and wrong and what to do if they see distressing content.

Emily Antcliffe: I can't add much to that, but one of the things I would say is that working with the social media companies is very much in the work we are doing on the Green Paper and considering children's mental health. It is not just that they are evil and we want to stop them and not let the content get out; we also want to think about how we can encourage children to do the positive things online that are really good for them. We are doing lots of thinking about peer support networks and how



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young people can engage better online—how they can get access to the right information and healthy information, which actually helps them in their interactions. There are a lot of good things out there for young people to use. We also recognise that we need to think about the negative content and how we can protect children in all the ways Tara has talked about.

Q183 Chair: Okay, fantastic. We will come back to some of those issues a bit later. The RSPH, and recommendations that we have received, have suggested mandatory automatic pop-up warnings for high social media content. Is that something the Government have considered at all?

Tara Kaufmann: We will absolutely be considering all those questions in the development of the digital charter.

Q184 Chair: Similarly, the Royal Society for Public Health recommends that social media companies target advice and support to users identified as potentially vulnerable based on social media activity. Would you support such measures wholeheartedly?

Tara Kaufmann: I very much hope that those suggestions go into the development of the digital charter. I'm sorry; I sound like I am kind of stonewalling. I am not meaning to; it is just that it is all going to be through that programme of work, and I am not in a position to say in advance what is going to come out of it.

Q185 Becca Moore: I'm Becca. I am the Vice-Chair of the Committee. You mentioned before a bit about advertisers. What kind of specific measures have you taken to encourage advertisers to be more responsible in promoting certain idealised body types?

Tara Kaufmann: There is a lot going on in advertising at the moment. It is a really interesting time in the advertising sector, because there is a huge amount of interest. There are lots of initiatives going on within the sector. There is a new campaign called, I think, the "Unstereotype Alliance", which Dove helped launch at the big advertising festival at Cannes earlier this year. The Institute of Practitioners in Advertising is doing a big campaign to try to get more women in senior and creative roles in advertising.

The Body Confidence campaign has worked with the Advertising Association for some years now to look at how we can improve young people's media literacy and resilience, and promote good practice in advertising.

So we have done things like "Pretty as a Picture"—I don't know if you have seen it, but it's a really interesting read. It was a survey done by the Advertising Association's research arm, Credos, on what young women think about how they are represented in advertising. That was used as the basis for a whole range of changes within the industry, including the introduction of a diversity module within vocational advertising.

They followed that up with "The Whole Picture", which is about how advertising portrays BME people and how BME people feel about that. That



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also resulted in some really concrete actions. For example, there are very few BME people working in advertising, so they set up an apprenticeship scheme for young BME people within the advertising sector. That has all been very positive.

We have since seen a number of other initiatives. We did some work with London Transport, which brought out a new advertising policy after the “beach body ready” incident—I don’t know how many of you remember that advert. London Transport is now in a position to say, “We won’t accept adverts that we think are likely to undermine people’s body confidence.” That was very positive.

The Advertising Standards Authority has been doing an inquiry for the last year into gender stereotypes in advertising, which has included looking specifically at body image. The results of that are to be announced next Tuesday, which is bad timing because I wish we could say now what is going on there.

This is a really big moment in advertising. We are continuing to work with the advertising sector, and when we see what comes out of the ASA report, we will be thinking about what our response is. There is huge appetite in advertising at the moment for thinking about how it can be responsible and for recognising that times have changed: young people, young consumers in particular, are really not interested in stale old stereotype depictions of how women and men are supposed to behave. They are looking for something more exciting, modern and fresh.

Advertising is an absolute exemplar for other creative industries, because there is a lot going on there at the moment.

Q186 Becca Moore: Israel introduced a law requiring advertisers and magazines to label digitally altered pictures. What consideration has been given to a similar law in the UK?

Tara Kaufmann: It is something that has been considered. My understanding is that it is not as uncomplicated as it would appear at first. I think Boots ran an initiative where it did not retouch any of its adverts. That is quite complicated to do, because no retouching means that even if a hair floats across the screen, you are not allowed to take it out. We have to think about we boundary that. Everything that we see in adverts gets retouched. What is acceptable retouching? To take out a grain of cake that has fallen off the side of a food ad? What is unacceptable retouching? It is quite complex.

Having said that, I think the Government’s position at the moment is that it has not ruled it in or out. We will watch what is happening in Israel and hope to see some evidence that it has had a positive effect on young people’s body image. If it has, of course that is something that we will want to look at carefully.

Q187 Yasmin-Jade Sides: Hi, I’m Yasmin. Thanks for being here today. Given a possible link between social media and mental health issues in young people, should further research and educational initiatives happen? If so,



who should fund them?

Emily Antcliffe: We are aware that there are potential links. When you look at the evidence around social media and mental health, what is really interesting is that it is not necessarily clear exactly what is going on. For young people who spend more than three hours a day on social media, there is evidence of increased prevalence of mental health issues. What we do not know is whether that is a cause or an effect.

There is definitely more thinking that can be done. There is a lot of research already out there and a lot is already going on, including some pieces of work that we have seen being funded by the industry itself, as well as other pieces of work. We are very interested in looking at this issue and looking at what is already being done, rather than at this stage jumping into more things, because actually what we need to do is understand what we know from the things that are already out there first.

Q188 **Zacchaeus Hayward:** Endorsement systems for online information can help ensure that resources on topics such as weight loss or dieting are reliable and accurate. What work has the Government done to encourage such endorsement systems?

Tara Kaufmann: Sorry, could you explain that to me again? An endorsement system?

Zacchaeus Hayward: Endorsement systems—

Emily Antcliffe: I can say a little bit about what we have done on that in Health. Obviously, there are lots of digital health apps and digital health information out there. In the field of mental health, there has been quite a lot of interest lately in what we can do in the digital space—do tell me if I not answering your question correctly. There is a lot out there in the digital space around what we can do to help people—particularly young people—with mental health problems and what services might be available there.

NHS England invested £400,000 in a digital lab project, which is helping to identify six evidence-based apps that will actually support children and young people's mental health and help them to learn about their mental health. The funding is to develop a process to gather evidence to ensure that those apps are effective and safe, because those things are really important. These apps will go through this process, and once they have been fully assessed by the NHS and shown to meet safety and quality standards, they will be made available through the NHS apps library.

The project deliberately has a really broad scope; we did not say exactly what issues these apps had to deal with, but they were all around children and young people's mental health and wellbeing. Two of the apps that came out of that were particularly around self-harm and helping children who are either self-harming or at risk of self-harming. Those apps are already available and are being added to the NHS apps library. Two of them are on there and shown as being in testing—I think that is the phrase. Once they have been through that testing process and fully meet



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the quality and safety standards, they will be marked as “NHS-endorsed”. So there will be apps in the apps library for children and young people who are concerned about their mental health that have been fully tested and that the NHS has endorsed as suitable for them to use.

Q189 Samuel Pidgeon: In their response to the 2015 Youth Select Committee report, the Government said that they were involved in a digital project that would include the assessment of digital resources and tools by clinical experts. Can you update the Committee on the progress of that digital project?

Emily Antcliffe: That is the programme that I was just talking about. Those apps are currently undergoing testing. Two of them are already available through the NHS apps library and are showing as under testing, and the rest—assuming that they are shown to be effective and safe; they will be tested over the summer—will also be made available to people through that library. They are actually all available—these are apps produced by people other than the Government, and they are all available in different places—but the idea is to give reassurance that those apps that people are accessing have been through a testing process and have been shown by the NHS to be safe.

Q190 Samuel Pidgeon: Will the tools and resources in the project include those relevant to body image?

Emily Antcliffe: There aren't actually plans to commission apps specifically on body image. The NHS does not actually commission apps on particular disorders—that covers everything; we don't go out and ask for apps on any particular issue—but there is a process so that anyone who has produced an app on any particular issue, be that body image or any other mental health condition, can go to the NHS through the app assessment process, details of which are available publicly and online, and have their app assessed and tested. Assuming the app passes the criteria, it can be made available through the digital apps library.

Tara Kaufmann: The Government have also funded—this was two years ago now—the PSHE Association to develop guidance for teachers on how to teach body image. As part of that, they provided a list of recommended quality-assured resources. As new resources—that could include body image apps—become available, they will be added to that website, so that teachers in schools have access to them. There are a lot of resources out there about body image; we want to make sure that teachers have a way of accessing the good ones and knowing which ones are most appropriate for use in a classroom setting.

Q191 Becca Moore: Going back to your apps, Emily—

Emily Antcliffe: Not mine personally.

Becca Moore: How have young people been involved in the development of those apps?

Emily Antcliffe: They are already-produced apps that come to the NHS and get put through a process. The people who produced an app would



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have done that through their own means and processes. It may be that some of them have been produced in coalition with young people and some have not. Any one of us could go and produce an app that we say is beneficial for young people, either for their mental health or if they have adverse body experience. However an app is produced, and whoever produces it or is involved in its production, what is really important is that before it is added to the NHS Choices library, we make sure that it is safe and effective. That is why we have this process.

Q192 Becca Moore: Are young people involved in the process of deciding whether an app goes into that library?

Emily Antcliffe: Not as far as I am aware. It is a rigorous clinical assessment of whether the app is effective. But I will go back and double-check and I can let you know whether that is the case.

Q193 Becca Moore: Would the Government consider involving young people in the process, just to make sure it is beneficial to them?

Emily Antcliffe: We need to make sure that the right people are involved, to make sure that it is clinically effective if it is a clinical app, or at least that it is safe for young people to use. We need to make sure that it's people with the right expertise who are doing that. Something could appear to be a great app, and as a young person you may be getting a lot out of it, but for another young person using exactly the same app, it may be detrimental or harmful because we don't fully understand what is going on, so we need to make sure that these things are properly tested by the right people to make sure that they are safe.

Q194 Becca Moore: Okay. How do young people become aware of these apps; how do they know about them?

Emily Antcliffe: There is a link to all of this. We have the youth mental health hub, which is on the NHS Choices public website. If, as a young person, you are searching for mental health issues or looking through NHS Choices, you can find the youth mental health hub, which provides lots of information about specific areas and issues in relation to mental health. It includes lots of information about anxiety, self-harm, eating disorders, bipolar disorder, bullying, cyber-bullying and so on. There is already lots of information on there that people can access. The hub itself has received over 50,000 views just in the last year, so we know that people are accessing it and using that information. People can become aware of the NHS Choices app library through the youth mental health hub.

Q195 Emma Curran: In the youth mental health hub, how much emphasis is placed on issues around body image?

Emily Antcliffe: As I said, from a mental health point of view, we don't see body image itself as a mental health condition, but we know that often body image concerns can lead to high levels of anxiety and depression. Likewise, if you are anxious, that can exacerbate your concerns about your body image. There are also links between body image and eating disorders. There is lots of information on the mental health hub about both



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anxiety and depression, as well as some really clear information on anorexia and other eating disorders.

Q196 **Emma Curran:** Thank you. When you were designing the youth mental health hub, how much consideration did you give to the idea that different groups of young people may have different needs?

Emily Antcliffe: The youth hub is designed to be as accessible as possible. We try to make sure, in all the Government's digital offers, for adults and children, that it is all accessible, available for you and culturally acceptable for people who are likely to be accessing the information.

Q197 **Chair:** How would you measure the effectiveness of that?

Emily Antcliffe: Of the youth hub?

Chair: Yes.

Emily Antcliffe: At the moment, the information we are looking at is how many people have accessed it, and we can see what they have clicked through and what information they have chosen to look at.

Q198 **Chair:** Are you able to provide us with that information?

Emily Antcliffe: I would need to go back and check with colleagues at NHS England, but I can find out what information we can give.

Chair: Thank you.

Q199 **Alizeh Abdul Rahman:** Hi, I'm Alizeh; thank you for coming today. Aside from apps, what support do the parents of children with body image issues have, and could you elaborate on these resources?

Tara Kaufmann: This is a slightly difficult question to answer, because of course how people experience body image issues and what that might manifest as involves a whole range. I think it is probably a minority of young people who do not experience any body image issues. It is very hard to be a young person in our society and be allowed to get away with not having some body image issues, but obviously there is a whole continuum, up to children for whom it might manifest as part of really extreme distress, mental health problems, eating disorders and so on. When it comes to the kind of help and support that people need in relation to body image, I don't think there is one offer; all sorts of things are needed as part of that.

There is increasing help for both parents and children online. There is the Be Real website—Government funded the initial establishment of that. There are the Dove activities online. There is some wonderful practice in the voluntary sector. I would particularly mention that Girlguiding now has the Free Being Me badge, which is a body confidence badge that young people can work for. They developed that because their annual girls' attitudes survey showed how huge a concern body image is for them.

This is also about all the professionals and paid care providers that young people and their parents come into contact with being able to respond.



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Obviously, it is very important that young people can access information at school, that their teachers are aware of the issues and can take care of young people's emotional wellbeing and that there is sufficient content within PSHE and SRE. As you may know, the Government have now made it compulsory for primary and secondary schools to have PSHE, and we are developing what that will look like and what will be included.

It is also about looking at what other links and outlets we have for trying to educate young people. For example, the National Citizen Service is something that a lot of young people are getting a lot of benefit from at the moment. GEO funded Beat, the eating disorder charity, to develop a module for the National Citizen Service around body image activism and encouraging young people to start from their concerns and to mount local campaigns. The NCS is all about getting young people active and taking control of their environment.

So there is a lot of stuff going on, and a lot of it is quite hard to pin down and list because it is young people being active themselves, often online and in social media. The Government cannot keep a list of that, but we see it happening all around us and we recognise that young people really do want to be active on these issues.

There is a lot of information for parents in different places. Sometimes there is an issue, for parents and young people, with helping them to navigate to the right places. For example, in the work that we have done with Media Smart to develop resources for young people, we accompany that with a parent's resource sheet as well. I have seen some excellent content on body image on the YoungMinds website, for example. The Royal College of Psychiatrists website has a lot of useful information for parents around mental health and around body image in particular. So it is out there, but I think it is a bit of a moving feast in that parents have different concerns at different times, depending on where their children are at and what problems they are developing. We have to make sure that there is a wealth of information out there as well as the support to help them navigate to the information they need at that point.

Emily Antcliffe: From a health perspective, if a child has developed a mental health problem as a result of their body image or if their mental health problem is causing a problem, we know that the parents of children and young people with mental health problems need to be part of the therapeutic process in terms of helping their child recover. So there is therapy for parents who have children experiencing mental health problems. Also, we recognise parenting as an intervention. A child will spend a large amount of their time at home and not in therapy, so there is the environment that they are in when they are not in therapy sessions but with their parents and siblings.

The children and young people's IAPT programme, which is the improving access to psychological therapies programme, considers the family as a whole, and parenting interventions and working with parents as well as with children can help in that. NHS England is currently putting together a generic pathway for children's mental health. That will also start to



address what we need to be doing with parents both to support them and to help them support their children. That is why “Future in mind” and the Green Paper need to look at the whole system and how we can support children in the round and not just look at the interventions that we offer in clinical settings. It needs to think about what we can do for parents and how we can help parents.

Q200 Alizeh Abdul Rahman: Focusing on the examples and resources that you have brought up, how popular or effective have they been?

Tara Kaufmann: All the examples I gave were not Government resources. They were things other people have produced. I don’t know whether they have been evaluated. All I can tell you is that the initiative that the Government have resourced—Media Smart one—has been well received. In fact, we have done two resources for Media Smart. The first one was downloaded some 30,000 times within a few weeks, which puts it right up there. It showed that parents and teachers really wanted that sort of information.

We have now produced another resource with Media Smart: a video resource for children at the top end of primary school, which is often the tipping point where body image concerns start to become a real issue. Obviously, it is about that particular age and also about the transition into secondary school and the pressures of that. So quite a lot of our resources are focused on that area.

In terms of other people’s resources, I cannot tell you how they have been evaluated, but I think everyone would agree that we always need more evaluation. Everyone recognises there are probably a lot of good new ideas, and as much as possible we try and make sure that everything we do is evidence-based. The more everybody collects evidence and feeds back what works and what is effective with young people, the easier it is for Government to know what the best thing for us to do is.

Q201 Becca Moore: You have spoken a lot about the resources for parents. How exactly do you target them towards parents and distribute them?

Tara Kaufmann: It is quite hard. Some parents are everywhere, so you can just stick stuff out there, but making sure resources get out to the people who need them is quite tricky. The Media Smart resources, which I talked about, are distributed by Media Smart through a range of networks. It sends them directly into schools, and it has a website that parents access independently to look at education resources around advertising. The PSHE Association has a well respected website that teachers use. It is where teachers go for resources to use within schools. We rely very much on the schools to use the resources on parents. If a teacher downloads our resources from the PSHE Association website, we would want them to send the information home to parents before they provided the resource in the classroom so the parents can affirm and back up what their children are hearing at school. Generally, that is considered good practice. We can’t insist that it happens; we can’t make it happen. We don’t have that level of control, but I would consider that good practice.



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Q202 Chair: On that topic, the National Union of Teachers told us that teachers don't really know where to go to access body image resources. Does that suggest that your project with the PSHE Association—developing a list or a database of resources—has not really been effective?

Tara Kaufmann: I don't think it does. I would be surprised if many teachers don't know that the PSHE Association is a key source of information for teachers. It has a website that offers a wide range of resources, which are well regarded in the profession and are free not just to members of the PSHE Association but to all teachers. It is possible that they do not look there because they do not see body image as part of PSHE. Again, we come back to the point about how people navigate through to the information they need. I think that is always an issue.

I think many teachers would say that they are very busy, and that there are lots of resources around relating to body image, so it is not always easy to know with ones to use and which ones are most appropriate in a classroom setting. That is a general concern in our busy, information-overloaded world. Resourcing probably the most obvious and respected provider of classroom resources relating to social and emotional wellbeing to provide materials was the right thing to do. Short of sending a letter or a resource to every individual teacher, which would not be welcomed by the profession, it is hard for us to know a better way of doing it than what we have done.

Emily Antcliffe: The other thing we have is the MindEd programme, which is a Government-funding programme that makes resources available. It is an online e-learning healthcare resource that is accessible by any healthcare professional or frontline worker—teachers, youth workers, social workers and the police. It is publicly available, but it is accessed by lots of people who interact with children and young people. It includes lots of information that is not specifically on body image but is linked to body image—things around online safety and wellbeing, the digital lives of children and young people, and resilience. Lots of those things are related to body image dissatisfaction. That is a resource to help anyone working with children and young people to know how to have conversations about resilience. It is particularly about mental health. It is for children who have started to develop mental health issues. It is a really useful tool to help frontline workers have conversations with young people.

Q203 Chair: Thank you. Just before we move off the topic of PSHE, I want to ask you this. You confirmed that it is compulsory in secondary schools, but I believe you said earlier that it is compulsory in secondary schools and primary schools.

Tara Kaufmann: It will be. Let me get that exactly right for you. The Children and Social Work Act, which has just been passed this year in Parliament, will through regulation make relationships education compulsory at primary and relationships and sex education compulsory at secondary. It is on its way. That means that we will have to develop guidance for teachers and schools on what could be included within the

scope of relationships education. That obviously gives us an opportunity to consider how we can signpost teachers to resources, including those on body image.

Q204 Michael Bryan: Within the consultation for the RSE curriculum, what discussions have you had with young people? What discussions are planned for the future?

Tara Kaufmann: The consultation process has not started. We will set out more details shortly—I think it will be really shortly—about the engagement process and how we are going to consult as widely as possible to ensure that we get that right. I am very happy to go back to colleagues at DfE to ensure that they are including the views of young people. I am sure they are.

Q205 Michael Bryan: Do you anticipate working with young people on it?

Tara Kaufmann: It is not my policy area, so it is not for me to anticipate that, but I can certainly find out what their plans are for that and make clear to them how strongly this Committee feels that young people's voices need to be part of that engagement process.

Q206 Alex Robertson: Hi, I'm Alex. It is great to have you here. We have received some evidence suggesting that cuts in Government funding have reduced services, such as youth clubs, that could help tackle body dissatisfaction. What analysis has been carried out on the impact of those cuts?

Emily Antcliffe: I can talk to you about funding for health services and what we know about funding for children and young people's mental health services, which is part of the overall picture. We have added £1.4 billion for children and young people's mental health over the past five years. The five-year forward view for mental health dashboard shows how local CCGs are spending their money on children and young people's mental health. The 2017-18 report showed a 3.9% increase in spend on children and young people, and in that was a 2% increase in the spend on children and young people's eating disorders, which is clearly one of the areas that is linked to this. That is a big increase in spend across those two areas together totalling £24 million.

Up to 2021, the amount of money being given to CCGs in their baseline spend for children and young people's mental health is increasing, and it is set out in the planning guidance how they should be spending that money. The idea is that we want to develop capacity across the whole system, which includes building the workforce to ensure that we can deliver the best services and interventions for our children. That money is being staged so that the amount that goes directly to CCGs over the course of the next three years is gradually increasing.

In 2015-16, all areas produced local transformation plans that were based on "Future in Mind", and that brought all parts of the pathway and the system together. It included schools, Public Health England and local communities. They worked together to develop these plans to show how

they intended to improve children and young people's mental health services. It is important that we know that this is not just about a health service response for children and young people's mental health; it needs to be about everybody, and those plans for each area set out how they were going to tackle the issue and included how much they were intending to spend on children and young people's mental health and eating disorders in particular.

Some £150 million has been made available for eating disorders between 2016-17 and 2020-21. That will ensure faster access to community treatment for children and a decrease in the use of in-patient beds, because more community treatment will be available. Ultimately, that will reduce the rates of relapse that we see when people are discharged from hospital. It will also mean that fewer people are transferred into adult services. It will equate to 67 new or expanded community eating disorders teams across the country. The message is that in health, new money is going out and we are seeing evidence that it is being spent on the right things.

Q207 Alex Robertson: Just to pick up on the £1.4 billion that you mentioned, we understand that that funding is not ring-fenced at the moment. What is being done to ensure that that money is not spent on areas other than young people's mental health?

Emily Antcliffe: There is no legal power for either the Department of Health or NHS England to ring-fence funding allocated to CCGs, so we are looking at other means to ensure that CCGs are spending that additional investment where we believe it is needed. As I said, CCGs are receiving an increasing proportion of that £1.4 billion over the course of this Parliament to 2021. Each year, CCGs submit to NHS England their plans for spending that money and what they intend to spend it on. Information is then made available through the NHS England five year forward view mental health dashboard, which shows what each CCG is planning to spend that money on. It is really transparent and clear. Everyone can look at each CCG's plans to spend that money.

Q208 Alex Robertson: Are you able to tell me how much of that funding is being directed at projects that help to tackle body dissatisfaction as a mental health-related issue?

Emily Antcliffe: I can't tell you that directly because it is up to local commissioners to choose how to spend that money based on their local populations. Local CCGs will get their money, and they know how much of it they need to spend on mental health services, and they will then spend it based on the needs of their populations. If there are children with mental health conditions that are linked to body dissatisfaction, a local commissioner will need to commission the services to help address that particular issue.

Q209 Alex Robertson: One last thing: how can local areas share best practice between each other on this issue?



Emily Antcliffe: All the local transformation plans are published and are publicly available. There is a big job to say which ones are good and which are not so good, so local areas can see what good looks like when looking at other local transformation plans. Also, through all of the data available through the dashboard, you can see which CCGs are performing well and which are performing less well. Again, that encourages transparency, so it helps those that are not doing so well to strive to improve, and it means that information can be shared across different areas.

Q210 **Michael Bryan:** Young people have told us that they often don't know where to go for support, especially for body image issues. Do you agree that there is a role for Government in making sure that there is comprehensive information on local provision is available?

Chair: Just to add to that, we just heard in the evidence session prior to this that the young people there felt that not only did they not know where to go, but when they got there they felt there were not sufficient resources to tackle the problems. That is the evidence we have heard today. What is your response to that?

Emily Antcliffe: Having heard the second half of the question on the evidence session, can you just remind me exactly what the question was so I can make sure I answer it properly?

Michael Bryan: The question was: do you agree that there is a role for Government in making sure comprehensive information on local provision is available?

Emily Antcliffe: I think that when a young person has a mental health condition, it is imperative that we make sure they are able to access services and get the right support when they do that. At the moment, as a young person, you would go to your GP in the first instance in most cases if you were concerned for your own mental health, or your parents may do that. It is also possible that, in some areas, schools will start to recognise that there are problems, and we would therefore hope that those schools, GPs or professionals will help direct people to the right services.

Q211 **Michael Bryan:** We have also heard that resources get very stretched. People could be waiting two or three weeks for a GP appointment, and from that it could also take extensive time if they are referred to a counsellor. What can be done to mitigate that and to be able to ensure that it is more seamless?

Emily Antcliffe: There are two bits of work that are starting to address that. One is the work NHS England is doing on the generic CAMHS pathway—the generic pathway for a child with mental health conditions. It is doing work now that looks at the journey a young person goes if they are concerned, and how can we better ensure that there is a clearer pathway for children to mental health services. That will also be picked up in the Green Paper, which will look at what services are available and how we make sure children can access those services as quickly as possible.

Chair: Before we move off the issue of funding, we will just have a quick



question from Aisha.

Q212 Aisha Malik-Smith: Going back to the question about youth clubs and local government funding, how can we ensure that the cuts to local government funding will not hit young people and have a negative impact on their body image and mental health?

Tara Kaufmann: Local authorities are responsible for assessing local need for youth services and allocating funding. Data collected by the Department for Education show that some local authorities have chosen to reduce spending on youth services, so we are aware of the problem. There are many good examples of where new partnerships and delivery models are responding to the needs of young people within the changing funding climate, and the Government is investing in programmes that help young people to develop their wellbeing and participate in their communities. I have already mentioned the National Citizen Service, which is open to all 15 to 17-year-olds across England and Northern Ireland. Of course most of that funding—the Government funds it, but is delivered locally by 300 delivery organisations, 80% of which are from the voluntary or public sectors. We are also investing £40 million in the #iwill fund to create more opportunities for young people to take part in social action; we are investing up to £40 million in the Youth Investment Fund, which will allow voluntary and community youth organisations in six of the most disadvantaged areas to expand delivery for young people. We have invested in sustainability of that youth provision.

So there is investment going in. There is a lot of interest in new models rather than necessarily old models of meeting young people's needs; but clearly it is something we need to consider watching—what is happening on the ground for young people and whether it is getting better or worse, locally and across the national picture.

Q213 Samuel Pidgeon: Hi, I'm Sam. Thanks for coming here. We received evidence suggesting that teachers may not be providing the support that gender-variant young people need. Is more training and support for teachers needed in this area?

Tara Kaufmann: Yes, we are really aware that gender-variant young people often have particularly low body image and particular mental health needs that require attention. Historically the picture has always been mixed. So, for example, gay men have long been recognised as having particular problems around body image. Lesbianism was considered until recently to be a protective factor, though for various reasons I would question whether that is still the case; and young trans people and gender-variant people are particularly likely, I think, to suffer poor body confidence.

There is not a lot of large research proving this, but there have been lots of smaller research studies that continue to bear this out. So the Government Equalities Office has recently been meeting a number of LGBT groups to talk about what is happening with young people and their body image. We also have a strong continuing relationship with Tavistock and other gender identity clinics. As you may know, there has been a massive



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increase in young people attending those clinics, and also a real change in the profile of who attends. It used to be adult men and now it is largely young women.

There is a lot happening and a lot changing that we need to understand better; but I think given how quickly the landscape is changing around young people's gender identity and sexual identity it would be amazing if all teachers were as well equipped as they should be on how to respond and help with that. It is clearly something we are going to be looking at within the new guidance around relationships education and sex and relationships education; because we need to make sure that, wherever they are, young people get the support they need.

It is not quite the same thing but we have had a big programme of work on homophobic bullying and trans bullying and identifying what schools can do to make a difference. Very often it is not just about addressing the bullying; it is about addressing the whole school ethos and how teachers can be part of creating a welcoming, safe community for all pupils. So we have got a lot of learning from that, which we are now going to be taking and trying to drive forward change across schools, so that all schools, not just the pioneers, are providing a safe environment for all children.

Q214 Oscar Daniel: The Health and Education Committees recently recommended that schools should cover education on social media as part of PSHE. How integral is social media literacy to the compulsory e-safety teaching that pupils receive at all key stages?

Tara Kaufmann: Obviously we want to help all schools to deliver high-quality relationships education and sex education, so that young people are equipped to have very healthy and respectful relationships and a healthy relationship with themselves as well. As I have already said, we are going to have a new responsibility on all schools to have relationships education at primary and relationships and sex education at secondary. We will be engaging and consulting about how best to do that. We do not yet know what role internet safety will play in that, but I would be amazed if it was not a very big one. I don't imagine for one second that we will not be making internet safety and online issues a huge part of that advice.

I should also mention the work that the Government does already in a range of areas. I don't know how many of you are aware of the Government's relationship abuse campaign for young people, "Disrespect NoBody". I can't remember what the campaign before that was called, but those are across all platforms. It is not just the TV ads you might have seen with the disembodied body parts talking to each other at the back of the bus. It is also online. We do vlogs, we do blogs and we send information into schools. We are very aware that young people access information across all channels, and that whatever we are teaching them or helping them learn about has to understand that young people live their life through those channels. We have to take that on board. Again, expect to see more of that in the guidance that is coming out about relationships education.



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Q215 **Chair:** I have another quick question on the topic of PSHE. We have heard evidence from witnesses suggesting that it is becoming an over-saturated curriculum and a place where all the issues that the Government have said they are going to deal with are put, along with issues that teachers feel do not fit anywhere else; it is all put in one place. Are there policies in place to ensure that those lessons are valuable, inclusive and delivering a message on the numerous issues now being put into that curriculum?

Tara Kaufmann: We are aware of those concerns, and we want PSHE and relationships education not to be a dumping ground for all the A. N. Other issues. We want them to be taught well. Obviously there is a balance between the breadth of what you cover, allowing teachers and schools to make their own decisions about what might be important for that school community to include, and allowing for sufficient depth, so that we achieve good-quality learning. That will absolutely be a consideration in how we develop guidance for schools about relationship education and PSHE in future.

Q216 **Becca Moore:** Will any compulsory time be allocated to RSE or PSHE, to ensure everything can be fitted in?

Tara Kaufmann: If we are putting the duty on schools to provide it, yes; that implies that schools will have to make time for it within the curriculum.

Q217 **Becca Moore:** We have received evidence suggesting that pressure on schools and a focus on exams means there is much less time and funding available for wider health and wellbeing support for pupils. Do you agree that pupils are not given enough time and space to discuss body image issues—yes or no?

Tara Kaufmann: I would love to give you a yes or no answer, but I can't, because I suspect it is variable. We are obviously very aware of concerns that there is huge pressure on schools and teachers to achieve high exam results, which might be pushing out other issues that are more concerned with students' wellbeing. The Government is really clear that it has three main goals for education: we want to close the attainment gap between those from poor and wealthier backgrounds—that is critical; we want to make sure our education system can compete with the best in the world; and we want to raise the quality of teaching, mainly by placing greater trust in the professionalism of teachers.

We are preparing students to compete against others, not just in this country but all around the world, and rigorous exams are a key part of that. We know that sometimes pressure can filter down from parents and teachers to pupils. We are all concerned—the Government and schools—about how we keep up a healthy amount of pressure for pupils but not ratchet up undue stress that is not helpful for their learning. Schools really need to manage that, because it is very hard to manage that balance from the centre.



There are lots of good examples of schools that are doing that. I have seen with one of my own children going through SATs that resources were sent out by the school about how to support your child and manage your child's emotional wellbeing at this time, full of really good advice. I don't think that is unusual; I think lots of schools are doing that. So there is good practice out there. And it is completely impossible to achieve both. And of course, we expect schools to understand that being able to discuss things like body image, safe and healthy relationships and personal wellbeing is absolutely part of their learning. Happy, safe people learn well; unhappy, unsafe people don't learn well. That is an absolute basic throughout the school system, and we expect teachers to understand that.

Q218 Becca Moore: Can I just pick up on something you said about it being variable across the country? What would be the best approach to make sure that all young people get an equal level of help and wellbeing and pastoral care in their schools on body image?

Tara Kaufmann: I am not an educationalist and I do not work in that area, so it is not for me to say that, but the process we have of looking at relationship education and PSHE and how that will be provided will of course consider all of that. In a sense, it is about how much of the curriculum we suggest is appropriate for those issues versus all the other things that teachers and schools have to deliver to make sure that our young people are competing with the rest of the world. That is where I would expect that kind of thinking to take place. Obviously, that will be in consultation with educationalists and a wide range of experts—and hopefully with young people, too.

Q219 Becca Moore: You were talking about international competitiveness in terms of education. It could be argued that the best countries are those that look out more for pupils' wellbeing—Scandinavian countries, for example. What would be the response to that, knowing that there are high levels of pressure in this country?

Tara Kaufmann: This is veering into mental health, I think. Emily?

Emily Antcliffe: Again, I am not an educationalist—I am a health person—but we do know that if children with mental health problems in school are well supported, they will do better. I don't know the answer to this yet. I think it will come out in the next period in terms of both what we are doing in the mental health space for children and young people in the Green Paper and what the Department for Education are doing on the curriculum. We are working together on the Green Paper, so there is some crossover.

We need to look at how we can make sure that our children are getting the best opportunities academically and how we can make sure that children are performing to the very best of their ability, while making sure that other things do not suffer as a consequence. I think there is a real recognition that all of that is important. I think your point was exactly right. We know that children who are happy and are safe and have the ability, for example, to talk about their mental health and mental



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wellbeing openly generally do better and achieve at the top of their potential.

So to achieve the aims that we need to in our education system, we need to address the whole picture. I think there is a real recognition of that. That is why all the various things that are ongoing—I know it sounds like we are forever talking about things that are ongoing and coming up—such as how we are looking at the curriculum, how the mental health system is shaped and how we are making sure there are better links between schools and mental health services, will hopefully address some of these issues in the round, and make sure we have a better education system and a better mental health system for children who find that life's pressures are a little bit too much.

Q220 Becca Moore: Thank you. You have talked a lot about what is coming in and RSE and PSHE. Obviously there have been changes in education funding in schools across the country, so can you guarantee that those changes in funding will not reduce the resources available for supporting the health and wellbeing of young people?

Tara Kaufmann: I am not able to give you that guarantee, I am afraid. That is out of my area. I would suggest that that is something that you could write about to the Secretary of State for Education.

Q221 Becca Moore: In terms of the allocation of funding, is it a priority in the Department compared with examinations and academia?

Tara Kaufmann: All I can say is that within the Department for Education it is considered critically important to support young people's wellbeing, if only for that core reason that unhappy, unsafe children and young people do not learn well. We know that beyond all shadow of a doubt. All the evidence points that way: children who feel unsafe or unhappy cannot learn well. So we have to ensure that we have a balanced picture and that schools have the resources they need, including the time and space to be able to deliver that balanced support for young people.

Q222 Becca Moore: Finally, what impact do you think the reduction in school nurses and counsellors will have on the prevalence of body dissatisfaction amongst young people?

Emily Antcliffe: I can talk about it from the mental health side. I think there is actually quite a lot going on about how we can make better links between schools and health services and make sure that children who develop mental health conditions which may in part be due to body dissatisfaction are getting the support they need. There was a survey carried out recently which found that more than half of schools had a really clear process for seeking help or for referring children on to services if they thought that was necessary, and around two thirds of schools had a dedicated teacher who knew how to link in with the NHS CYP mental health services and could get the support they need to do that.

Clearly we want that to keep growing, which is why we are working very closely with the DfE on the Green Paper. We would expect there to be



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some real thinking about how we can improve those links between mental health professionals and schools, so that for children who are struggling there are better services.

We do know that schools can find it difficult when trying to navigate specialist mental health support. Trying to get that balance right between NHS and voluntary sector provision can be very difficult. That is why we are planning to build on the success of the single point of contact pilot, which was a joint DfE/NHS pilot in 2016-17 that trained mental health leads in 200 schools and in specialist services in 27 clinical commissioning groups across the country. You were talking about reductions in funding; what the pilots showed was that with joint training and joint working together, you could actually make much better use of the available resources that the schools and the health system had.

When that 2016-17 pilot was evaluated, it showed that there was a real strength in better communication and joint working. It showed better outcomes, and schools reported that they had a much better understanding at the end of that process about the referral routes to specialist mental health support. It increased their knowledge of mental health issues, increased their awareness and helped them work with young people. It increased the frequency of contact between schools in the pilot and their local NHS CYP mental health services, so that children who had concerns, or teachers who had concerns about children, would know who to speak to. There was also an improvement in the timelines for children who were referred into specialised services direct from schools. That had not been happening before, so there was a real improvement there.

There are a range of different models across schools; schools have different ways of linking better into their local mental health services. As part of the Green Paper, we are looking at some of those different models and seeing which are most effective. We are also planning to build on the success of the SPOC—single point of contact—pilot by extending it to a further 20 areas, so that a further 1,200 schools will be involved in the single point of contact work. That should really help to improve communication, accessibility and understanding of referral pathways, particularly into specialist mental health treatment, so that children and young people get the support they need at the right time.

Q223 Becca Moore: I have just thought of one more question. You have given us a lot of ideas of best practice all around the country. What has been going on sounds brilliant. What do you think the best approach to sharing that best practice is, so that it gets spread further and so that more young people can benefit from it?

Emily Antcliffe: I think in the mental health space a lot of it is about transparency. It is really important to recognise that every local area across the country is different—every school is different, every health service is different and every local clinical commissioning group has a different cohort of individuals with different cultures and different backgrounds—so we have to trust to some extent that local commissioners



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can make the right decisions for their local communities. It is really important that we do not mandate particular models that happen to work really well in the north-west of the country and think that that model can be applied in the south-east with exactly the same impact and effect.

What we need to do is make sure that where there is good practice, we talk about it, and that we are really transparent about what is going on. That is the reason for a lot of the work we are doing with NHS England around the mental health dashboard and the CCG improvement and assessment framework, which has a mental health metric in it for children and young people. We can see who appears to be performing the best, based on the things we are measuring, such as how long people are waiting, the outcomes for individuals, and how much money is being spent. We can see who is doing really well, which can then encourage those who are not doing as well to go and find out what is going on in those areas, because they obviously want to be doing well.

Q224 **Becca Moore:** So you refer them to the areas which seem to be doing really well.

Emily Antcliffe: If we are really transparent and we publish information about how well people are doing, those who are not doing as well can see where the best practice is, and they can go and look at what is happening. It may be that it is not translatable to their area, for whatever reason, so we have to allow for some local flexibility in how things are applied, but it really encourages that shared dialogue and communication, because everybody wants to deliver the best services they can.

Tara Kaufmann: Can I add something a little bit different to that? We have done a lot of work in Government over the last few years around body image, and some of it is quite invisible externally, because it has been about understanding the policy links between areas. I have spent a lot of time talking with colleagues who work on obesity, school sports, women in sports, or mental health. I think that kind of understanding around the role of body image is now coming up in a whole kind of range of Government policies. It is evident in the childhood obesity strategy, for example. It is evident in the Government's sport strategy. You may be aware of the wonderful work being done by Sport England and the This Girl Can campaign.

That has all come out of this thinking at the top level, but I think in a bottom-up way young people are still really concerned about body image and are talking about it a lot. A lot of older people are not so concerned about body image and are not talking about it so much. Becca, you keep coming back to how young people's voices can be heard within this. I think it is not just about Government agencies or us thinking "How can we". It is something about young people's voices and how you can help people understand what kind of support you are needing and asking for. That feels critical to me—that we don't try to define the issue and the solutions too much for young people, which is why it is wonderful to see all this activism about body image online. Hopefully this hearing will feed into that kind of shared understanding.



Q225 Chair: You mentioned some campaigns: a question that we asked some of the campaign organisers we had in last week, and which I will ask you, is where you consider the balance to be between campaigns aimed at promoting positive body image and those that are health campaigns—for example those aimed at tackling obesity.

Tara Kaufmann: I think that work on obesity and work on body image are absolutely part of the same picture. There is growing evidence—mainly from the States—showing very strong links between poor body image and obesity. There is one study I was particularly interested in. I do not have the reference here, but I can certainly supply it to you. It followed a longitudinal study that showed that people with poor body image, whatever their starting weight, put on weight over a five or 10-year period. People with good body image, whatever their starting weight, tended not to.

I think that understanding very much fits into the Government's obesity work. Change4Life, for example, does not do fat shaming. It does not have pictures of fat people. We know that making people feel bad about their bodies is a bad place to start. People need to feel good enough about themselves to think that they are worth taking care of, and that it is worth taking action to improve their health in a range of ways. So for me they are not oppositional. They are absolutely part of the same picture, and the two parts need to be informing each other. I think that is really starting to happen in a very positive way.

Q226 Chair: We have a particular request: we were wondering if we could ask you to write to the Committee with evidence about how you are going to engage with young people on both the digital charter and the Green Paper. We would really appreciate it if you could do that for us.

Tara Kaufmann: Yes.

Emily Antcliffe: Yes.

Q227 Chair: Fantastic. One of the final questions is something we have asked all our panels: could you give us one recommendation to put in our report to give to the Government—to give to yourselves, probably—as to where the key gaps are? You have talked a lot about the plans and what you want to do. Where do you identify as being the key gaps that there still are in the body image issue?

Tara Kaufmann: That is a really tricky question to ask Government officials, as you must recognise, so I am going to suggest that for me there is something hugely important in understanding how cultural representations of women and men feed this. I think as a society our understanding of that is still quite basic and quite simplistic, which is why I was talking with such excitement about the work happening with advertising.

For me, body image is a highly gendered issue. That doesn't mean it doesn't affect boys and men, because it does. It affects them differently and in ways that are just as important but not quite the same, and our



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understanding needs to be much more sophisticated about how that happens and how we support young people to be resilient to it and to handle it. It feels to me that as a society young people on the verge of adolescence are reined in and hemmed in by all sorts of messages about what they are supposed to be, look like and behave like. Parents like me say to them, “It’s what on the inside that counts”—well, apparently not if you’re 15. It’s really not.

Young people need better support than they are getting. That is not just for Government to achieve; it is for everybody to be part of that conversation and analysis. We are really starting with it, but it has a long way to go. It is not about rushing round banning things or thinking we can control representations, because with online we are quite limited in what we can ban and control, but it is about talking about it, identifying where it happens and supporting young people, and young people supporting each other, to develop a resilience to it.

Emily Antcliffe: Again, recognising that this is a tricky question and we need to be careful, I think—and maybe it is because I’m old and have young children—that the area we know less about and that it would be really interesting to look at, in terms of developing recommendations about building the evidence base, is social media. We do not know enough about what impact the social media world is having on young children. It is growing so quickly. It would be really good to think about what we can do to minimise the harms that might be being caused by social media once we understand them, but even more importantly, what the benefits of it are and how we can really harness them.

We know that what is really important for young people is relationships. I don’t think we know yet whether online relationships are any less than physical interaction and relationships. We need to ask what we can get more understanding of in that space that will help us and how we can help parents, teachers, children and young people to understand what is okay when it comes to social media, in terms of how long you can be on it, when you should turn it off, what age it is okay to have a phone at—thinking about some of the norms that can help young people to interact in those environments safely, so that it does not have a detrimental effect on their mental health or body image over the longer term.

Q228 **Chair:** Okay, fantastic. Can you confirm before we finish the publish date of the digital charter, or is that as yet unknown?

Tara Kaufmann: I don’t think we have a date, but we can find out and I can get back to you.

Chair: That would be fantastic. Thank you very much to our witnesses. We really appreciate you coming in and giving your time today. It has been invaluable to the report we will file, and we really appreciate it.