

Women and Equalities Committee

Oral evidence: Changing the perfect picture: an inquiry into body image, HC 274

Wednesday 27 January 2021

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Members present: Caroline Nokes (Chair); Elliot Colburn; Angela Crawley; Alex Davies-Jones; Peter Gibson; Kim Johnson; Kate Osborne; Bell Ribeiro-Addy; Nicola Richards.

Questions 169-214

Witnesses

I: Caroline Dinenage MP, Minister for Digital and Culture at Department for Culture, Media and Sport, Mark Griffin, Deputy Director, Creative Economy at Department for Digital, Culture, Media and Sport, Nadine Dorries MP, Minister for Patient Safety, Suicide Prevention and Mental Health at Department of Health and Social Care, and Zoe Seager, Deputy Director for Mental Health Policy and Delivery at Department for Health and Social Care



Examination of witnesses

Witnesses: Caroline Dinenage, Mark Griffin, Nadine Dorries and Zoe Seager.

Chair: Good afternoon and welcome to this afternoon's evidence session of the Women and Equalities Select Committee on our inquiry "Changing the perfect picture: an inquiry into body image". We are hearing evidence from Nadine Dorries from the Department of Health and Social Care and Caroline Dinenage from DCMS. I will obviously ask Committee members to ask you questions in turn, but can I thank you for coming along to give evidence this afternoon?

Q169 **Kim Johnson:** Good afternoon, panel. My first question is to both of you. What is the Government's view on the issue of body image and how it impacts people across the UK? Does the Government accept that widespread negative body image is an equalities issue? I will start with Caroline, please.

Caroline Dinenage: Thanks, Kim. Can I kick off by saying thank you so much for inviting me to give evidence on this? It is something that I have been passionate about for a long time. As a Back-Bench MP, I sat on the all-party parliamentary group on body image, and there was an inquiry led by your Chair. I was then really lucky to have been a Minister for Women and Equalities in the Government Equalities Office and kick-start some of the work that they did. I am really pleased now to have the ability to influence some of this work in my role as Minister of State for Digital and Culture.

We know that your data and even data published today from research by the Prince's Trust show that body image is such a big issue. Data that the Government Equalities Office did in 2019 showed that one in five people said that poor body image had slowed their career progression and 57% of 18 to 24-year-olds said that poor body image impacts their mental health. With statistics like that potentially impacting not only someone's current but also their future career, health and wellbeing and relationship prospects, we have to work really collaboratively across Government to try to do what we can to address this issue.

Q170 **Kim Johnson:** Thanks, Caroline. I think it is great that someone like you with such a breadth of knowledge of the issue is able to come and present. Do you think that Government as a whole understands some of the major issues that you just discussed?

Caroline Dinenage: That is such a good point, Kim, because it is really important that we work collaboratively and, as you know, historically Government's track record for being able to cut through silos and work collaboratively has not always been 100%. But I do know that we have some real will here now with Nadine in the Department of Health and Social Care, the team in the Government Equalities Office and the team in the Department for Education, so there is no reason why we could not make mileage on this.



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The fact is that, obviously, coronavirus and other things have really taken up a whole lot of bandwidth for a lot of our Government Departments over the last year, but I think we do have to look strategically. From my Department, we know that so many of the sectors that we are responsible for—things like social media, advertising, film and television—are some of the biggest lenses through which all people, but young people in particular, can really build up an idealised and often totally unrealistic image of what bodies should look like. We know that these can have deep-rooted consequences in how people think about themselves and others, so it is really imperative that we do what we can to try to address it.

Q171 **Kim Johnson:** I agree. Thanks so much, Caroline. Nadine, do you have anything further to add on what Caroline just said?

Ms Dorries: First, let me say thank you again for inviting me today. It really is an important issue and I echo Caroline's comments. I hope that you can really progress and push forward and keep this issue alive, because as the Minister with the portfolio for mental health, I see how idealised body image has an impact on mental health, particularly for children and young people. We know it begins quite young in life with many people. A report is being released today that says those problems are seeded from a very young age and continue through into adulthood. Particularly with young women, we know that poor body image can induce anxiety and depression from quite a young age, so it is incredibly important.

I think it is important to recognise the impact the idealisation of body image can have on LGBT people, ethnic minorities and those with disabilities or serious illnesses. Everybody should feel confident and comfortable about their bodies. It can be a hugely contributing factor to mental health and, in the most extreme cases, which is something we are seeing at the moment in the time of covid, it manifests itself in eating disorders. We are having a particular problem with that at the moment.

We know there are two groups of people who have been adversely affected by the pandemic: young women aged 15 to 26, manifesting eating disorders, and people with pre-existing mental health conditions. Body image has a huge impact and we look forward to the work that you are going to be able to achieve as a result as your inquiry.

Q172 **Kim Johnson:** Thanks Nadine. Can I ask for your thoughts on the Equality and Human Rights Commission's call for specific guidance on appearance-related discrimination? The Centre for Appearance Research has called for weight to be a protected characteristic under the Equality Act. What are your thoughts on that?

Ms Dorries: Nothing has been done on that work yet. With body image, on my side it is more the manifestation of problems that come as a result of distorted body image, but the work on equality is under way and is being evaluated in the Department at the moment.

I don't know if Zoe, who will be more familiar with the detail of that work, which is yet to reach fruition, knows whether that characteristic is involved



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as part of that work. I know protected characteristics are being looked at and evaluated in terms of the mental health impact of body image. Zoe, do you have anything to add to that?

Zoe Seager: I have nothing to add. I think that is right—these reports are being considered and we will respond in due course.

Q173 **Kim Johnson:** Caroline, I know that it is not a particular area of your work, but do you have any views on the Equality and Human Rights Commission and these issues around weight and image?

Caroline Dinéage: Only to say that the Equality and Human Rights Commission has an amazing role. It has the capacity to really drive this forward. It is an arm's length body of the Government Equalities Office and there is a huge opportunity for a greater collaboration between the two bodies to really move this issue forward.

Q174 **Kim Johnson:** My next question is to both of you. The GEO, as you just mentioned, Caroline, released research on body image undertaken by the previous Government. Are there any plans to act on any of the findings, and have your Departments any plans to undertake any further research?

Caroline Dinéage: With regard to action, yes. There is a whole range that is happening within my team at DCMS and across the Department. We have the online harms legislation. We published a full Government response in December, and we will shortly be publishing the proposed Bill. We hope to legislate later this year.

In a nutshell, it will make companies responsible for users' safety when they are online. It means that platforms will need to take a more robust approach to finding and removing illegal content on their platforms, but crucially for this issue and the findings of that report, they will have to have in place much stronger measures to identify legal but harmful content, particularly for children, and to take much stronger steps to protect children from harmful content and activity online.

I know we are pushed for time, but there are a couple of other things I want to mention. There are two Law Commission reviews going on at the moment. You may have already covered this in your Committee. One is covering harmful online communications, which is sponsored by my Department, and one is covering internet image abuse, which is from the Ministry of Justice, all of which, of course, has a huge bearing on online body image. Our one—the DCMS one—covers things like online bullying, harassment, pile-on harassment, hate speech and cyber-flashing, all of which is totally relevant. The MOJ-sponsored review focuses on the sharing of intimate images, so it covers things such as creating deepfakes, revenge porn and upskirting.

Finally, as part of the online advertising programme, we held a call for evidence previously and now we are working on identifying and developing interventions, which we will consult on later this year, with a view to taking steps about online advertising.



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Q175 **Kim Johnson:** Thanks for sharing that, Caroline; I know that there are some questions coming further along on those issues, so thanks for that. Nadine, do you have anything to add in terms of the recent GEO report and any research that might be undertaken in your Department?

Ms Dorries: I know that the Department, as I mentioned before, is working on this at the moment, but it is really led by DCMS. We deal with the mental health outcomes as an issue, so we are waiting for this research to conclude, but I think Caroline has covered things; most of it is led by DCMS and GEO, and I think Caroline has covered most of that.

Kim Johnson: Thanks, Nadine. Those are all my questions. Thank you, Chair.

Q176 **Chair:** Can I just pick up on something that Caroline said about how the work is being co-ordinated across Government? We can see that from the mental health perspective, the Department of Health and Social Care is running with that, and DCMS is clearly doing a great deal of work, but you also referenced the Department for Education. Can you perhaps give us an idea as to whether the GEO, which is the Office that publishes the research, is co-ordinating all of the work across different Government Departments?

Caroline Dinéage: It is probably accurate to say that there has not been a great deal of co-ordination on this until now. I only joined the Department in February last year, as you know Chair, and that was swiftly followed by coronavirus kicking off, so it may well be that there have been a number of other things to distract everybody. I would be lying if I said there had been any joint meetings of Ministers co-ordinated by the Government Equalities Office on this to date.

However, that is not to say that we don't collaborate, because, as I have already said, Nadine and I are collaborating on the mental health impact of the social media, media and advertising aspects of it, and we are speaking to the Department for Education on things such as how the social media aspect in particular can be incorporated in sex and relationship education, as that rolls out more broadly.

There is collaboration, but I suppose that if your inquiry has shown anything, it has shown really powerfully that poor body image is so complex and so multifaceted, and that requires cross-Government intervention.

Q177 **Kate Osborne:** This question is to both of you and it builds on what you have said about your Departments already undertaking this work, particularly around weight and mental health issues. Can you tell us a bit about what Government policies have had a positive impact on body image in the UK? Can I ask Caroline to answer that first, please?

Caroline Dinéage: I suppose this is more what the Chair was referring to when she talked about having a co-ordinating Department that can really study the evidence and look at what is most effective. I can talk to you about the work that we are driving through DCMS. That would be—*[Inaudible]*—much more robust identification by social media companies and others that really are at the forefront of sharing user-generated



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content, to identify what harms are there and to take really robust steps to remove them. Obviously, that work is ongoing. There will be legislation later this year and this issue will be overseen by a regulator, Ofcom, with some really quite tough sanctions available for Ofcom to use against those who are not complying with this duty of care that Ofcom will need to impose.

More broadly, as I say, the work on online advertising is really important. Advertising more broadly is important, but online advertising is particularly offering some new challenges. We know that, for example, the ASA are very well equipped to be able to support existing traditional media. For example, they review adverts on a case-by-case basis, but we know that body image harms might be caused by more of a cumulative effect. I know the ASA recognise that and are doing more and working increasingly closely with social media platforms to address things like that, so I think advertising is crucial.

The other thing we have identified that makes a big difference is people's resilience and their ability to discern for themselves between what is damaging, what is legitimate, what is real, what is not—particularly in the online space. That is where digital media literacy comes in. That is something that we announced as part of the online harms response, and it is something that we will be revealing to the world in the spring, but it is all about how we can better equip people to have much stronger digital media literacy, so that they are much more able to be resilient and to protect themselves from the content that they see online.

Q178 Kate Osborne: Thanks, Caroline. I am going to move on to Nadine with the same question, but can I just say that the question is not necessarily about Government policies going forward, but looking back at what policies you feel have had any positive impact on body image?

Ms Dorries: I suppose I would say that, substantively, the success of previous campaigns from the DCMS—sorry, not from Caroline's Department—from the DHSC's perspective, we have not measured. If you look at a campaign that was launched in July last year, in the middle of the coronavirus outbreak, it was about tackling obesity, but doing it in a very positive way. Rather than talking about obesity, which has negative connotations, it talked about better health, better living, the impact of better eating. That had a very positive effect, we think. I can't give you data. I will ask, though, just in case there is data. I can't give you data and say 1 million people accessed the Every Mind Matters campaign and 500,000 of those people lost weight or had a better body image or were able to deal with the mental health problems they were having as a result of body image. It was called the Better Health—Every Mind Matters campaign.

What I can say is that research has taken place that provides evidence that giving a much more positive message—to talk about better health and about lifestyle—gives you a better outcome than if you talk about this whole thing about fat shaming and talking about obesity. People just don't engage with those body image messages. They are more likely to engage

with messages about better health and better living, and being a healthier individual. Public Health England are doing work on that. As I say, the campaign launched in July 2020. I think it is probably a bit soon for us to have a full evaluation of how it worked and what evidence we can get from that, but I do believe that would probably be available soon.

I think, moving forwards on the success of that campaign, there needs to be this balance. Not only are we in DHSC dealing with obesity as an issue and the mental health impacts surrounding body image, but we have to deal with eating disorders as well. The message has to be nuanced and it has to be positive, because we want to achieve positive outcomes as a result. I suppose the substantive answer to your question is no, there are no measurements as such on previous policies, but that it very much is work in progress at the moment.

Q179 **Kate Osborne:** Thank you. You have covered to a large degree my second question. I will stay with you, Nadine, in case you want to add anything else before I move back to Caroline.

People with protected characteristics, especially people with disabilities—you both touched on this—BAME communities and people with higher weight have reported to our Committee on facing appearance-based discrimination. So the question is about what the Government are doing to tackle this. Also, would the Government consider legislating to further protect those at risk of appearance or weight-based discrimination?

Ms Dorries: That question is more for Caroline's Department in terms of legislation, or GEO probably. I would refer you back to my earlier answer to the question that Kim asked. It is the same answer as to Kim's question, although it is a slightly different question. The work evaluating impacts on LGBT communities, the disabled and others with protected characteristics is ongoing in the Department and is being evaluated. I hope there will be an update on that shortly, but I am afraid the answer is the same. I do not have the answers for you now because it is work in progress.

Q180 **Kate Osborne:** Okay, thank you. Caroline, I will ask you the same question, particularly on whether the Government would consider further legislation to protect those at risk of appearance or weight-based discrimination.

Caroline Dinéage: That would not come under my Department. The Government Equalities Office is responsible for the Equalities Act 2010 and other legal frameworks to better protect people with protected characteristics. I can talk to you about some of the work we are doing to support people with protected characteristics if that would be helpful, Kate.

Kate Osborne: Yes, please.

Caroline Dinéage: The first thing to say is that we are hopeful that the online harms legislation will make a big difference. It effectively means that the companies that are in scope have got to have much more robust



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systems to tackle not only illegal online abuse and illegal online harms, but things that are legal but harmful. It means that what you might call high-risk or high-reach services, such as dating sites, will have to take regular risk assessments to identify things that are legal but harmful on their sites. It means that Ofcom will have a duty to consider the vulnerability of users whose circumstances appear to put them in need of special protection. Also—I mentioned digital media literacy earlier—it really does take an approach that will empower adults to keep themselves safer online while also protecting their right to freedom of expression. It will really help protect people who are at risk of being bullied or attacked on the basis of their identity. That is being backed up by the Law Commission work, as I mentioned already, which we hope to roll into this legislation when it comes into force.

I am sure you are going to ask what that means in practical terms. It means that users will be enabled to have a much more understandable and direct form of system by which they can report abuse. It sets out very clearly that they should expect to receive an appropriate response from the platform about exactly what action will be taken, and that might be the removal of the harmful content or it could be sanctions against the offending user. In many cases it could be changes of processes and policies to make sure people are much better protected. It means that people's interaction with social media and online services will be better, and we are also encouraging these platforms to build safer designs right into the original thinking

As I mentioned, there is the work on media literacy. That really is about addressing the challenges that adults, children and young people face in total, but with a focus on vulnerable and disabled users. We are working really closely with social media companies on this.

One other thing that I think is quite useful is that the Advertising Standards Authority have implemented new codes to prohibit harmful gender stereotyping, and they have plans for work on racial stereotyping, which is basically looking to replicate some of the work that they did in 2019. They have also shown some commitment to intersectional discrimination, so there is some really positive work in the pipeline from them.

Q181 Chair: Nadine, can I take you back to the work you are doing on obesity, BAME people, disabled people and the evaluation of it? Is that data that you either are sharing or will be sharing with the GEO?

Ms Dorries: Public Health England are doing that, and the obesity campaign is under Jo Churchill's portfolio. We work with Public Health England because of the mental health impacts that are a result of that. I do not think that Public Health England are in a position yet to share the data, because it only launched in July 2020. It was revamped in September 2020, and I imagine they will do a six-month review where they analyse the data and look at it. I hope that PHE will measure the outcomes of those platforms, how they have worked and the impact that

they have had. You may have seen the adverts on television at the time. The campaign in September was particularly well advertised.

Q182 **Chair:** Is it your expectation that that information would be shared by Public Health England with the Government Equalities Office?

Ms Dorries: I would absolutely hope so. Actually, we will take that away and make that request.

Q183 **Angela Crawley:** My question is to Caroline. First, welcome back to the Committee. What is the Government's position on the labelling of images that have been digitally altered?

Caroline Dinéage: Thank you so much, Angela. It is lovely to see you again.

Obviously, image editing is such an important issue. We have been looking at evidence about various approaches, including what we can learn from international practice. Some work has gone on in Australia and France to various extents on this. More broadly, I have written to the ASA to ask them to look more closely at this and set this out when they set out their next steps on body image.

Because I am a horrible stalker, I have been listening to some of your other evidence sessions on this. As you have heard already, there are some conflicting views on labelling. The academic research shows that labelling alone is not going to be the silver bullet. The international practice has not shown it to be effective as a stand-alone move. Equally, I have heard the views of those with lived experience of poor body image, who seem to think that this would make a difference. We want to make sure that any Government intervention that we take from DCMS really is effective. That is why I pledged that we will consult on this as part of the online advertising programme in the spring.

We are going to go into it with an open mind. We do not think there is one simple solution, but anything could help. The key thing here, and what will probably come out of the consultation, is that we need to have multiple interventions. We need to work very closely with the industry and the ASA.

We are feeling much more demand from consumers for more authentic and representative copy on social media and beyond, and we really want to work to feed that demand. There is a growing sense of a culture of celebrities pushing back at airbrushing, with some high-profile fashion and beauty brands. I know that you spoke to Dove in one of your evidence sessions, which is really taking a cue from their consumers about the demand for this. We want to help support that and give it a nudge in the right direction.

Q184 **Angela Crawley:** You touched on this in terms of the research that your Department is conducting. Instead of labelling digitally altered images, what other measures will the Government use to tackle poor body image caused by over-exposure to unrealistic images?



Caroline Dinanage: It's the combination of things that I think I have alluded to up to now. It's the combination that involves working with the advertising industry to make sure that they are taking all the steps that they can to address this. In some cases, that is them using regulation and their own guidance to be quite careful in how they steer and instruct people as to what adverts should look like; but in other cases, it's about supporting, where I think there is a demand, much more realistic body images online. It's that; it's tackling it through our online harms work and also through the digital media literacy work. So it is quite a multi-pronged tack that we want to take from DCMS.

Q185 **Elliot Colburn:** Nadine, I have a section of questions for you about mental health, if that's okay. Could I start with quite a broad-brush question? Could you expand a little on what you believe the Government's understanding is of the relationship between poor body image and mental health?

Ms Dorries: I think we see it most, Elliot, in eating disorders. I apologise if I seem to be mentioning that a great deal, but it is and has been a huge problem during the pandemic. It was a problem before, but, as you can imagine, with people—young adults: young women and also men and boys—being at home, they have less control over what they eat, how they eat and when they eat it, because they are locked down. Add to that the layers of apprehension, fear, unknowing, disruption to social circles, school—all the other layers on top of it—and the situation has been extremely difficult for that group of people. So I suppose that is the area, in terms of the relationship between body image and mental health, that I have been most absorbed in—because it has been a problem.

We have combated that, done our very best to deal with it, by providing additional funding to charities like Beat, to help their helpline to increase the number of calls that they can deal with—I think it was up to 100,000—and that has been incredibly well used. We gave £10.2 million to other charities to help deal with this issue. We have also had to bring in crisis help teams in communities—to go into people's homes to help people at home, particularly young women.

We have seen a surge on eating disorder beds across the country. We were doing really well with eating disorders. We have established a further 18 eating disorder in-patient units. But I have to say the pandemic, the past 12 months, the past 11 months, has seen an absorption—why do people have eating disorders? How do they develop? I think some of the answers are fairly obvious: body image and all the things Caroline spoke about in her evidence on social media and online platforms. That is one of the reasons, I think, why DCMS is working on online harms.

All those things have a role to play in someone's perception of their body image and how that manifests in a mental health issue. I see the mental health impact being, at the moment, the most serious. Eating disorders are actually the most deadly of all mental illnesses. One in four people with an eating disorder dies as a result. That is the highest mortality rate—higher than for any other mental health issue. It is 25%; it is a huge



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percentage. Therefore, we give—*[Inaudible]*—working and finance, and why it works within the Department, because we see a direct correlation between body image and what we are having to deal with over in DHSC.

Q186 **Elliot Colburn:** I will want to talk a little more about eating disorders. You touched on this next question, but just to expand on it a little, we have received anecdotal evidence that mental health problems have soared during lockdown, with mental health services being less accessible than they were previously a contributing factor. Will you expand a little more in general on mental health services in place during lockdown that people can access if they have concerns about body image? What are the Department's ambitions, when we come out of lockdown, for accessibility to those services?

Ms Dorries: It is important to deal with the facts to begin with. No mental health services have ceased as a result of the pandemic; in fact, they have increased. To deal with the pandemic and the response of the mental health services initially, I will ask Zoe to give a table of the funding in a minute—giving you some notice, Zoe—the funding injected into mental health services for the pandemic.

On 4 April, we decided that we would establish 24-hour, seven-days-a-week crisis helplines across the UK for mental health patients. Those helplines were established and were up and running very rapidly indeed. Mental health services did not decrease; they increased.

In addition—this applies to the young people who have a number of mental health issues, including anxiety, depression and eating disorders, some of which are a direct result of body image and low self-esteem—we introduced a surge, a push, on digital services being provided for young people. I did a roundtable with Barnardo's young people, and they were saying, "This is how we want our CAMH service delivered. We want it on our laptops, our phones. We don't want to have to sit in a building and wait to see someone. This is how we want it, and we want it when we need it."

There was therefore a huge push on digital CAMHS. We saw a drop-off for CAMHS—there are a number of reasons for why that might or could have happened—but we saw a surge in young people wanting digital counselling and digital IAPT, to have those services that they normally received through CAMHS down their phone. And they got them.

That was a success story of mental health delivery, but there was no restriction on any mental health services. There was actually the opposite. We saw a number of mental health services in the long-term plan, which has had £2.3 billion in funding year on year, and we have seen that accelerated forward. For example, we gave £8 million to a wellbeing return-to-school package, for mental health to go into schools.

Those taskforces are very important, working in schools and identifying at a very early stage mental health problems in children. One of those is eating disorders—we know that the earlier you intervene, the greater the



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chance of success. We have been rolling that out. I think there are another 13 authorities where we have had a mental health taskforce rolled out in schools, to deal with children from a very young age.

Rather than there being fewer services available, there have been more, because funding has been put in, the long-term plan has been accelerated and, on top of that, we are running a mental health taskforce to deal with the covid recovery plan and we have secured another £500 million from the Government in the spending review. We are working on ways to target that—but one of our target groups is young women aged 15 to 26, as well as those with eating disorders—and on getting more of those taskforces into schools across the UK, so that we can identify mental health problems early.

Going back to the headline title of your inquiry, many of those problems are about poor body image and the mental health consequences. All our work on the long-term plan and to deal with covid recovery actually feeds into your agenda of identifying problems early and being able to put support in at a very early stage—to put mental health services in at the earliest point of recognition that there is a problem.

We would then have a greater chance of success, because the best way to deal with mental health problems as a result of poor body image is to get in early and stop them before they become more serious, entrenched and lifelong lasting.

I'm sorry if you feel I'm jumping on your initial premise, but it just isn't true. There has been a lot of rhetoric around mental health, about us facing a tsunami and that suicides are going to increase, when in fact what we have seen is that the suicide rate has not increased at all. There are two specific groups who have suffered—for want of a better word—with regard to the pandemic: young women, as I've said, and those people who have pre-existing serious mental health illness. Those are the two groups that we know have been impacted.

There is something that nobody ever talks about, because we don't talk about the good news. If you had Professor Tim Kendall as a witness, he would tell you that there are groups of people who have had a positive mental health impact due to lockdowns, and they are mainly families. That's great, but my focus and that of the Department is on those who aren't having a good impact, and to ensure that we have a safety net and services in place to catch those people, to help them and to roll out the services that we need to ensure that we get in there early.

Even without covid and the pandemic, we had already identified that, if you can get in early with children who are developing problems as a result of social media, poor body image and all the other factors that we know come into play, you can have a far greater chance of success with those young people moving forward, than if you wait for the manifestation of issues and for the problems to be both obvious and visible. That's not the stage of their illness at which we want to be intervening and getting in. From talking to some of the mental health taskforce teams in schools, I



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know that some of these problems manifest in children as young as five. That's what we've been focusing on. I am proud of what we have achieved over the pandemic in terms of mental health support, both to young people and in schools. Sorry, that was a long answer.

Q187 Elliot Colburn: That's all right—it was very comprehensive and you've answered a lot of my upcoming questions. You've anticipated what we were going to say. That's fantastic; thank you, Minister.

I think you've answered the question I was going to ask about how the Government would explain the rise in eating disorders and the work that the Government are doing to try to tackle that. From an equalities perspective, is there anything you could or want to add around the problems facing those with protected characteristics, particularly those from ethnic minority backgrounds, women and children? Is there anything you want to add, from an equalities perspective, on the work that the Government are doing on eating disorders?

Ms Dorries: As I said in an earlier answer, that piece of work is being undertaken in DHSC at the moment. Everybody, regardless of whether they have a protected characteristic, should be comfortable with their body. Everybody should be comfortable with who they are and their body image. What I would say is that the work that we are undertaking with regard to LGBT, disabled and other protected characteristics, is towards that goal and end—that there is no discrimination, that people do have the right and the ability to feel confident within their body and with their body image.

I've seen the evidence from young black women and the LGBT community about some of the online content they've had to deal with and some of the issues. That is work that is being undertaken at the moment. I wish I had more comprehensive answers that I could give to you, but I don't. The GEO work and research that was commissioned is being looked at at the moment. The work that is being undertaken between my Department and Caroline's on online harms, body image and other work will all feed into that. I would hope that, if I am still here this time next year, you will call me back and I'll have a better answer to your question than I do today.

Q188 Elliot Colburn: That's brilliant; thank you, Nadine. Can I finally move on to NHS services? The Committee has received evidence from patients who use the NHS, who say they face stigma and discrimination because of their weight, which often leads to fewer visits to their GP. What training do medical professionals receive on promoting a positive body image or dealing with these issues?

Ms Dorries: Not enough, I would say. I cannot answer you in terms of obesity, as that is not my portfolio—it is Jo Churchill's—and I have no idea what is given in the way of training to doctors.

I would go back to an earlier answer and the work that Public Health England has undertaken. Fat shaming has no positive outcomes. It does not achieve anything. It does not encourage people. We know that obesity plays a huge role in the pandemic and in coronavirus—I think data



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published this morning shows that well over half the people who have died of coronavirus have been in the obese category. We know it has a huge impact and we know that we are one of the most obese nations in the western world, and it must have had an impact on our coronavirus death rate, yet none of that information is going to inspire anybody to have a positive body image or to get to a healthy weight.

Therefore, the focus has to be not on the word “obesity”—it is just an awful word—or shaming people or making people feel bad about their weight but on emphasising the positive outcomes of healthy living, healthy lifestyle and healthy diet. That is what we should be talking about, because, actually, the health benefits and the impact of a healthy lifestyle and a healthy diet are to do with more than obesity—they are to do with people’s cognitive function, how they sleep, their personal relationships and how they socialise. The outcomes are about more than just losing weight, so it is about keeping that message positive and upbeat and trying to educate the public that fat shaming and talking about obesity and people being overweight is just not the way to go about it. The way to go about it is to be positive.

It is like with all things. If you are positive and you put over the good message, you are going to have better outcomes than if you try to do something which is negative. I can ask Zoe if we can get a note to your Committee on what training is available for doctors on obesity, to inform your inquiry.

Q189 Elliot Colburn: Thank you, Nadine. I was going to ask whether the Government is going to review the use of BMI as a measurement of weight, because it has received criticism. Does that fall more under Jo Churchill’s remit—if so, we can send something over—or are you happy to take that question?

Ms Dorries: That’s me.

Q190 Elliot Colburn: Fantastic. Does the Government have any intention to review the use of BMI?

Ms Dorries: That work is also constantly under review, because we know that doctors, and GPs particularly, have an over-reliance on BMI as an indicator of whether or not somebody has an eating disorder. As you probably know, the NICE guidelines are very much around the fact that that should not be the case for anybody who is being assessed for having an eating disorder; there should be a number of criteria and factors considered and coming into play, not just BMI.

In fact, although as part of the PHE campaign we want people to understand and know what BMI is, how to measure your BMI and how to be able to gauge yourself whether you are a healthy weight or not, BMI can overplay a role in terms of eating disorders. The NICE guidelines are that that criteria should not be used, but in terms of training, we have provided Health Education England with further funding so that they can train doctors on how to assess people with eating disorders and how not to use BMI as the only indicator.



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In terms of your question, yes, we understand the good and the bad in BMI—we know there is good and bad in it—but we do need it, because we do need people to have something by which to gauge whether they are a healthy weight or not. But we also need to be very careful down the other end of the scale. As I have said before, getting in early with eating disorders is really important, and making sure that doctors recognise that someone has an eating disorder by the characteristics of their presentation, by their lifestyle, by what family and other people are saying, and by the messages that the young person is giving, or that they are giving themselves, not just what the scales read when they stand on them. Training is in place for doctors on that. BMI is something that we are constantly discussing and that health officials are constantly reviewing, and as the information becomes available to us, we change our policy accordingly.

Elliot Colburn: Thank you, Nadine; that's very helpful. I have no more questions, Chair.

Q191 **Bell Ribeiro-Addy:** I have a question for Nadine about early intervention. The Committee received evidence from expert organisations, like Beat, YoungMinds and the Royal College of Psychiatrists, which all stressed the importance of early intervention to increase the chances of recovery, and said how much we needed to increase research funding to better understand the relationship between eating disorders and poor body image. I know you touched on funding more generally, but what consideration or plan does the Government have to specifically increase funding for research and preventive strategies, and for early intervention more generally?

Ms Dorries: I don't know, Bell. Zoe, do you have an answer to that, in terms of research funding?

Zoe Seager: We are constantly reviewing where the evidence gaps are and what research we need. We will be putting forward proposals in terms of what research might fill those gaps, through the standard NIHR processes, but I can't confirm whether we are able to fund any of that or not in the short term.

Ms Dorries: Sorry, Bell. Obviously, I work closely with Emma at YoungMinds, and with Beat and other charities, and it is a valid concern that we need more research. I would say that if we hadn't had 11 months of coronavirus, we might be there—we might have a better answer to your question and we may have been able to focus on those issues, but I am afraid that in the last 10 months, all of the impacts of covid and what we have been doing with covid have taken up the bandwidth with individual Ministers and our portfolios.

Q192 **Bell Ribeiro-Addy:** And on general early intervention strategies?

Ms Dorries: We do a lot of work on this with NHS England. Again, I am particularly keen on early intervention in eating disorders that are as a result of poor body image, but that is why the mental health taskforce in



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schools is there. That is why that policy is rolling out in the long-term plan, because we recognise the importance of early intervention.

I will give you an example. Before covid, I went into a school in Walthamstow to see how the mental health taskforce was working. I was with a group of children who were aged between five and eight. There was a little boy who was suffering from anxiety at the age of eight. He showed me the methods that the mental health taskforce had put in place to help him deal with his anxiety. He was a worrier; he worried a lot. He had been taught by the mental health taskforce that it was okay to worry. They had put an app on his phone that gave him two 15-minute slots a day in which to worry. One of his worry sessions was 6 till 6.15 at night and one was 12 till 12.15 during the day.

We might think, "What's that going to do? You just worry, don't you?" What it had done, in terms of early intervention, was give him a strategy to deal with his anxiety. It was a strategy that, over a period of nine months, he had grown with and was using really effectively. The mental health taskforce team had seen an absolute reduction in his anxiety in the classroom, and an increase in his concentration and his work. The difference that they had seen in the months that they had been working with him was measurable. Teaching him to deal with anxiety at six or seven years of age will have a life-long impact. That will stop him becoming an anxious adult, by teaching him very early how to deal with anxiety.

Pre-covid, one of our plans was to teach young people about mental health—its impacts and how to deal with it, along with other things. That is what the mental health taskforce will also be doing. Their numbers are increasing. We have increased them during the pandemic. We are going to increase them further with the £500 million of funding we secured in the spending review, on top of the £2.3 billion. That is additional, to put an extra boost into getting more mental health taskforces into more schools. Honestly, Bell, I could not be more enthused by the work of these teams.

Our big stumbling block in getting more of them recruited is that many of them are in university training at the moment to come out and do this work. We are scooping everybody we can up who came out last summer, to get them into schools and forming the mental health taskforce teams. We have got more coming out this year and it is a really positive input into DHSC working with the Department for Education, working on schoolchildren and on early intervention to stop those mental health conditions, which just brew and grow within children if they start early, particularly eating disorders, which are the most deadly of all mental health illnesses. Getting those teams in when they spot a five-year-old showing behaviour patterns that indicate that that person, that child, that little girl is going to develop an eating disorder—I think it's unquantifiable in terms of its positive impact.

Q193 Nicola Richards: My questions are to Nadine. Evidence indicates weight-based public health campaigns aren't successful, which you have already acknowledged. I know that you don't have any statistics yet based on the



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work the Government has already done, but do you know how the Government plans on measuring the success of the obesity strategy so far?

Ms Dorries: Someone told me that all the questions would be for Caroline, and I would just get one or two! Thanks, Nicola. The answer is not yet, and that is because of what we have had to go through with covid. What I would say is that, given the relationship between covid and obesity, and given that, although we will all be vaccinated and protected, we know that covid isn't going to go away and is going to be with us for a while, at least, we all know people who have been, if you like, stimulated into addressing their health issues and their healthy body weight issues as a result of covid. The Government obesity strategy has had some impact on that, we believe—we don't know because we haven't measured it yet.

The bottom line, Nicola, is that there needs to be more of an emphasis on this, but we have to be very careful and very nuanced in our messaging, because we also have a problem down at the other end, in eating disorders. Public Health England's work on its obesity campaign is ongoing. It is being evaluated now. It will be relaunched. The commitment was to relaunch and for regular updates. That will be happening soon, I would imagine, but I don't know yet because we haven't been given a date. At some stage soon we will be able to evaluate whether that has worked or not, but at the moment we just don't know. At the moment the emphasis is on making people understand that they need to be a healthy body weight because there is a relationship between covid and obesity, and we have to therefore focus on trying to make sure we get the nation as healthy as possible.

But there are lots of other scenarios behind this. We have junk food outlets opening every single day—hundreds of them across the UK—dead food, junk food outlets opening, which provide no nutrition: high-fat, high-sugar diets to young children. That is a combination, as somebody once said to me, you'll never find in breastmilk: high fat and high sugar. We know that that combination of high sugar and high fat has a serious health outcome. There are huge amounts of work to be done, and educating people on junk food and the impact of junk food is part of that, but it is all about healthy eating, healthy lifestyle, healthy body weight.

Q194 **Nicola Richards:** Thank you, Nadine; that leads me on to my next question. In light of the fact that we are also dealing with a crisis with eating disorders and body image, do the Government still believe that it is right to pledge to add calorie information to menus? Is that method still one that the Government think is going to be helpful, or will it have consequences on other groups of people?

Ms Dorries: Yes, we do think it will be helpful. We are looking at a number of ways of labelling foods and providing calorific information on food, including menus, but also at having menus without that, so that if a family know they have someone who has an issue with the calories being labelled on a menu, that person can ask to have a calorie-free menu. It is about choice. We are not saying that every menu in the country should

have calories listed beside it, but that people should have a choice on that. That is something that we are looking at.

I know that the traffic light system of labelling, which again is in Jo's portfolio and not mine, is being evaluated at the moment, as is the labelling of calories, and all those things that help people to make a better choice about what they eat and what they choose to eat.

Lots of people aren't even aware of calorific content—people who go into a fast-food shop are not aware that you have got around 1,000 calories in a bacon cheeseburger and fries, and those kinds of things. We want people to know what it is that they are consuming so that they can make better choices, but we are aware of those people with eating disorders and making sure that we protect them as much as we can.

Q195 Nicola Richards: I know that you have just said that this fits more within Jo Churchill's portfolio, but do you know whether the Government are considering ensuring that traffic lighting is not allowed to be in greyscale, which sometimes hides the red label on food with high fat content?

Ms Dorries: Yes, that work is going on now, Nicola; that is under review at the moment. It is all part of the obesity strategy, and it has all been accelerated by the relationship between coronavirus, coronavirus deaths and obesity, so that work is under way right now.

Nicola Richards: Thank you very much; those are all my questions, Chair.

Q196 Chair: I am conscious that we are quite tight on time. I am just going to ask a couple of quick questions to Nadine. You have spoken really passionately about the impact that poor body image can have on the mental health of young people, and you have spoken about five-year-olds whose mental health has been impacted by it. Can you just give us an idea of what evaluation there has been of the impact of weighing children at primary school on their mental health?

Ms Dorries: It is good and bad, Caroline. It is good because it provides us with the data that we need to measure what is happening out in the country. When people say to us, "So, what are the obesity statistics?", we don't know what they are. What are the obesity statistics for children? We don't know what they are unless we can weigh children. Parents get that data, because children are weighed at the beginning of primary school and at the end of primary school. Some parents appreciate it, but we also know that it has a negative impact on some, and that some people think it is intrusive and invasive.

However, some people do not understand the relationship between BMI and weight, or what a healthy body weight is. It is a bit of a double-edged sword. We are aware that it is not a wholly or 100% positive thing to do, but we are also aware that it is a bit of a tricky one, because we need the data to develop obesity strategies and policies to deal with obesity, and we need to know what is coming down the line to us. If we are weighing children at the beginning of school and weighing them at the end, we



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know what percentage are obese. We need to know that to develop our policies.

I discussed this with the policy team this morning. It is not in my portfolio, but we know that it is not 100% successful, because we know there are some negative impacts. Again, it is about the messaging. It is about what we say in terms of policy, and it is about nuancing the messages. I cannot give you a better answer than that, Caroline.

Q197 **Chair:** So there has been no specific evaluation on the impact of that programme on mental health.

Ms Dorries: There hasn't, no.

Q198 **Chair:** Body image now gets mentioned as part of health education at secondary school, which is an absolutely fantastic thing. Well done to the DFE, who has included that. Does either the DHSC or DCMS—I will stick with Nadine for now—have any specific programmes that you promote to educate young people about fostering a healthy body image?

Ms Dorries: That is work undertaken by DFE. I am not fully across that. Obviously, children are not in school, although they are having online learning. I am not sure what disruption there has been to those pastoral subjects, but I know that the DFE did have plans. A number of issues were being looked at by DFE. Body weight and image was one of them, along with a number of other things—online bullying, and those kinds of issues. I cannot answer for the DFE, but I know there were workstreams in progress. I just don't know what has happened to them in the light of covid.

Q199 **Chair:** Thank you. I appreciate that that is a DFE lead. Caroline, do you have anything to add on that, or is that very much for the DFE?

Caroline Dinéage: Not a great deal, Chair, only to say that the Department for Digital, Culture, Media and Sport has fed into the thinking from DFE about how people should be taught about the similarities and the differences between the online world and the physical world, and the impact of unhealthy or obsessive comparisons with others online and unrealistic expectations of body image that you might see online. We have been trying to feed in on the online harms aspect of this, and we will take some of the learning from that and build on it for the online media literacy strategy, which, as I say, we will publish in the spring.

Q200 **Peter Gibson:** This question is for Caroline. Good afternoon. Can you set out for the Committee, please, the Government's role in advertising regulation and your relationship with the Advertising Standards Authority?

Caroline Dinéage: Thanks, Peter, and it is good to see you. As you know, the ASA are an independent industry regulator. We work really closely with them to make sure that we understand the policy changes in advertising, to make sure that we engage in policy changes that we are making such as high fat, salt and sugar advertising, and the online harms legislation that we are working on now. We don't tend to intervene in

specific cases around enforcement or the rules, but, as I said earlier, I have written to them. I wrote to them last year asking them to set out their next steps on body image, and about the outcomes of their review on gender stereotypes and whether they are going to go any further on that. That is basically the relationship in a nutshell. I know you are pushed for time.

Q201 **Peter Gibson:** Have you received a response from them in respect of that correspondence?

Caroline Dinéage: I don't think so. I might be fibbing. I don't know whether Mark is on the line and knows the answer to that.

Q202 **Peter Gibson:** Would you be able to share it with the Committee?

Caroline Dinéage: I'll let you know.

Q203 **Peter Gibson:** Thank you. We have seen a lot of discussion and debate recently about the plans to control advertising in respect of foods with high salt and high sugar content to combat obesity. We have also seen discussion about the banning of two for one and buy one, get one free and so on. What are your views on that? What is the Government's role in respect of tackling obesity, and what about the balance between freedom of choice and controlling obesity?

Caroline Dinéage: The work that we are doing concentrates on the complete ban of online advertising of high fat, salt and sugar, which was mentioned last summer, if you recall, when the obesity strategy was unveiled. They talked about planning to have a full online ban of high fat, salt and sugar advertising as well as a watershed for TV. Because that had not been part of the original consultation, we have been consulting on that literally right up until the last few weeks, and we have had thousands of responses to that. We are correlating them now so that that work can go into the obesity legislation and strategy more broadly.

I probably would say, just so that you are aware of our approach to this, that total bans tend to be at odds with the approach that we take more broadly and in terms of digital regulation. On things like online harms, for example, we take a much more risk-based approach. We tend to look at systems and processes. It is a horizontal approach to harms, rather than a vertical approach looking at individual harms. But clearly, covid-19 has really exposed the undoubted dangers that we have suffered from being basically quite an unhealthy country and how that has impacted the amount of people being admitted to critical care, particularly in the second wave of the pandemic, so that is why we are taking quite a different approach in this particular instance.

Q204 **Peter Gibson:** It is clear from listening to the evidence today that the responsibility for body image, the controls and work that is being done is spread between a number of Departments. Do you think that the Government could improve its strategy in tackling this problem?

Caroline Dinéage: In terms of body image, Peter, or in terms of the obesity strategy?



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Peter Gibson: In terms of both, and collaborative working between Departments to resolve it.

Caroline Dinéage: On this particular strategy, the collaboration has been excellent. It is largely driven by Nadine's Department, the Department of Health and Social Care, but we have swept in to do the online advertising aspect of the work and obviously the TV watershed aspect as well. The collaboration there has been excellent. We have worked at pace, because we know that this was something that was very much in the Prime Minister's mind when he was very poorly last year with the coronavirus.

More broadly, you are right. There is probably a lot more we can do to work collaboratively on the bigger issue of body image, because it impacts on so many different levels and on so many different Government Departments, and it is so multifaceted, as I already said. Certainly, we could use some form of co-ordination on this.

Q205 **Peter Gibson:** One final question, which I would have liked to ask earlier—it was more appropriate earlier—but I will ask now anyway. Turning to the online harms Bill, and mindful that a large proportion of people who are affected by online scams and fraud are the elderly, do you think there is a missed opportunity in not tackling fraud in that Bill?

Caroline Dinéage: This is really tricky, and we have talked about this a lot. This particular Bill only looks at user-generated content. I suppose the reason for that is that already this is a very large piece of legislation. As you can appreciate, we are trying to respond to competing pressures from those that care passionately about protecting children and other vulnerable users online and making the UK the safest place in the world to be online, the pressures from those who really want to protect our freedom of expression and freedom of speech and the pressures from the industry—who clearly don't want to be overly regulated, although I am sure they appreciate that there is a commercial benefit in being seen to be trusted. That is why we kept this to user-generated content.

However, I certainly think there is scope in our online advertising work, which as I say we are consulting on in the spring, to look more broadly at issues of fraud. Where fraud comes via user-generated content, I should say that the online harms work can potentially pick that up, because it is the sort of harm that platforms will need to identify—they will need to set out a code of practice as to how they would tackle it—but more broadly, fraud tends to come from fraudulent advertising, in which case that would come under the next consultation that we are doing in the spring.

Q206 **Alex Davies-Jones:** Caroline, what is your Department doing to make sure that social media companies are taking more responsibility for the content on their platforms?

Caroline Dinéage: This talks to my favourite subject at the moment, which is the online harms work that we are doing. As you know, we published the full Government response just before Christmas—in December. It basically set out a whole new set of expectations on



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companies for keeping their users safe online. It is really about a whole different experience online, rooted in the core ambition that we want the UK to be the safest place in the world to go online.

As part of that, companies have to tackle illegal content on their platforms straightaway, and then they have to look at the stuff that you might call legal but harmful, and particularly at how they protect children from harmful content and activity. That will happen in a variety of ways. Major platforms have to set out very clearly what legal content is acceptable and likely to be found on their platforms, and then set out very clearly how they will tackle what isn't supposed to be there. Then they need to stick to it—that is really key. That is all about closing the gap between what companies do and what they say they do.

This obviously has to be proportionate and risk-based, but it is going to be overseen by quite a powerful regulator, Ofcom. They will have a range of enforcement powers, which are quite powerful, including substantial fines of up to 10% of worldwide income or £18 million—whichever is higher. There are other preserved rights in that legislation.

More broadly, from the perspective of this inquiry, there are the strongest possible protections in place for children. All companies, no matter what size or scale they are, have to do a risk assessment on their site. They have to look at how likely children are to access their services and what the risk is to children on their services, and they have to put in place additional protections for children who might be using their platforms. By doing that, companies will need to do far, far more to protect children from being exposed to harmful content or activities—things like grooming, bullying and pornography, and particularly things like the promotion of self-harm and eating disorders, which I know your Committee cares deeply about. That is basically it in a nutshell.

Q207 Alex Davies-Jones: Thank you, Minister. It seems like we are pinning all our hopes on this vital piece of legislation. Unfortunately, it has been delayed time after time. Can you tell the Committee when exactly the Bill will be laid before Parliament?

Caroline Dinenage: The legislation will be released shortly and will start its passage through Parliament this year. We hope to do pre-legislative scrutiny, because it is such a massive piece of legislation. As I have already said, it is so broad and there are so many aspects to it, and we hope to kick that off in the spring.

Q208 Alex Davies-Jones: It wasn't so long ago that none of us had ever heard of TikTok, apart from on a clock. With advances in technology happening so rapidly, what impact does the delay in the process have on the prospect of any real and necessary change in this area and on the people this Bill is meant to protect?

Caroline Dinenage: That is a really important question. There have been some delays, not least because of covid, but in many ways I think the coronavirus has given us an opportunity to take a step back and see whether this piece of legislation is really going to be fit for purpose. Over



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the last year, our lives have literally pivoted and we have had to do everything online. We have worked, learnt, and got our entertainment and all our social interaction online. It has brought into really sharp focus the challenges and obstacles that we need to overcome through this legislation.

There are some things that we maybe weren't thinking of putting into the legislation—things like misinformation and disinformation, which have been so powerful. As you know, back in the first lockdown we had all the disinformation around 5G masts. We had people going out and burning down 5G masts—and, in fact, 3G masts too because they couldn't tell the difference. More recently, we have had all the anti-vaccination campaigning.

The delay has actually been a benefit. In terms of the protections, my clear message to social media platforms and others is that this stuff is coming down the line now. We have published the response and we are shortly publishing the legislation. We are not the only country in the world doing this. We are the first, but we are not the only one. Loads of other countries are looking at what we do. The EU has recently published something that begins to make changes in this direction.

This legislation is coming, and my message is that organisations need to start putting their house in order now. There is no reason they can't start making these changes right away, in advance of the legislation. As I said already, there is a real commercial advantage in them doing that, because there is something much more commercially attractive about businesses that promote safety, reliability, dependability and transparency, and those that set out to protect the vulnerable and children.

Q209 Alex Davies-Jones: There is currently no age verification process to access social media, and other apps and websites. You have to be 13 to join the majority of social media companies; for WhatsApp you have to be 16. At this week's Digital, Culture, Media and Sport Committee, I questioned the Information Commissioner's Office about how we seem to have greater protection for young people when they go to the cinema to watch a movie than when they access social media. What will the Government put in place to ensure that children do not encounter body image pressures too young?

Caroline Dinéage: As part of the online harms legislation, we expect, as we have said in our response, that we expect companies to use age assurance or age verification technology to prevent children from accessing services that pose the highest risk of harm.

In a nutshell, to translate that, there may not be the legislation or technology in place right now, though there is some really positive emerging safety tech in this space, there is early technology available. The legislation says that, as soon as that technology is much more refined and easily accessible, companies need to flex it. They need to maximise the ability to use that stuff.



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It also helps the purposes of your Committee to know that age assurance is basically the umbrella term for the technology that assesses a user's age. Age verification is the highest measure, and that checks against officially provided data. There are other measures known as age estimation. We are looking at age assurance or age verification technology right here.

Q210 **Alex Davies-Jones:** On age verification, what are your thoughts on ID cards for 13-year-olds?

Caroline Dinéage: We haven't historically been a country that requires people to carry any form of ID, but there are lots of other ways of doing this. There's passport data, parental consent and biometric data.

The really interesting stuff that is happening at the moment is behaviour analytics. There's a company that has invented a keyboard that can accurately tell you how old someone is by the way that they type. There is so much in the way of emerging technology.

Safety tech is a really great exportable type of technology that the UK is leading the world in. There's real commercial advantage here as well, speaking as the Minister responsible for digital and tech. There are some really interesting partnerships. There is something called Yubo, which is a social networking partnership with Yoti, and that is a digital identity provider. They use machine learning to do age estimation, and they can tell whether website users are the right age band for their platform. There is some really interesting stuff going on in this space at the moment.

Q211 **Alex Davies-Jones:** A final question for Caroline, and then I've got a question for you, Nadine. The Committee has received evidence of the impact that pornography is having on the image of men, women and children. How can the Government ensure that people develop a healthy body image, given the accessibility of pornography?

Caroline Dinéage: It is really tricky. Online pornography is a particular worry. Speaking as a mother of teenage boys, I know that however much you ramp up the parental protections on your home tech, any self-respecting teenager probably knows their way around VPNs much better than their parents do.

We know that, particularly at a young age, this can have a devastating effect on body image, but also on healthy, happy relationships. It is important to say that the online harms work allows adults to access legal content; we are very keen that it takes down illegal stuff, but there is stuff on there that is legal and should be able to be accessed by adults—but we know that it is legal, but harmful to children. That is where the online harms legislation really kicks in, because companies in the scope of the duty of care have got to have robust systems and the processes in place to tackle these kinds of potential harms. They have to be ready to be able to identify whether the stuff on their site is appropriate for children—in the case of porn sites, clearly there is stuff that is not. They then have to use age-ware application technology to keep children safe and out of those sites.



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Q212 Alex Davies-Jones: Thank you. May I come to you with one question, Nadine? Last week, I tabled a written question asking the Secretary of State for Health and Social Care what steps the Department was taking to tackle misinformation online about keto diets? That trend is all over social media, with influencers and celebrities spreading misinformation about weight loss, keto diets, diet pills and so on—the list is endless.

Some fantastic celebrities and influencers are trying to dispel the myths, such as Jameela Jamil and Dr Joshua Wolrich. I received a response to my question just minutes before we started this session, so I have some important follow-ups that I could not resist asking you. Do you agree that diets such as those, which intend to push your body into a state of ketosis, are a worrying trend? If so, why is the Scientific Advisory Committee on Nutrition only focusing its report on this on those with type 2 diabetes?

Ms Dorries: That is not in my portfolio; obesity is Jo Churchill's area, so I am not aware of your letter to the Secretary of State.

Obviously, however, you are absolutely right: there is a worrying trend towards gimmick diets—the keto diet you mentioned, and others. I would imagine that PHE, as part of its review of the obesity strategy and its work going forward, will be looking at those trends. Whether or not it has the research to conclude that such diets push people into a situation of toxicosis or whatever, I do not know.

What I can do is to ask Zoe if we can get you a note about further information on that—probably not from the Secretary of State's office, but from Public Health England. We will get you a note and further information.

Q213 Alex Davies-Jones: Thank you. To follow up, what conversations have you and your Department have had with colleagues in DCMS about tackling the spread of harmful information related to health and weight loss and to those fad diets?

Ms Dorries: I think the conversations between officials at DCMS and DHSC are ongoing. Caroline spoke passionately about the online harms issue, and we are working on promoting better lifestyle, better eating and better body weight. We also have concerns about the link between poor body image and eating disorders. So, there is a lot of synergy between the two Departments, and there is certainly a connection between what we are trying to do in dealing with the outcomes of poor body image and what Caroline is doing over in her Department to tackle online harms and to reduce occurrence of poor body image as a result of the activities that people undertake online. There are ongoing discussions. I know that our officials are working with Caroline's officials on the online harms, because what happens in that field is really important to us—we have to deal with the outcomes when it goes wrong.

Q214 Chair: May I conclude with a question for both of you? I will go to Nadine first as she was just answering. We know that the Government Equalities Office and the Equality Hub are engaged in their largest ever collection of data across Government. Will both of you give us some indication of what



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data your Department or your specific portfolio has been asked to provide? You have heard a range of issues this afternoon that relate to equalities, whether of ethnicity, disability, gender, age, etc. Will you give us an idea of how much data you have been asked to provide to the Equality Hub, and on what subjects?

Ms Dorries: I don't know the specifics, but I can find out and get a note to you.

Chair: That would be really useful. If you could let us have that in writing, we would very much appreciate it. Thanks, Nadine. Caroline?

Caroline Dinéage: I'm afraid it is the same answer from me, Chair. I don't really know, but we will find out and come back to you.

Chair: That is hugely appreciated. I thank you both for taking part this afternoon. We will finish by 4 o'clock, so that is a stunning achievement. Your information has been really helpful to the Committee. It just falls to me to conclude the meeting.