

Science, Innovation and Technology Committee

Oral evidence: The science and regulation of hair and beauty products and treatments, HC 1478

Wednesday 14 January 2026

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Members present: Dame Chi Onwurah (Chair); Emily Darlington; Dr Allison Gardner; Kit Malthouse; Dr Lauren Sullivan; Adam Thompson; Freddie van Mierlo; Daniel Zeichner.

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Witnesses

[I](#): Victoria Lee, (Lived experience).

[II](#): Ashton Collins, Director and co-founder, Save Face; and Seyi Falodun-Liburd, Co-director, Level Up.

[III](#): Dr Emma Meredith OBE, Director General, Cosmetic, Toiletry and Perfumery Association; Victoria Brownlie MBE, Chief Policy and Sustainability Officer, British Beauty Council; and Diane Hey, Founder and Chief Executive Officer, Hair and Beauty Industry Authority.



Examination of witness

Witness: Victoria Lee.

Chair: Welcome to today's Select Committee hearing, which is the first session in our inquiry on the science and regulation of hair and beauty. The Committee often says that science is everywhere; it is all around us and part of our daily lives. That is true in the case of beauty products and hair and nail salons. Today we are going to hear from charities and experts in the beauty sector. Hair and beauty is a major industry that provides income to many female entrepreneurs. However, the chemicals involved are often powerful and can be toxic. It is important that their use should be properly regulated, enforced and understood.

We are very pleased to welcome an individual who has experienced the harm that a beauty treatment can cause. Thank you so much for coming to speak to us today, Victoria. I am going to hand over to Lauren to ask you some questions.

Q1 **Dr Sullivan:** Thank you so much, Victoria, for coming in today and taking time out of work to share your experience. I think it is going to be incredibly powerful and important for people to hear. To start, can you talk me through what happened?

Victoria Lee: Yes, of course. Working in the professional make-up industry I was aware of Botox, fillers and all those things. I had started to have Botox about 10 years prior to what happened. I never had any problems. I never looked permanently shocked, or fake. It was a natural look. I never hid it at all. We went into covid and a lady I knew, from my village, said to me, "My daughter can't come over from Dubai because of covid; I have had this appointment booked for ages. The lady is coming to my house to do my Botox. Would you like to use the appointment?" To be fair, stupidly, I bit her hand off. I said yes. I didn't do any research because she had used her for a long time. I had known this lady for years. I didn't look into it more.

I went round to her house, which I thought at the time was normal. Because of covid, salons were not open, etc. I had to wear a mask, and everything. I had to sign the paperwork as you did normally. There did not seem to be anything to differentiate her from the professional that I had always used. The difference was that it was slightly more painful. I am not really a wimp when it comes to having anything done. I have had a child; it is not a major issue. It stung, which was unusual, but I thought, "Okay."

I carried on. Because it is a while ago my timeline is not that brilliant, and I could check later if you need me to, but within a couple of weeks I started to get these dots—these spots. There were two here and one either side, here. I contacted her and said, "This is strange." Normally, the effects of the Botox start to work: you don't go "Whoa!", and you are completely like that—that is not how it works. You would have this—and it is a slow feeling. I did not have that. These lumps started to appear, so



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I contacted the lady and she said, "Oh, no, it is just that I changed the saline." Saline is not going to make any difference whatever. We all know what that is.

I carried on, and then what started to happen was these boils. At one point the boils were the size of a £2 coin and the base was filled with blood and pus. I am sorry if you have just had breakfast.

It was a case where some filming and things still had to go on. I am a professional make-up artist. I cannot even wear a mask, because the mask touches these things, and I cannot be in somebody's face. It was horrific, and they were so vile to look at. I spoke to her. She was very unhelpful. She just said, "I don't know. I'm a single mum"—I said, "Snap"—"I'm a single mum; don't ruin my job. Woman to woman, I need to work."

My parents were living in Cyprus. I am on my own with a teenage son and I was getting depressed. I was drinking, because I could not go anywhere or do anything. I phoned my doctor and FaceTimed her. She said, "Dear God, what have they done to your face? You need the timeline—the FDA, the prescription. You need anything like that."

I then managed to get hold of her supplier, who was a very rude man. I said I had spoken to my GP: "This is what I need from you. Everyone has a prescription. Everyone has a story. You should be able to get to the base of it, whether it is food, drink or medication—whatever." He just went berserk and started calling me every name under the sun. He put the phone down and blocked me. As I said to Lauren, I have all these things, if they help to tell the story, for use in moving forward—not pinpointing a particular person, but you can understand the kind of people I am talking about.

Then I started to have to go to have these things drained. At this point, the lady who did it got in contact with her original prescriber, who knew that she had not got this particular vial of product from her, or through her. Then this really helpful lady—I cannot remember her name—got in touch with Ashton from Save Face. That is when the ball started rolling and changes started to be made.

They started to help me. They gave me steroids—all these different things. I spent about eight grand at a private place having them drained. The next day, or the day after, they had filled up again. I then went to a place not far from here on my son's 13th birthday—I had to drive there—where they had to cut each area out. It was a 3 mm circumference all the way round from each one. Then they tried to stitch them—it was like a lumber stitch. This one, here, tore several times. That was the last bit of help they could give. They cut out as much as they possibly could. If these people had tried to help me at the beginning, possibly it would not have gone that far, but it did, and it went on for months.

Q2 Dr Sullivan: Wow. Can I ask you this on the supplier front? You were absolutely right to say that Botox injections are via prescription, so a



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doctor signs them off. Can you elaborate? When you called the supplier, did they have a prescription?

Victoria Lee: No. He was very—I don't know if I am saying this correctly—cocky, arrogant, dismissive.

Q3 **Dr Sullivan:** He had no records?

Victoria Lee: No. I worked in cosmetic camouflage for a make-up manufacturer, for the Ministry of Defence, so I knew you have to be able to supply health and safety data sheets. You have to be able to supply all this information. I am not an idiot. I might sound like one, but I'm not. From his point of view: "You're a divvy make-up artist." Well, I know what I am talking about, and he was just vile.

The lady tried to lie. I asked her to provide me with all the information, and she actually said, "I will ask for it once I get my next shipment, because I have paid for it." These are the sorts of people you are dealing with.

If I were to say how you could try to find these kinds of people, they are all on social media. I received emails from the same lady who did this to me, all this time ago, about having fat-reducing injections, vitamin D and I can't remember—loads of things; having blood taken out, spun round and put back in. There are all kinds of things that they do.

Q4 **Dr Sullivan:** Wow. You are clearly implying that this supplier was on the black market; and this is a huge industry on the black market. So you then looked at, "Where do I report this happening?" Did you go to the police? Where could you go?

Victoria Lee: No, I did not, and Ashton said to me on several occasions, "You should go to the police." I thought, "Look at what is going on in this country. How can I go to a police station and say, "Mrs Stupid here didn't do her research, and I have had this happen to me"? How do I do that?" I do not know; I could not. I know I should have, but where do you start with that? It is embarrassing. I have been on telly to try to stop this happening to other people, but the police surely do not have time to deal with stuff like that.

Q5 **Dr Sullivan:** I think they have time to deal with this sort of stuff because it has affected—

Victoria Lee: It will affect me for the rest of my life.

Q6 **Dr Sullivan:** One hundred per cent—and how many others?

Victoria Lee: I have to have these things injected—50 injections for each one, with hard and soft fillers—because the indentations are about this size. They have to use a scanning machine, because of the main artery, to fill them, so that I do not have these big indentations on my face the whole time. They last about five years. It is a lot of money.

Q7 **Dr Sullivan:** The people you described are still operating and offering a service that is not up to standard. Do you think the standards are good



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enough at the moment? Do you think they should be regulated? Do you think they should still be operating?

Victoria Lee: No, they definitely should not. It is a bit like whack-a-mole. You get rid of one and another will come. I think the only way is by having little spies—I do not know how else—scrolling through the internet starting new conversations. I have been to a regulated person for Botox, and they said, “Well, you can have the proper option or the cheaper option”—winking. They know what they are doing. They are selling the fat jabs. They are selling things off the market because they make more money out of it. It is stupid to say it to me, but they are everywhere. Really, the only way is to go through an aesthetics person in a shop, where, when you go to Save Face, it says, “These are registered, regulated people.” You can go to Brentwood High Street and have whatever you want done.

Q8 **Dr Sullivan:** You are kind of describing a secret shopper approach.

Victoria Lee: Yes, absolutely.

Q9 **Dr Sullivan:** What do you think the consequences should or could be for those people who decide to choose less safe routes? Let us face it, these things that they are injecting are clearly unsafe.

Victoria Lee: Honestly—and this is quite a brutal way to put it—I was ready to commit suicide. I could not leave my house. I was on mental health medication and was drinking far too much alcohol. I did not know what to do with myself. With a moody teenager, it was February and it was his 13th birthday, it was hell. It did ruin my life. I am back now, but it did. It might sound extreme to some people, but that is what my industry was, and I did not want to do anything.

To go back to the original question, if you take away their stock and close their shop, and strip them of any qualifications that they have, they do not have the right to keep the qualifications, if they are pretending to do something that they should not. I could not go on a professional make-up job, work on a film set, without insurance and qualifications. I would never work again, and my name would be known. I think it should work the same.

Q10 **Dr Sullivan:** I believe the Government consulted last year on increasing licensing and regulations—those sorts of things. It would be really interesting, when we look at those proposals, to marry it up with what you are saying and asking for. As my last question, what is your big ask? What would you like to see change in order to stop this?

Victoria Lee: I know everyone is trying their best and I believe the secret shopper approach is the way. I do not see how else. They are going to lie. They all work from their back gardens, or they go round to people’s houses. I do not see any other way, even to start the ball rolling. Maybe the scaremongering will get them to stop; I do not know. But, yes, stop it if you can.

Dr Sullivan: Thank you so much.



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Victoria Lee: You're welcome.

Dr Sullivan: Thank you, Victoria.

Chair: Yes, thank you so much for being here this morning, Victoria, and for your evidence.

Dr Sullivan: You look fabulous, by the way.

Chair: You do, actually. You do look fabulous, and we really appreciate your sharing your experience with us. I know it has made an impact on all the members of the Select Committee. Thank you so much.

Victoria Lee: You are welcome.

Examination of witnesses

Witnesses: Ashton Collins and Seyi Falodun-Liburd.

Q11 **Chair:** Welcome to this second panel of today's evidence session on the science and regulation of beauty and hair treatments. We have just heard powerful, moving and disturbing evidence from Victoria Lee about her experience of beauty treatments.

I think in common with many people, I knew about botulism and I knew about Botox, but I did not realise they were the same thing. That perhaps speaks to the level of scientific understanding of beauty treatments. Can I ask each of you to introduce yourselves as you reply to the question? What are your biggest concerns about cosmetic products and treatments harming consumers?

Ashton Collins: I am Ashton Collins, the director and founder of Save Face, which is a national register of practitioners who are healthcare professionals whom we take through an accreditation process to ensure that they are trained, insured and inspected for the treatments they carry out.

Our biggest concerns, at the moment, are about the level of high-risk procedures routinely being carried out on the high street by people with no healthcare qualifications. These procedures are quite literally costing lives. One death in the UK has already been linked to a liquid BBL. Liquid BBLs are carried out using very large quantities of dermal fillers, which are injected into the buttocks and breasts of women, and which are causing complications like sepsis and infections. A lady had a cardiac arrest and went into kidney failure, and was in an induced coma for a week. These treatments are sold on social media as risk-free beauty treatments that you can have done in your lunchtime, with little to no consequences. In fact, poor Alice Webb lost her life in 2024 because of one of these procedures.

We now also see things like liposuction, surgical facelifts and blepharoplasty being carried out in people's homes by people with no medical qualifications. These things should be tackled as a priority, and we are heartened that the Government are now taking action. We are



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part of a stakeholder group to draft the legislation. Hopefully that is imminent.

Outside of that, what happened to Victoria, from whom we have just heard, was illegal. She was injected with something that was not appropriately prescribed for her and that turned out to be a counterfeit product. It is illegal in the UK to import unlicensed and counterfeit medicines and use them on humans. It is also illegal for people to have Botox without valid prescriptions. If you are having Botox, you should be seen face to face by a prescriber—a doctor, dentist, nurse prescriber or prescribing pharmacist—who can assess your suitability for that treatment. These two things are widely flouted in the UK. The UK Government and the regulatory authorities responsible for policing the legislation and rules need to take the cases far more seriously than they do.

Victoria used words like, “I feel stupid,” and, “It’s my fault”—and it is not. This is an attitude that needs to change, from the top down. We see, when we encourage people to report these things to regulators, and especially the police, that they are dismissed, sent away and made to feel like silly women who have made stupid choices driven by vanity. They think it is their own fault, and it is not.

Q12 Chair: Thank you so much, Ashton Collins. You have raised a number of issues that the Committee will definitely want to come back to. I need to ask you, and indeed all witnesses and Committee members, not to refer to any cases where legal proceedings may be ongoing. There are a number of such cases, and we need to avoid referring to them, but the points you make are well taken—particularly in raising how this is seen. It is women practitioners; many treatments are researched by women scientists; and often—but not exclusively, and increasingly it is not the case—it is women who are the consumers.

Seyi Falodun-Liburd, can I ask you what your biggest concerns are about cosmetic treatments, building on what Ashton Collins has told us?

Seyi Falodun-Liburd: Good morning to the Committee. I am Seyi Falodun-Liburd, the co-director of Level Up and one of the leads on the No More Lyes campaign, which is trying to get beauty brands to remove cancerous chemicals from black women’s hair products. I will be speaking mostly about hair relaxers today. I realise that there is a varying degree of understanding in the room about hair relaxers, so I will try to give as much context as possible while being as brief as possible.

For generations, black women and children have used hair relaxers for several far-ranging reasons. Some do it to avoid racism and hair discrimination at school or work, some because it is easier to manage, and some because they simply prefer it that way. Three out of four black women in the UK have used hair relaxers at some point. For most of them, hair relaxers are just one of those hair practices passed down from generation to generation, primarily from mother to daughter.



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Black women have historically spoken about the severe burns and hair loss that come from using hair relaxers. However, our biggest concern is that an established and growing body of research has been linking the use of hair relaxers to serious health issues, including breast cancer, uterine cancer, fibroids, respiratory illnesses and kidney failure.

Having worked on this issue for the past five years, we found that gaps within the UK's existing regulatory and enforcement infrastructure, lack of corporate accountability and research disparities rooted in racism and discrimination leave black women and children unknowingly over-exposed to dangerous chemicals that have life-threatening or life-altering consequences. I want to be clear that this is not about telling black women what to do with their hair, and we do not support an outright ban on hair relaxers. This is about consumers being able to trust that the products on shop shelves are safe to use.

Q13 Chair: Thank you very much, Seyi. I should declare an interest. I am something of an expert on black hair products, having used a large number in my life. I was burnt by a hair-relaxing treatment a couple of decades ago, and that is one of the reasons I no longer relax my hair. You talked about other harms coming from relaxers. Could you say a little more about that, particularly the scientific evidence, if there is such evidence? If there is not, why isn't there?

Seyi Falodun-Liburd: I will try to be brief. In 2021, the University of Oxford released research showing that the use of hair relaxers, including sodium hydroxide, was linked to a 30% increase in breast cancer in black women. Sodium hydroxide, commonly known as lye, is a heavy-duty chemical. It is used to unblock drains, but it is also an active chemical in many hair relaxers. The UK Health Security Agency's guidance on sodium hydroxide describes the chemical as highly corrosive and toxic by ingestion, inhalation and dermal or ocular exposure. The Health and Safety Executive classified sodium hydroxide as a category 1A skin corrosive, stating that the chemical causes severe skin burns and eye damage.

Sodium hydroxide is just one of the toxic chemicals found in hair relaxers. Medical research from France has found that hair relaxers containing glyoxylic acid are associated with acute kidney failure due to the build-up of crystals around the kidney. Nonylphenols, which are also employed in hair relaxer manufacturing, are a group of chemicals produced primarily for industrial use but, alongside various cancers and endocrine disruption, those chemicals have also been linked to cognitive dysfunction, depression, anxiety, and impaired learning and memory. In addition, this specific group of chemicals has an effect at the transgenerational level, which means that generations after the initial exposure experience the negative effects of those chemicals.

Q14 Chair: Thank you very much. I said that I felt I was an expert on black hair products, having used them, but I was not aware of the nature of some of these chemicals, particularly the no-lye chemicals which are supposed to be safer. Your explanation of some of the science and how



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those chemicals are being used outside the beauty industry makes me wonder how the regulatory framework can make them safe for use. Can I ask each of you to say one thing that the Government should do to make these products and treatments safer for use—just one thing?

Seyi Falodun-Liburd: Just one thing, okay.

Chair: The most important thing.

Seyi Falodun-Liburd: I think we have to start by closing some of the gaps in the regulatory framework, particularly when it comes to enforcement. There needs to be clarification of who is responsible for the regulation of hair relaxers, because at the moment it feels like black women and children are falling through those cracks.

Ashton Collins: Outside the issues I raised in my previous response, one of the huge loopholes we have currently in the aesthetic sector is misclassification of how these types of injectable products are regulated. At the minute, we have fat-dissolving agents and skin rejuvenation treatments being injected into women that are currently classified under general product safety regulations. That means they are regulated in the same way as ballpoint pens and garden forks. That means there is no onus on the people who bring these products to market to demonstrate that the ingredients they claim are in these products are exactly what is in them, that they are safe and effective, and there are no reporting mechanisms for when things go wrong. Thousands of women could potentially be experiencing harm from these products, but they are undocumented and nobody is being held accountable.

Q15 **Dr Gardner:** Ashton, I noted Victoria's testimony and the help you were able to give her, which was very welcome. I did not know that Save Face offered that service as well. You also talked about how a lot of the laws in place are regularly flouted, and the idea of having licensed registers may help that, but they are voluntary. Could you tell me a little bit about Save Face and whether this register has managed to prevent harm?

Ashton Collins: This year we will have been established for 12 years. We are unique in as much as we are the only organisation with a register that takes people through a 116-point assessment process. We literally check everything on behalf of the consumer. In the press, people are often told to do their checks, but the reality is that a member of the public does not know what to check, or how to check it. We check their training, their insurance and that they have all the necessary policies, procedures and protocols in place to do these treatments safely. We then inspect each and every clinic listed on the register to make sure that the environment itself is safe and fit for purpose; that the products they use are sourced from legitimate suppliers and pharmacies; and that they are stored and disposed of appropriately. We take each practitioner listed on the register through a consultation process in which they have to run our assessors through how they consult and consent each patient, explaining the benefits of the treatments as well as the risks and, most importantly,



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how they will look after them if something does happen. Only then can they go on the register. That is our primary function.

Over the past 12 years we have helped over 1 million people find safe practitioners and have positive experiences with these treatments. We also realised very early on that we were being contacted by people like Victoria who had had horrendous experiences but had nowhere else to turn. They were contacting us for help and guidance because the people who treated them blocked them. Over the past 12 years we have helped over 15,000 members of the public with various concerns, ranging from unhappy outcomes right through to near-death experiences. We have made a tangible difference. Alongside that, we also take the data and information we learn from patient-reported complaints and turn it into public awareness campaigns. Our campaigns have resulted in a ban on under-18s being able to access these treatments. Most recently, the work we have done has contributed to the Government agreeing to restrict high-risk procedures like liquid BBLs to regulated healthcare professionals.

Q16 Dr Gardner: You described how you assess practitioners. Do you audit them regularly to make sure they are able to stay on the register?

Ashton Collins: Absolutely. Every year we do the same checks, so they are subject to that. Throughout their accreditation period, we monitor, gather patient feedback and take on patient complaints. If we have a negative review, that is managed as a patient complaint, so we monitor the situation throughout the year with patient feedback.

Q17 Dr Gardner: Another voluntary register, which seems to be a bit broader, is the Joint Council for Cosmetic Practitioners. There are concerns that voluntary registers are of little benefit, as only the safer practitioners will go to them anyway. Do you agree with that?

Ashton Collins: Voluntary registration is a challenge in a way because you hope to attract the people who want to do the right things for the right reasons, not because they are being told to but because they realise there is an issue and they want to act in the best interests of patient safety. That is what we believe we have. We have over 1,000 members who have put themselves above the parapet. They choose to be inspected and scrutinised because they care about their patients. There is a challenge even with statutory legislation where you have licensing. For example, we have Healthcare Improvement Scotland, which regulates. Without effective policing and enforcement, there will always be people who operate under the radar. For example, Scotland estimates that about 500 people who should be registered with them currently are not. It all comes back to effective policing and enforcement, which for any Government scheme would need to be bolstered.

Q18 Dr Gardner: Enforcement is often an issue. I heard Victoria say what she would like to see in those cases, which was quite strong and well noted. If the Government introduced a register and licensing scheme—I would be quite interested in the idea of green, amber and red treatments, with



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red ones being carried out only on CQC-regulated premises—what would they need to do to ensure it worked well?

Ashton Collins: It comes down to two main factors. First and foremost, it is effective policing and enforcement, identifying people who should be part of these schemes but are not. That is increasingly challenging with things like social media. We investigate people who quite literally operate like ghosts. They operate only on social media; they have no fixed address; they are mobile and come to your house to do the treatments; they operate under spurious names, like Amy's Aesthetics. You do not know her full name; you have no way to find her, so when things go wrong she can block you on social media and you have no means of finding her. It would be the same for an authority. That is the challenge in how to develop a scheme that is robust enough to tackle these sorts of providers so that we do not have an underground operation.

Q19 **Dr Gardner:** As a final ask, how do you fund yourselves, and how do you afford to be able to do that and have the manpower, or womanpower, to do it?

Ashton Collins: Much like the CQC, we are funded by registration fees. The people who join our register pay an annual fee to go through that process. The work we are doing for members of the public is not paid for. Members of the public do not pay to use our services; it is the practitioners who join our register.

Q20 **Chair:** Thank you, Allison. That was a great question. Seyi, how are you funded?

Seyi Falodun-Liburd: We are funded by philanthropic organisations and public donations.

Chair: Thank you, Allison, for raising the connection with our social media and harms inquiry. We published our report in June. I think that is something the Committee ought to look at again in terms of misinformation and disinformation.

Q21 **Adam Thompson:** Good morning, both. Thank you for joining us today. This is an issue that came up in some of my constituency casework recently. It was not something I was aware of at all, so I am really glad you have come to us today. I had an interesting conversation with Karen from KC Aesthetics in Long Eaton. She considers herself to be a best practice practitioner. She provides training and has gone through as much training as possible, but she wanted to highlight for me how few people were doing appropriate training, and all of the issues on which we have touched. I am glad we have been able to raise this matter this morning.

Ashton, do you think greater regulation of the training of hair and beauty practitioners generally will help to address the harms? Are there any downsides to increasing the amount of regulation?

Ashton Collins: Training is probably one of the most contentious and complex issues within this sector. Unlike any other sector, there is a vast



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array of different professional backgrounds operating in this space. You have beauty therapists and all manner of healthcare professionals, including plastic surgeons, nurses, doctors, dentists, paramedics—all sorts of things—so developing a qualification framework that encompasses all of those professionals and makes it a level playing field is incredibly difficult.

Then you have prescribing rights and things that are applicable only to healthcare professionals. Prescribing is essential not only for Botox treatments but for the management of dermal filler complications. I guess the common themes that always arise in the analysis of the complaints we deal with—this should form a baseline for any qualifications that are mandatory or form part of a licensing scheme—are concerned with consultation and consent. There are always issues around those and medical history, contraindications and all those sorts of things. Poor infection control is always a key factor. There is also aftercare and complaint management. Having those core competencies, which could then be transferable to procedure-specific training that makes somebody competent in the actual treatment they are providing, would be a great starting point to make sure that those foundations are solid so that any treatments they carry out and do specific training in are building on that framework.

Q22 Adam Thompson: Following on from that, if you were to design a training programme that you would consider to be mandatory for all practitioners, what would be the basic things you would include in that?

Ashton Collins: The things I just mentioned would form core competencies in taking people through a robust consultation and consent process, especially in this industry sector. Consent is incredibly important, because members of the public do not see these treatments as being in any way medical or in any way risk-associated; they think they are everyday beauty treatments that have no consequences. That is rooted in the consultation and consent process. They are not told that they can have things like vascular occlusions, brow ptosis or any of these things which need to be explained thoroughly at the point of treatment. Over and above that, there needs to be a competency framework so that people can do these treatments safely and look after people when things go wrong.

Q23 Adam Thompson: I have a few more questions looking at what happens if things go wrong. Even with all the training in the world, we have to be aware of the fact that occasionally things could go wrong. We heard incredible testimony from Victoria earlier about what happens in those instances. In your view, if somebody is harmed, as we heard earlier, by a hair or beauty product or treatment, is there sufficient support for them to complain? Is the system there to support them? Is there a method by which they can seek treatment and compensation if they are being harmed?

Ashton Collins: From our perspective, the support we offer is quite formalised. We triage every complaint that comes in to us, and it is



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categorised by risk. We deal with those, and we take them through a similar process. We contact them, see if they need any emergency medical treatment and then help them with their actual complaint. We try to mediate that with their practitioner. We get them to write letters of formal complaint to try to resolve that issue locally, and we navigate them to regulators, where appropriate.

The main thing that needs addressing is that, where there have been breaches in legislation, regulation and statutory rules, the support they are given is very inconsistent. We have long called for a taskforce. We find that, when we make complaints to the statutory regulators, oftentimes people on the ground dealing with these things do not even realise they have a responsibility or remit to investigate complaints related to these treatments. We would like to see a taskforce established that unifies and brings together representatives from all the different statutory regulators that have a responsibility for policing this sector to meet regularly to discuss these issues and specific cases, to make sure that victims like Victoria are properly supported and the people who cause these problems are properly held to account.

Q24 Adam Thompson: I think a taskforce is an interesting idea. Seyi, are there any changes that you would like to see so that consumers are better supported if they are harmed?

Seyi Falodun-Liburd: At the moment, from our experience of trying to engage with companies and regulators on this issue, there is a real lack of support. When people do report harms or concerns, they are often met with responses that place the blame on them or there is an emphasis on mistakes they have made, rather than seriously considering the dangerous nature of the ingredients in their products. I agree with a taskforce. That is such a good idea because one of the issues has been around enforcement. Although there are a few gaps in the regulatory framework like those I have mentioned, that is compounded by the lack of enforcement happening at the moment.

Q25 Adam Thompson: My final question is to both of you. Let us hypothesise that we manage to solve this problem, regulations improve and at home in the UK things are improved. We see a big prevalence of medical tourism at the moment; people are going abroad to seek treatments. There is a world where we solve things here but people just go abroad. Do you think there is enough support in place for people who are being mistreated abroad, and is it placing an additional burden on the NHS now? How do you foresee that getting better or worse in the future? Maybe Seyi can respond first.

Seyi Falodun-Liburd: I am going to pass it over to Ashton as I would like a second to think about that.

Ashton Collins: Cosmetic tourism for plastic surgery is huge. The horse has already bolted, and I do not think there is any way of dragging it back. It is an incredibly complex thing. These people are being sold a dream; they are having a treatment at a fraction of the price and having



a holiday at the same time. We are seeing hugely complex and dangerous procedures being carried out, and not just in a silo. People are going away and having five or six different surgeries at a time, and they are being flown home the week after. One of those procedures carries significant risk, but those risks increase when you are doing six or seven.

When they come home, they experience problems. They cannot fly back to Turkey, or wherever it might be. Therefore, it falls on the NHS to pick up the pieces. There are no safeguards whereby the NHS can recover that money; there is no insurance in place for that to happen. More needs to be done to establish a framework between the UK and hotspots like Turkey where Governments agree on a set of standards that certain providers can sign up to and have their clinics and credentials inspected and agree that, if things go wrong, there will be safeguards in place. At the minute, people are just left to choose a provider; they do not know what they are walking into until they go abroad. We have heard stories where it is not as presented on social media or in the catalogues. It looks a bit dingy and red flags go up, but they have already paid; they are there for the week and go ahead anyway, and inevitably things go wrong.

Seyi Falodun-Liburd: In the case of hair relaxers, it is slightly different because you are not going abroad to get medical care, but there are lots of circumstances where black women are buying hair relaxer products from abroad—for example, America or South Africa. Those products are not subject to UK regulation because they are available from third-party resellers such as Amazon and Pak. Some real work needs to be done to close the gap in people's knowledge about the impacts of a lot of these chemicals and the effects they can have on their bodies and lives. People assume that products on our shelves, or that are available to buy, are safe. That should be the case, but it is not, so there is a lot of consumer education to be done on how products, particularly cosmetics, impact us.

Chair: I do wonder whether travel guidance for countries like Turkey mentions or reflects some of the potential issues about beauty or treatment tourism. That is something we can check.

Q26 **Daniel Zeichner:** Thank you for your very powerful testimony. My questions follow on smoothly from the last point about consumer awareness. My first question is to you, Seyi. In your introduction, you talked about how knowledge and advice are passed on from mother to daughter and so on. As part of this, we did a survey to get people's views on the issue. Of those who had been harmed by a product, almost 60% told us that they had not really been aware of the risks. To some extent, I am surprised by that because what you have been describing is, I would have thought, a kind of informed discussion. Why do you think people are not aware of those risks?

Seyi Falodun-Liburd: That is interesting because the survey you have done is in line with a piece of research that we did in which we found that 77% of black women were completely unaware of links between hair relaxers and cancer. There are the very obvious harms that occur: severe scalp burns or permanent hair loss. Those things are very much



normalised as part of the process without people realising that even those small things can have an impact on their health, and it could encourage chemicals to seep into their bloodstream. There is a lot of conversation about burns and hair loss. A lot of that conversation takes place in the black community. It is about how you offset those kinds of things. The lack of understanding is about the long-term effects of hair relaxers. People think that the burns and hair loss are, in a way, one-off experiences, without realising that there are long-term impacts. We are talking about illnesses such as cancer and fibroids that usually take time to mature. People often do not draw the link between the chemicals to which they have been exposed and the potential illnesses they may be experiencing.

Q27 Daniel Zeichner: That is very interesting. In this place we always assume that the Government have a role. What you said at the beginning was very powerful. We are not telling people how to maintain their own hair. Is there a role for Government in this? If Government were to say things, would that have any effect? If it is not Government, who would be the most effective people to begin raising people's awareness of the risks?

Seyi Falodun-Liburd: There is some work the Government can do around corporate transparency. I think I mentioned that we at Level Up purchased two hair relaxers and found that on the packaging both products were labelled as having no lye but, when we looked at the ingredients, sodium hydroxide was listed.

Daniel Zeichner: Gosh!

Seyi Falodun-Liburd: So it makes it very difficult for anybody to make an informed decision around the kinds of products they are using, especially if they are not necessarily being told the truth about what is in the products. There is some enforcement the Government can do around corporate transparency and making sure these products are regulated, concerns are being investigated and emerging research is taken seriously.

Q28 Daniel Zeichner: I have a similar question to Ashton about public awareness campaigns. My strong feeling is that it is about regulation and enforcement, but what more could be done? Who are best placed to try to help people to deal with it? One can quite see the quandary people are facing if they are offered what appears to be a similar thing that is affordable to them. How do we stop them being tempted by that?

Ashton Collins: That is a challenge. Social media has undoubtedly propelled the issues around that. The ghost operators I mentioned earlier will be advertising cheap treatments, time-limited offers and that type of thing. These treatments are trivialised, especially among younger women, who are more at risk of falling into unsafe hands because they do not perceive them to be medical treatments; they perceive them to be everyday beauty treatments. Obviously, they have less disposable income, so they are far more likely to fall into unsafe hands. Forty-eight



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per cent of the complaints we receive, year on year, involve 18 to 25-year-old women.

Having said that, we do a lot of public awareness. I am not sure whether Committee members have seen it, but we did a two-year collaboration with ITV News on a documentary that uncovered dangerous treatments being carried out on the high street, like liposuction, liquid BBLs and all those sorts of things. We try to permeate the media with these stories to create as much awareness as possible, that cheap treatments are too good to be true and will end up costing far more than you bargained for. To make sure you are reaching the audiences most at risk is a constant battle. I think social media companies need to be held far more accountable, and the Online Safety Act could be much better utilised to make sure these dangerous promotions are stopped.

Q29 Daniel Zeichner: That is a really important point, and it touches on our other inquiries as well. What you are saying is that traditional forms of advertising are regulated. Essentially, this is unregulated advertising that is preying on people's vulnerabilities. I do not want to put words into your mouth, but is that what you are saying?

Ashton Collins: You are absolutely correct.

Q30 Chair: I was struck by the extent to which we do not seem to have meaningful research, or any research, on the impact of some of these chemicals, which are incredibly powerful and are used in the chemical industries. We know that women have been under-researched. The typical subject of medical research is a white male in his 40s. Would you agree, and how can we help to address that?

Seyi Falodun-Liburd: I would absolutely agree. Research disparities are rooted in, for the most part, racism, discrimination or misogyny. That plays a huge role in this because, speaking specifically about hair relaxers, black women are vastly under-represented when it comes to medical trials and beauty trials. This is an issue that sits directly at that intersection. It is a real issue. I think more has to be done to compel manufacturers and corporations to invest in research into the impacts of their products and the ingredients they use. That should be a responsibility. I think that, alongside that, they should be compelled to be honest about the effects of their products and then do something about it.

Chair: We are speaking to some of the trade sector in the next panel, so we can raise that. Ashton, do you want to add anything?

Ashton Collins: I make a similar point. On injectable products that are flooding the UK market, there needs to be a reclassification so they are medical devices. The Government need to follow through on their commitment to make dermal fillers class 3 medical devices so that they all have to go through safety and efficacy trials; similarly with fat-dissolving and skin rejuvenation treatments. As Seyi said, it is a misogynistic environment. We have had women who have nearly died. In any other context, if they reported this level of assault to the police, the



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perpetrators would be arrested and held to account, but because it is under the guise of beauty treatment, they are sent away and made to feel stupid.

- Q31 **Chair:** That is something the Committee will take on board. It sounds to me like science and the regulatory environment are letting us down here. I have one more question. We have seen a huge increase in the way in which beauty products and treatments target young girls and boys. Is the regulatory environment responding appropriately to that when it comes to beauty products and treatments?

Ashton Collins: Absolutely. We recently launched a campaign calling on the Government and skincare manufacturers to change the way that children are now being targeted with potent skincare ingredients like retinols and acids. They are now seeing these things on TikTok and asking their parents to buy them, and some parents do not even realise that they are buying things that could potentially be harmful. With aesthetic treatments, it is very much the same. These people are being mis-sold treatments as being risk-free beauty treatments, as opposed to medical interventions that carry serious risk of harm and even death in some cases. There needs to be a shift in that, without a doubt.

- Q32 **Chair:** Thank you very much, Ashton. Seyi, young black girls have always been targeted with hair treatments, but are we seeing an increase in that as well?

Seyi Falodun-Liburd: Just the fact that children's hair relaxers exist tells us that. Oftentimes, children's hair relaxers contain the exact same carcinogenic, endocrine-disrupting chemicals that are in the adult hair relaxers. Similarly, a lot of them are also marked as "no lye" while having sodium hydroxide in the ingredients list. A lot of black children are being exposed to exactly the same things that I mentioned before: cancer, fibroids and early-onset puberty. It is a whole product directed specifically to children, with brightly coloured boxes intended to entice them into wanting the product. It is an issue because it means that these children are being exposed to all sorts of chemicals and illnesses that they and their parents probably have no concept of.

- Q33 **Emily Darlington:** I want to expand a bit on social media. You both have social media presences. I have been doing some work around women's health advice and how it is often shadow-banned within the social media sphere. Do you feel that your messages are getting through and being treated algorithmically as they should be?

Seyi Falodun-Liburd: This is a whole Pandora's box. In a nutshell, no. I do not think they are treated, speaking specifically about hair relaxers. It is an issue rooted in race, and in gender and misogyny. Social media probably does quite a good job of trying to ensure that that does not necessarily get through, but it means that we have to try other ways of getting through to people such as traditional media, billboards, TV, press and things like that, because the algorithm will do what the algorithm does, and it will decide whether or not your content will be seen. Social media has been brilliant for us in terms of getting the message across,



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but there have also been times when we can see that our content is absolutely being suppressed.

Q34 **Emily Darlington:** Thank you. Ashton, what is your experience?

Ashton Collins: It is difficult because the algorithms are changing constantly. We are up against a constant battle where there are fewer people making noise about the safety versus the people promoting these treatments and targeting women and people with cheap deals and time-limited offers. The scales are not in our favour. You have more people making that noise. If the algorithm could be changed in such a way that if people are researching these treatments online—we know younger and younger people are using social media as a tool not only to book these types of treatments but to research them as well—they are presented with safety information as well as accounts that offer these treatments, it would do far more good by giving people an informed and educated standpoint on which they could then go and seek a consultation.

Q35 **Emily Darlington:** That is a really interesting point, because there is a blurred line between promoted posts and adverts.

Ashton Collins: Yes.

Emily Darlington: There is a real blurred line. Often, what is advertised looks like somebody's personal post, and actually it is not. I do not know if either of you has experienced reporting these ads when they are mis-selling or promoting things that you feel are not safe. What reaction have you had from social media companies to any reports you have done?

Ashton Collins: We have met Meta and explained our concerns about them, and we do report them, but I guess there are so many. Even within advertising guidelines, it is illegal to advertise Botox because it is a prescription-only medicine, but it is ubiquitous. You could walk down any high street in the UK and see posters in the window, social media posts and things like that. That is a constant challenge. Picking up what you were saying, it is the paid-for posts and organic posts that are flooding the market. The social media companies could do so much more to put filters on the content that people are able to post on social media.

Q36 **Emily Darlington:** The way they shadow ban is that they often flag certain terms for additional checks before allowing it through their moderation using AI, which we all agree is a very efficient way to do some moderation. Would you think that terms like "hair relaxers" and "Botox" should be subject to those additional checks?

Ashton Collins: "Botox" is part of that check for advertising because it is illegal, but for things like dermal fillers and liquid BBLs it is a free-for-all. There are no checks for organic posts if it is "Botox" or anything. It is the organic posts that really need to be more effectively policed.

Seyi Falodun-Liburd: We are in a dialogue at the moment with the Advertising Standards Authority because we find that the adverts are parroting the same mistruths that are on the packaging. We have been speaking to the Advertising Standards Authority for about six months, but



the process is so slow and long. Those kinds of processes have not yet caught up with social media and the speed of the internet.

Chair: That is certainly something the Committee will examine. We have seen statements by Ofcom and the Government with regard to making it easier to look at, examine and back-engineer the algorithm processes. That is something people should bear in mind as we meet the regulatory authorities and social media companies in the future.

Can I thank both of you? You have really shone a light on aspects of hair and beauty treatment, and the science behind it, that I was not aware of, and the Committee really appreciates your evidence this morning.

Examination of witnesses

Witnesses: Dr Emma Meredith, Victoria Brownlie and Diane Hey.

Chair: Welcome to the third panel of today's session looking at the science and regulation of hair and beauty products and treatments. I will ask Lauren to open up.

Q37 **Dr Sullivan:** We have heard some really powerful testimony. How safe do you feel consumers of hair and beauty products are in the UK right now? Please introduce yourself as you start. How safe are people?

Dr Meredith: I am Emma Meredith. I am director general of the CTPA, the Cosmetic, Toiletry and Perfumery Association, the UK trade association for the manufacturers of cosmetic products. I know that today we are speaking about hair and beauty products and treatments. At the CTPA, we represent the manufacturers of cosmetic products as legally defined, so that is what I will be talking about today, if I may. I am here to reassure the panel and consumers that cosmetic products must be safe. We have very strict regulation in the UK, the UK cosmetics regulation, which came into effect in 2021. Before that, we were covered by European legislation, which had been in effect since the '70s.

The UK and EU regulation is seen as the gold standard around the world. Fundamental to that is that every manufacturer placing a cosmetic product on the UK market, whether that be for retail sale or online, targeted for consumer home use or professional salon use, has to be safe, and there are really strict protocols in place to ensure that. The cosmetics regulation has chapter and verse on how a product has to be manufactured. It has to be manufactured in a hygienic environment, it has to be stable, it has to make sure that it is not exposed to microbial contamination, and it has to be safe.

The regulation regulates the ingredients. It regulates the people who are in charge. There has to be an identifiable, responsible person who is responsible for the compliance and safety of that product, and that responsible person's name and address has to be on the pack. Nine times out of 10, that will be a company, but it could be an individual.



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Fundamental to it all, the cornerstone of our piece and something that we are very fortunate to have in the UK and the EU is a safety assessment carried out by a qualified safety assessor whose qualifications are listed in the regulation. That safety assessor has to look at every cosmetic product before it is made available for sale. That safety assessment looks at all the ingredients, how the product is used, where the product will be used, how often and by whom. It will look at whether that product is for consumer use. It also covers professional products. In that capacity, the safety assessor will look at how the customer and the professionals are exposed to the product—the repeated use. That safety assessor has to sign in their professional capacity whether that product is safe.

Q38 **Dr Sullivan:** Legitimate products for beauty are “duh-duh-duh-duh-duh”—lots of regulation.

Dr Meredith: Yes, absolutely.

Q39 **Dr Sullivan:** Victoria, what is your role in making sure that legitimate products are safe? We will come on to the illegitimate products.

Victoria Brownlie: I am Victoria Brownlie, chief of policy at the British Beauty Council. We are an industry organisation that is essentially the umbrella organisation for all beauty and personal care. That goes for hair, beauty, wellness, nails, aesthetics—all-encompassing—as well as consumer goods. These two areas are areas that we cover from both sides. The CTPA, from a regulatory perspective, is, Bible and verse, definitely the people to whom you should be speaking on the technicality of regulation.

In respect of products and services, there are two very different pictures. As Emma set out very well, UK cosmetics regulation is some of the most robust in the world. That is fantastic. It is brilliant for any products that are bought and sold in the UK through legitimate sources. What we find, as has been discussed in the previous sessions, is that organisations like Which? point out all the time that things that are coming through illegitimately, whether that be fakes or products that are created with bad intention, essentially, can lead to cause for concern. That is an area that we have concerns about.

That seeps into another huge area that needs regulation: professional services and the people who are providing those services. There is a huge difference between the level of safety regulations when it comes to products and when it comes to services. In the services sector, we have been talking about this since the Keogh review in 2013. We are now 13 years on, and we are still kicking the can down the road. We have seen progress, but we still do not have proper regulation when it comes to these services that have grown so much, as people want to have them. The technology, the innovation and the things that are available are so much broader now than in 2013, so we urgently need regulation in that space.

Q40 **Dr Sullivan:** We need more regulation. Lovely, and thank you. Over to you, Diane.



Diane Hey: I am Diane Hey. I am here representing Habia, the Hair and Beauty Industry Authority. I am its independent employer and chair, and I chair the steering group for the expert working groups that write the national occupational standards across the whole of the hair and beauty industry. It is a Government-appointed organisation/authority that creates the national occupational standards that exist in every industry. You have talked about products and production, but we are more about the treatments and procedures. It covers hair and beauty—the same areas that Victoria alluded to—and the scope of the work they do. In writing the national occupational standard for a set procedure, quite often we are asked to produce those as a result of safety concerns where there is no national standard.

That process does not denote the person who should deliver the service. It denotes what the service, treatment or procedure should have within it to make sure it is delivered safely and effectively. They form the basis of regulated qualifications that are then used by awarding organisations to train practitioners in the correct process. That happens in Skills for Health as well as Habia. We have a collision of higher-level services with higher risk. Equally, lower-level services can carry the same risks if they are not administered by somebody who is appropriately qualified, appropriately trained and insured in the right premises.

A national occupational standard will have a consultation process and a consent process. It will say in what kind of environment the procedure or treatment needs to be carried out. It will also give a range of aspects that people need to cover, going back to the earlier panellists, in making sure that practitioners are trained effectively for all diverse client types in both phenotyping and genotyping, melanin-rich skin, as well as those with disability or life-limiting or life-changing conditions, such as oncology clients and clients with diabetes and menopausal treatments. You will have seen myriad such treatments. The national occupational standard forms the basis of qualifications predominantly for Scotland, Northern Ireland and Wales. In England, Skills England has a very similar process. I have also chaired the apprenticeship and trailblazer group since it was at the Institute for Apprenticeships and Technical Education.

Dr Sullivan: It is so complicated.

Diane Hey: During covid, I had 96 meetings on steering groups for national occupational standards with different experts. There is an expert working group for every area: hair, beauty, nails, spa, wellbeing, aesthetics.

Chair: Thank you very much for that overview.

Q41 **Freddie van Mierlo:** My first question, Victoria, leads on from what you said about the need for better or more regulation. What, in your view, would that look like to better protect women from bad actors in the beauty sector?



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Victoria Brownlie: When we talk about professional services, we are talking about the red, amber, green consultation that took place in 2023. That is a great place to start, because at the moment everything, as has previously been discussed, is on a voluntary basis. Qualifications, as Diane mentioned, have been built. There are also quick, half-day training courses that you can go on and then start injecting somebody in your living room. In the same way, for the premises standards and so on, there are checks, but environmental health officers have only a certain amount of teeth in what they can and cannot deal with and take action on. The licensing scheme would look to introduce a scheme where everybody has to have a regulated qualification. Their premises are inspected. They are only permitted to do certain treatments, depending on where they fall within the red, amber and green. There should be a certain level of oversight and supervision, depending on what level of grade of red, amber and green they are offering. Similarly, there would be mandatory insurance, and then a system of recording adverse incidents.

The Government announced towards the end of last year, which we really welcome, that they are moving ahead with the “red risk” treatments, which are those higher-end, very risky treatments that can result in death, etc., as we have discussed, such as BBLs and COG threads, things that go under the skin and injectables into genitals and other areas. We are still waiting for any kind of Government decision on, arguably, the more common and more prevalent treatments that generally come within the amber category currently.

On the licensing scheme, all we have is, “Yes, we’re going to do that,” but we do not yet have a timeline. We do not have any information about what the education and training requirements should be for anyone wanting to administer those treatments. My concern is that we are moving ahead with red, but we really do not know where we are going with those other areas, which need to be seen together if we are to push to get this done, which we need to do.

Q42 **Freddie van Mierlo:** My experience of hair and beauty is pretty much limited to going into my local Space NK to ask for a bit of help with a gift. It would be really helpful to understand what procedures, treatments or products would be used, especially in those green and amber categories. We have heard quite a bit about what the red ones would be, but I would quite like to understand what green and amber would look like.

Victoria Brownlie: The three levels are meant to be low risk, medium risk and high risk, but the medium category is really broad at the moment. We have argued that the level of supervision you may need for an injectable currently within amber is very different from somebody going in for a lower-level skin peel or microneedling or—

Diane Hey: Mesotherapy.

Victoria Brownlie: —or mesotherapy or a low-level laser.



Q43 **Kit Malthouse:** What is mesotherapy?

Diane Hey: It is an injectable. The substance is injected just beneath the skin, but it is not an injectable as in a filler or Botox, which would be more of a deeper, subcutaneous-type injection. We also have the intravenous injections, which would be vitamin infusions. Even within that scope of practice, you also have microneedling where that causes trauma to the skin and affects the natural ability of the skin to heal. That is where the rejuvenation comes from. In that category, you would have microneedling in green.

Q44 **Chair:** Green?

Diane Hey: You would have mesotherapy and subcutaneous injections in the amber, and you would have infusions in the red.

Victoria Brownlie: Technically, when we say needling is in green—because I heard your response, Chair—they are also sold over the counter.

Diane Hey: Yes, they are.

Victoria Brownlie: It is essentially a roller that has tiny pricks in it. That is what Diane means when she talks about the really low level of skin depths.

Diane Hey: If we refer back to the standards that I talked about earlier, the depths are listed. Things are capped; there is a safety cap. If we take a laser, you can use a laser or LED light for skin rejuvenation, but equally, it could be used in an operation, diathermy or higher-level risk. The devil is in the detail of where we cap these safety pieces, because a laser can mean many different things to many different people depending on their background, their job role, etc.

Q45 **Freddie van Mierlo:** What benefits do you think better regulation and more consumer confidence would give to your industry? I know it is a very valuable industry. We have a number of premises on the high street in my constituency, and it is a well-used resource. What benefits do you think would be brought to your industry with better regulation?

Victoria Brownlie: Honestly, the industry wants regulation. It is something we have supported since our inception. I know Habia and other organisations like BABTAC do as well. It is something that professionalises the industry. It is an industry that is 86% female-owned businesses—businesses where you have qualified individuals who are experts in their field, similar to Victoria talking about her expertise in make-up previously. There is a level of professionalism that I often think is disregarded in this industry. What we mean by a regulated qualification is that rubber stamp to say, “Yes, I’ve gone through degree-level qualification to get to this point. I didn’t do it on a university campus. I may have gone through a levelled apprenticeship method, but I still have that degree of proficiency, and this proves it.” Those who are reputable want that.



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Unfortunately, over the years we have had cowboy training providers offering quick solutions to people who are taking these courses in good faith thinking that that makes them a qualified individual, when the reality is talking about adverse reactions, things that can go wrong and your ability as a professional to deal with those complications, even if the reason for it going wrong is nothing to do with the way that you have administered the product; it could be that the person just has an allergic reaction, etc., and different life events could have led to this. It is about your ability to understand skin anatomy. All the various elements that Diane worked so hard to build in as part of a qualification of what it should look like takes time. You cannot do that in half a day; you cannot do that in two days. That takes years of work. By professionalising the sector, we need a way to say that consumers have confidence. If, through their own autonomy and getting the right information and research—and all the information that should come as part of that—they are choosing to go and get these procedures, they can do that in good faith knowing that they are in a safe pair of hands.

Q46 Freddie van Mierlo: Finally, how do you think the Government and regulators can keep up with the ever-changing nature of the industry?

Victoria Brownlie: It is really tricky. We have found, even since the 2023 consultation, that new procedures have come on the market or there has been a change. “We’re no longer doing that. We’re now doing this.” That is a challenge, and we completely accept that. Luckily, within the wording of the secondary legislation from the Health and Social Care Act, where we have the ability to introduce this licensing scheme, the provision is quite loose. It is “laser and light, heat and cold”. The wording is deliberately quite broad to allow for additional procedures and treatments to be added or removed as things are phased out.

As was spoken about before, you need technical working groups that can continue to feed in information about new advances coming in, whether that be the manufacturers and creators of these products and services, or bodies like the MHRA, Save Face, the Joint Council for Cosmetic Practitioners, ourselves and Habia. All of us need to be around the table with the Government and DFE, continually inputting into that, so that we make sure we are always at the forefront of new innovation as it comes in. We should be championing innovation because a lot of the time it makes things much safer. It is advancing things in a positive way, but we still need those checks and balances to make sure we are keeping up.

Q47 Chair: Earlier we heard a call for a taskforce. Would you support that call?

Victoria Brownlie: Yes.

Diane Hey: Absolutely.

Q48 Chair: Excellent. Just for the sake of comparison, where would tattooing be in the red, amber, green?

Diane Hey: Tattooing sits outside of the legislative piece at the moment.



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Chair: I know it does, but if it were considered.

Diane Hey: Again, it would depend on the where and the how, because you have tattooing, done by tattoo artists, in one sense, but you then also have SPMU—semi-permanent make-up.

Q49 **Chair:** Would tattooing and tattoo artists be red?

Victoria Brownlie: Currently, there are special licences.

Diane Hey: It is under the Law of Property (Miscellaneous Provisions) Act.

Victoria Brownlie: Yes, sorry. The Law of Property (Miscellaneous Provisions) Act already allows environmental health officers and others within local authorities to search and check those premises, and to check the safety standards of those practitioners. At the moment, there is not a call for this to be included within the scope because there is already existing legislation.

Q50 **Chair:** I understand that. I was just trying to get a comparison that people who are not familiar with hair and beauty might have experience of.

Diane Hey: It would sit in green.

Chair: It would sit in green? Okay, I am not sure how helpful that was in the end.

Q51 **Adam Thompson:** Thank you all for joining us. I want to look at the fragmentation across the industry. I know lots of you have expertise in this. Diane, I will start with you. In 2013, the Keogh review, which you will be aware of, described the sector as being highly fragmented. The conclusion was that self-regulation attempts within the industry had broadly failed. Do you agree with that? Did you agree with that then?

Diane Hey: Yes, we are fragmented. In terms of the work that goes on, the associations and industry organisations are trying to take the bull by the horns and bring in some form of recognition. BABTAC, Habia, the Hair Council and NHBf all have professional membership bodies where your qualifications are checked. You have to be insured and so on. I have been in the industry for a long time, nearly 40 years, and what we do not have is the professional recognition that Victoria talked about. Anybody who has not done what I have done can just open up anywhere tomorrow. They do not even have to do a half-day online training course. They can just open up and purport to be qualified. That is one of our biggest challenges. All the industry bodies would support the professionalisation of what we do.

If we are sitting in science and innovation, all of what we do is based in science. We learn anatomy and physiology from cells upwards. We learn contraindications. We learn about endocrinology. We have both the anatomy—the building—and the physiology, as well as the how and the what, and what happens when it goes wrong. When a guest or a client



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comes in and they have a condition, we have to know what to do with that. It is heavily steeped in science. For every treatment we do, we have biology, chemistry and physics. We use electrical currents. We have to understand them. People do not understand what we as professionals need to learn, know and understand to be able to deliver our jobs effectively, as well as being able to support people with mental health life changes and being a confidant to people when they are going through whatever they might be going through in life. We have a huge skillset, and it is hugely underrated and under-respected.

From an industry point of view, we would welcome, both as an employer and in my roles, the recognition that you cannot just open up. You have to legislate to be able to say that, if you want to open a business in this arena, you at least have to register with your council. You have to meet the legislative and the licensing piece. Licensing only deals with what we would consider to be level 4 and upward qualifications. Level 2 is the entry point, and it also brings an awful lot of young people into employment. When you look at what it serves to a community, it deserves the respect of being recognised that you cannot just open up. We hear, time and again, catastrophic stories of people being damaged and harmed either physically or emotionally, or both, because we have unscrupulous people who want to make a fast buck. We equally have unscrupulous training providers who want to exploit people who think they are doing it correctly, and who do not know any different. I deliver apprenticeships. People come to us with certificates, and I have to say to them, "Your certificate is not valid. It's not a regulated qualification." In a funded education world, I cannot allow them to go forward. They have to go backwards to go forwards.

Q52 Adam Thompson: Is it safe to say that you agree with the conclusion of the Keogh report that self-regulation has largely failed?

Diane Hey: It has benefits, but it has its challenges. We need something with stronger teeth with all those organisations involved in a taskforce scenario.

Q53 Adam Thompson: Is it fair to say that, since it was written in 2013, it broadly has not changed, but what you see is—

Diane Hey: It has got better. No, it has improved. We all sit round the table with DHSC on the taskforce for licensing, for example, and creating the consultation. All the members of that group are sitting round the table.

Q54 Adam Thompson: Great. I will come to you in a second, Victoria, as I know you want to speak. Diane, is the call from your perspective that regulation needs to come in and take the next steps?

Diane Hey: It is key.

Q55 Adam Thompson: Victoria?

Victoria Brownlie: As much as all those bodies exist and do fantastic work, the people who are the problem, and who are bringing down the



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reputation of the industry, are not being looked at by any of those people. We know that the industry is growing year on year. The problem we have at the moment is that we have standard industrial classification codes that put the whole of the hair and beauty industry within one code. It is basically impossible to split it to tell you that aesthetics has grown by this much. We were worth £10.1 billion to the services sector in the last year for which we have data available, and that was a 15% increase year on year. We know that the hair sector is in decline, and we know that the other sectors have increased nowhere near the level that aesthetics has. I would estimate that the majority of the increase in consumer spending is coming from the aesthetics sector. My worry is that there is an underground here. It is mates using mates using mates. They do not need to worry about being licensed by such and such, or whoever.

I also want to add to what Diane said. We as the council are still firmly of the view that certain procedures should be medical procedures only. There are still procedures within the amber category, when it comes to those deeper-penetration injectables, that we as the council would argue should not be done by non-medics. We keep pushing that with DHSC. It is a DHSC economic decision about whether it chooses to put those within red procedures. Our position, and the position of BABTAC and others, is that those injectables should not be performed by non-medics, because non-medics cannot deal with the complications quickly and efficiently, and they often do not have access to the prescription-only medications you need to deal with them when they arise.

Q56 Adam Thompson: Finally, is it safe to say that you are all strongly of the opinion that you would like to increase training and accreditation requirements on practitioners?

Victoria Brownlie: Yes.

Diane Hey: In terms of the training and accreditation, accreditation is not a qualification. Generally, an accreditation in our world would be a CPD. It is not a qualification. What we would call for is that somebody would have a qualification regulated by Ofqual in England and other national regulators in the other devolved nations, or an apprenticeship, which again is regulated by Ofqual, or an awarded degree.

Q57 Dr Gardner: You talked earlier about the different types of treatment that would sit within the green, amber and red, and I was waiting to hear whether you would mention Botox. I have been very unsubtly recommended that I should have it. Because it has the botulinum toxin in, if anybody is going to have side effects, it will be me. I accept that I am going to be wrinkly and droopy. There have been confirmed cases of botulism poisoning. I know that the MHRA is looking into it. The BBC did a very good undercover investigation. We have heard about the harms that can be caused by unlicensed botulinum toxin injections. How serious is this problem? How should the Government tackle it?

Diane Hey: It is a prescription-only medication, so there is regulation already in place, but as we heard earlier, and continue to hear,



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enforcement is a problem. As we have already said, we have fake product. We have incorrect product. Currently, it is placed in amber, which means it would need medical oversight. We heard from Victoria at the beginning of the day that she went to a person and thought she had been given a prescription, but because there was no face-to-face consultation with the prescriber, she did not know that the product was not a real product. Part of the licensing conversation is that the prescriber holds that responsibility, whether they are prescribing remotely or face to face. The call has been that prescribing should be done face to face with the person who is receiving it at the time of consent, and on every time of consent. A prescriber is a medical professional, so that should not have been able to happen, but it was an incorrect product at that point. It was the wrong product. They are regulated by the MHRA.

Victoria Brownlie: What we have found to date—and this is a loophole that we hopefully closed last summer with the Nursing and Midwifery Council—is that up until last summer a nurse prescriber could prescribe multiple prescriptions without having seen the patient to whom that product was going, and that in our mind is not correct. I completely agree with what Diane says. The person receiving the treatment should be the responsibility of the person prescribing the prescription medication. They should be asking questions and checking the suitability of that product in terms of the procedure, just as you were doing your due diligence about your allergic reactions, etc. The prescriber should be asking you for all that information. There should be no blindness to this.

Q58 **Dr Gardner:** Does the enforcement sit okay in the amber category as is then provided, or do you feel Botox injections should be moved to red?

Victoria Brownlie: Anything prescription-only should be red.

Q59 **Dr Gardner:** That is really interesting. Thank you. I have a side question to all of that, dealing with unlicensed products and their harms, but there is a risk of side effects even with licensed products. People are talking about filling in the forms. Do you take people's medical backgrounds? Are there any contraindications that need to be taken with medicines, certain medical conditions and chronic illnesses? Are there certain cases where Botox injections are not recommended?

Diane Hey: Yes, in terms of a professional practitioner for any treatment, whatever level it is, you would always take a full case history of the person sitting in front of you. You would want to know any medical conditions. You would also want to know if they have ever had any previous adverse reaction to any product, treatment, service, anything, even at the dentist. If they come for treatment, we would want to know if they have had any dental treatment. I am not talking about high-risk aesthetic treatments here; I am just talking about general beauty procedure treatments. That is a part of your insurance. If you do not take that information, you cannot make a valid treatment plan for a client who wants to receive the treatment. If you are a valid professional, you will have your indemnity insurance. That would be invalid if you did not do



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that. It is also written in all the national occupational standards and every qualification. It is embedded within that.

Q60 **Dr Gardner:** Are there occasions sometimes where you go, "I'm sorry, you can't have these"?

Diane Hey: Yes. There are known contraindications to different treatments, for everything, all the way through.

Victoria Brownlie: In Victoria's case, it should have been when she mentioned that she uses another Botox provider and they offered her a cheaper service. I am assuming they are a medical practitioner. Because that medical practitioner should be registered with someone like the General Medical Council, Victoria could refer it to the General Medical Council. It would then investigate, and that practitioner could be struck off. The same cannot be said of a non-medical, and that is why we cannot have more serious procedures being undertaken by non-medicals. At the moment, there is no recompense. There is no way to say that person cannot do the same thing the next day. They can just continue as they are.

Diane Hey: We also have no central point of register for contraindications, adverse or otherwise.

Dr Gardner: That is useful to know. Thank you.

Q61 **Chair:** That is really good to know. Can I follow up on that? When it comes to fillers, which can be all kinds of substances, where do you think they should sit in the red, green and amber?

Diane Hey: For me, dermal fillers should have been a prescription-only medication anyhow.

Q62 **Chair:** They should be red? Any injectable should be red?

Diane Hey: The MHRA has listed them as a device rather than a prescription-only medication. Prescription-only medication would restrict who can use those things. As you have just identified, there can be many different types of content, so you are not 100% sure exactly what legitimate content, or otherwise, there is.

Q63 **Chair:** They are used in all kinds of industrial processes, where they have more regulation. We have only 10 minutes left. I want to pick up on a couple of points that have been made with regard to the call for greater professionalisation. One of the fantastic things about the beauty sector is that it provides opportunities for women entrepreneurs and businesswomen, women who unfortunately are not in the science sector to anything like the same degree. In calling for professionalisation, Diane, how are we going to make sure that we still have the pathways for women, in particular, to enter and thrive in the sector?

Diane Hey: I was one of those women who came into the sector at 18 with all the stigma that went with it, "This is what the thickos go and do when they want to leave school." That was said to me. You fight your



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way through that, don't you? I am a business owner. I am a training provider, apprenticeship provider, Ofsted inspected, etc. I am one of those people who has done that journey, and I am grateful to my industry for giving me that opportunity. In terms of the pathways, we have occupational maps that are on the Skills England process. There is a way you can come in at the bottom and work your way all the way up.

Q64 **Chair:** What is that way? Is it an apprenticeship?

Diane Hey: You can do it as an apprenticeship. You could go into FE provision; you could go to college. Equally, there is a problem with that at the moment, which, again, we have lobbied for hard and long. The FE provision is currently seven years behind the apprenticeship provision, so people coming out of FE are disadvantaged at the moment because the standards are behind. The T-level was taken away. We now know we might get a V-level, but that will take a couple of years, so there is a disparity.

Q65 **Chair:** Unfortunately, we do not have the time to spend on that. That is something we will note. My other point is to Dr Emma Meredith. The beauty sector is worth £25 billion. It is 1% of our GDP. It is a huge sector. I do not have the figures of how many people it employs. Maybe you can tell me.

Victoria Brownlie: It is 697,000.

Q66 **Chair:** Okay, it is a huge employer. Should the sector not be doing a bit more to protect consumers? Should the sector not be setting up a taskforce? Should the sector not be ensuring there is enforcement, secret shopping, etc.? Should you not be doing more given what a significant sector you are?

Dr Meredith: I absolutely agree that we are an important sector. We touch everybody's lives. One of the MPs has left. I am sure that they wash and brush their teeth, and they use sun protection. We touch everybody's lives every day for our health, hygiene and wellbeing. As I mentioned at the start, we are very well regulated.

Q67 **Chair:** I know you said you are well regulated. Should you not be doing more specifically? We do not have very much time. Regulations come from outside. Should you as a sector not be investing more in protection, in standards, in secret shoppers, in a taskforce? Should you not be doing more?

Dr Meredith: Personally, I do not believe so, because I believe that companies do a huge amount of research and are based on science. Our products are steeped in science. They have to do what they say they do.

Q68 **Chair:** We do not know what the impact is on women's endocrine systems from straighteners and extensions, for example. It is clear that we do not know enough.

Dr Meredith: Again, with all due respect, I believe we do. The fundamental thing about our products is that we have a risk assessment.



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I appreciate that our products are based on chemicals, and chemicals can have very hazardous properties.

Q69 **Chair:** You are not going to convince us that there are no problems, because we have heard about problems. We have heard about products that do not have the proper list of ingredients on them. Can I characterise your position as being that everything is fine with the regulated sector, and the issue is only with illegitimate operators? Is that what you are saying?

Dr Meredith: Yes. I have a concern about the cuts to trading standards. We have talked about enforcement. We work very closely with trading standards. It is so important. I am not here to defend illegal and unsafe products.

Chair: No, but you do think the sector is doing enough on safety.

Q70 **Kit Malthouse:** As you said, a lot of basic research goes into the science. One of the key concerns that I have is about the impact of prolonged exposure. Chemicals can initially appear benign, but they build up in your system over time. Is there a longitudinal study into people who have been using the same product? For full disclosure, I have been using the same moisturiser for 30 years.

Victoria Brownlie: You are every brand's dream.

Dr Meredith: It is great to hear that you use a moisturiser.

Kit Malthouse: The reason I have used the same one for 30 years is because they have not changed the formula. I do not know if other products are available, but it is a Clinique moisturiser. I wanted one that I thought would be stable. Often, when I put it on, I think, "Oh, my God, I've used this every day for 30 years." It must be building up in my skin. It has an SPF in it, which is quite a powerful chemical when you think about it. Are there longitudinal studies into the impact of a slow build-up? I am sure, if they tested my blood, there would be traces of the chemicals in there.

Dr Meredith: It is a really good question. The point about our regulation, the understanding and safety assessment is that it looks at the toxicological impacts. It is not just our regulation. We have chemicals legislation. We have UK REACH. We have CLP—sorry to use the acronyms—classification, labelling and packaging. They look at the short-term and long-term effects of chemicals. Fundamental is the risk assessment. Yes, we have products that we may think have scary names or could be used in very hazardous situations, but the way they are used in a cosmetic product has to be safe, and we have to look at the long-term effects of our products.

Q71 **Kit Malthouse:** There is monitoring. There will be chemicals in cosmetics and others that at a certain dose level are fine but above that are not.

Dr Meredith: Absolutely.



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Q72 Kit Malthouse: There is monitoring that if it is building up in my system to a dangerous level—

Victoria Brownlie: The EU just did something similar around vitamin A, and it chose to reduce the level. You can have a degree of vitamin A in certain products, and that is essentially a retinol. The UK will most likely introduce a consultation to look at something similar. That generally is what follows.

Kit Malthouse: That brings me on to my second question.

Chair: We are running out of time. We will take your question and then Lauren's.

Q73 Kit Malthouse: In the same way that there is a lot of traffic from the UK overseas to get treatments that are not available here or are cheaper, is there traffic into the UK for things that are available here that other countries ban?

Dr Meredith: That would be illegal, because to be able to place a product on the market you have to adhere to our rules, which, as Victoria said, are the most stringent. This is the loophole. If illegal products are coming into the market and probably—

Q74 Kit Malthouse: Are there things that we allow legally here that the EU does not allow?

Diane Hey: In some places but, again, it is not about the actual service; it is about who does the service, what the licensing is and what the regulations are.

Q75 Kit Malthouse: We are not using chemicals that are banned in other parts of the world. We have brought in a ban on microplastics that they do not have in other parts of the world. Are there things that have been banned elsewhere to which we say, "Fine"?

Dr Meredith: The UK and the EU are pretty much aligned, because we are linked. There may be a slight lag if a decision is made at an EU level. The UK and the EU are the most stringent and, therefore, we would not be allowing products on to our market that may be allowed elsewhere.

To come back to the MP who asked the question about keeping up to date, our regulation is fluid. To your point, if there were any areas of concern and emerging sound science to show that an ingredient is unsafe, we have a process in place, and an independent scientific body, SAG-CS, looks at a body of evidence and looks at local, systemic, long-term toxicological endpoints. That independent body looks at that body of evidence and can say if that product is safe, if that ingredient is safe—

Chair: Let us hear how that body is doing.

Q76 Dr Sullivan: On that point, would you be able to give us an example about the gel nail polish? There is a likelihood of allergies. If an allergy develops, it means that people will not be able to have dental fillings, joint replacement surgery or diabetes medication—hugely significant



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things—as well as there being the chance of developing other allergies. Could you take that example?

Dr Meredith: That is a good example of where the legislation keeps up to date with emerging information and science. We have worked with dermatologists on that. Nail art and gel nails are very popular. They can be used at home or in a salon. Dermatologists were seeing an increase in allergic reactions. Quite a lot of the gel nails are based on acrylates. The problem with acrylates is that to be able to have the build-up nails you put on a monomer, which is a very small substance, and then under the gel or the chemical process it hardens into a polymer. The polymer does not cause allergic reactions, but the monomers can. The legislation was changed to ensure that the acrylates were only to be used in professional scenarios. It is very hard sometimes to apply things to our own nails because we get it on to the skin around the nail, and that was the exposure that increased allergic reactions. The legislation changed so that only professionals can use those products. They will only be applying it to the nail bed, where you are unlikely to get an exposure that could have an allergic reaction.

We have worked very closely with dermatologists and nail professionals to have guidance so that consumers and customers can ensure that they know what to ask for and the best advice to take, and to go to salons where they are applying things properly, and for salons to make sure that they are applying it correctly and using either the correct liquids or gel UV lamps to ensure that the curing process is completed. What you also do not want is polymerised monomers when people touch their faces. That is where you get the allergic reaction. That is a good example of where the legislation kept up to date.

Q77 **Chair:** How long did it take?

Dr Meredith: That regulation came in quickly.

Chair: How long did it take?

Dr Meredith: One or two years.

Q78 **Chair:** There will be an awful lot of women and men with bad gels and potentially dangerous gels in one or two years. We have a different understanding of what is “quick”, especially in a sector that is innovating and moving so quickly. We need to be able to respond more quickly than one or two years—that would be my view. It is excellent to have that as an example of best practice, but we want to see best practice moving more quickly.

This has been fascinating. I am afraid we have run out of time. I will, if it is okay, ask each of you to say one thing that either the Government, your sector, the industry or consumer groups could do to make a real difference to understanding the effectiveness of the science and regulation of beauty products and treatment. Just one sentence.

Dr Meredith: The Government should continue to support the regulator to ensure that the cosmetics regulation remains up to date and that it



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supports the enforcers of trading standards to be able to get illegal and possibly unsafe products off the market.

Victoria Brownlie: I would want a commitment from the Government before the next election that they will introduce a timeline for the introduction of licensing.

Diane Hey: I will second what both ladies have said. In terms of whether we do enough, and whether we could do more, the industry organisations and bodies that I mentioned do, and they have those processes, but they need to be given more recognition to support the regulation and to assist the Government in enforceability. If you allow them to do that, they will absolutely work with you on a taskforce to make sure that we can professionalise the sector.

Chair: That is great. Thank you very much. You have given short, concise answers to the questions. It is not always the case. I should also note that it has been fantastic to have three all-women panels covering comprehensively the science and regulation of beauty treatments and products. Thank you very much for your evidence and testimony.