



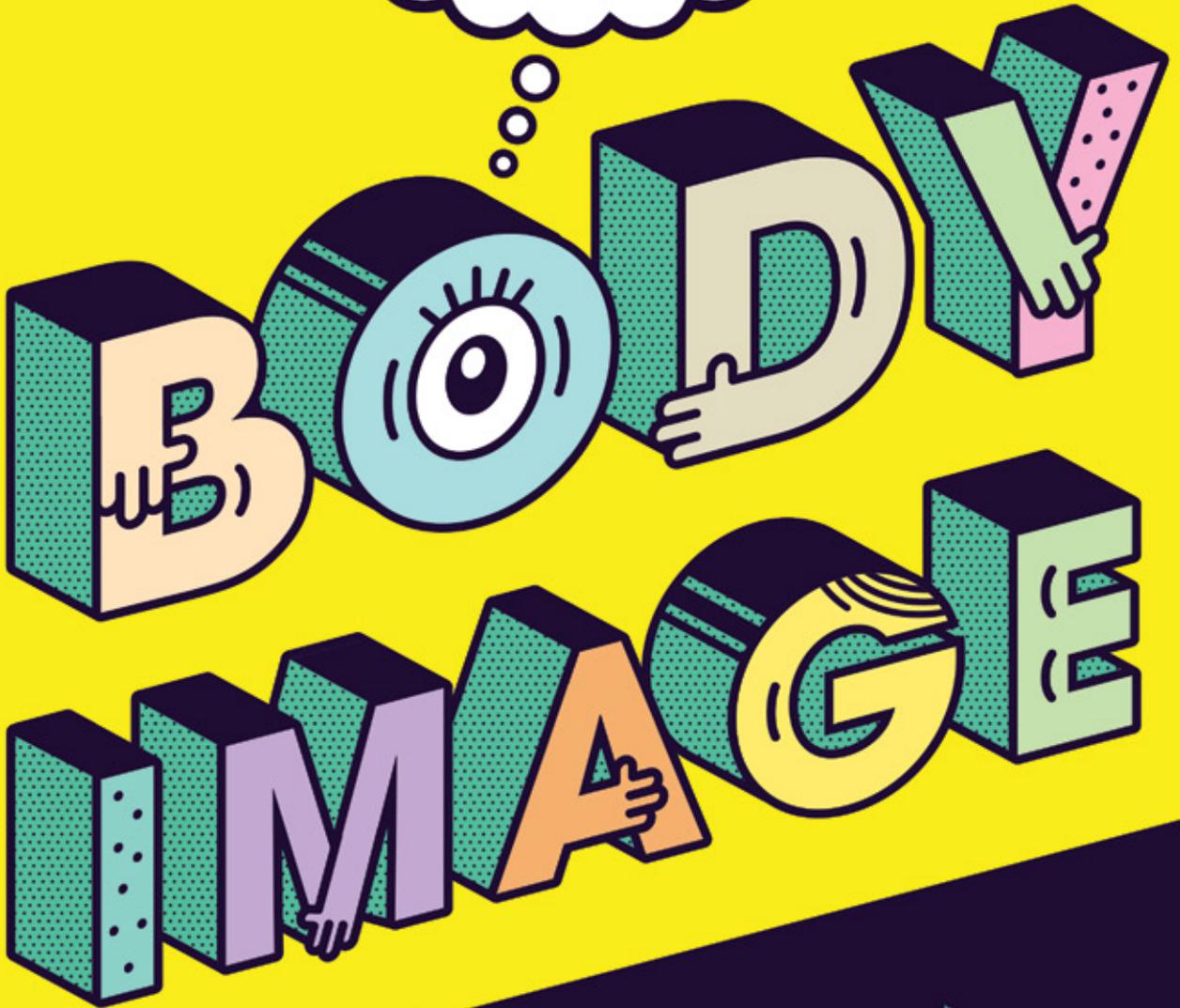
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Mental Health  
Foundation  
Scotland



We are more  
than what  
we look like

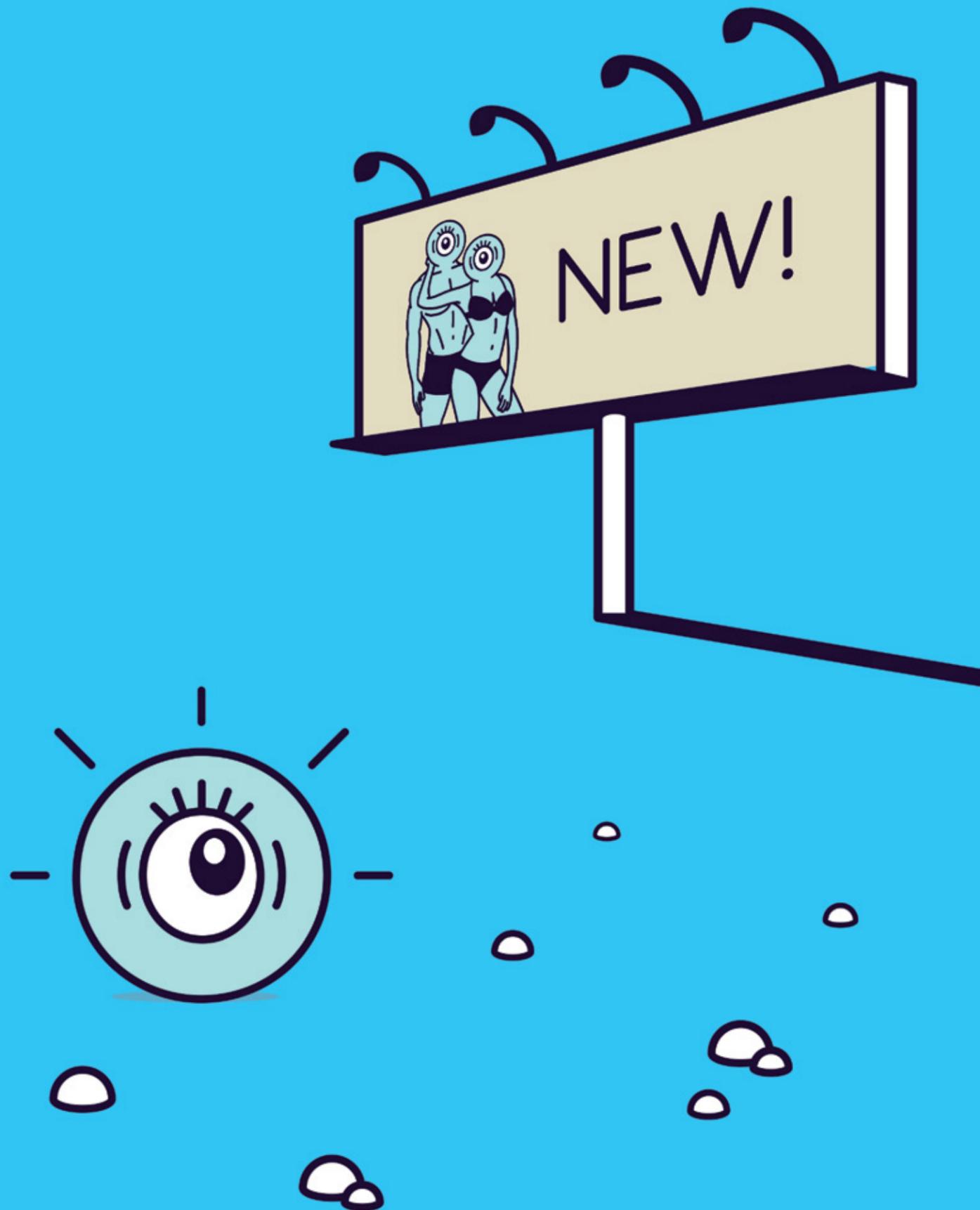


Recommendation report  
from the Scottish Government's  
Body Image Advisory Group on  
Good Body Image, March 2020

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# 1. OPENING STATEMENT

**Body image is how we think and feel about our body. Good body image is accepting how our body looks and valuing what it can do, recognising that we are much more than what we look like.**

**H**aving good body image does not mean loving your body all of the time. Everyone has body image and how we think and feel about our body can change.

There are lots of things in the world around us that can affect our body image and there are lots of things we can do to achieve a good body image.

Our body image develops among many influences including our sex, gender, sexuality, ethnicity, age and abilities as well experiences within our family, among friends, in school and online. Some influences seem to want us to feel bad about ourselves. This includes adverts and images from television, magazines, newspapers, billboards, screens and phones that repeatedly associate stereotypical views of beauty with success in all areas of life, including relationships, work and finance. It's not only adverts but our Instagram accounts and online 'friends' who stream a perfect portrayal of their perfect life - which of course comes with

images of a 'perfect' face and body. Spoiler alert. It's highly unlikely that these lives are perfect and quite likely that the images we see have been manipulated to look the best they can - often an unattainable look. Not only do adverts tell us what we should look like but they also sell us how to change our bodies. The stream of cosmetic surgery ads, weight loss products, beauty products, hair products and many others all encourage the view that if we only lose weight, gain weight, get fillers, botox, eye lash extensions, acrylic nails, gym membership etc., then we will be happy and successful. The reality is far from this. The truth is that looking the way society tells us is attractive - whether that's being skinny (but not too skinny), having perfect abs, large breasts or a chiselled jawline - does not bring happiness, wealth or fulfilling relationships, and it will not make you feel good about yourself all of the time. Everyone will still have worries, good and bad days, insecurities and at times compare themselves to the edited photos we are bombarded with. The Advisory

Group on Good Body Image believes there is another way. That the worrying trends of increasing numbers of young people feeling stress, shame and unhappiness about their body is not inevitable. However to create change we need to work together. This means celebrating diversity and recognising that beauty comes in all forms; improved regulation to stop inappropriate adverts and images targeting children and young people; organisations being more responsible in how they advertise and promote their products; more regulation around who can access cosmetic procedures; parents and carers being more careful about how they talk about their body insecurities around their children; all of us being more thoughtful about how we talk about overweight people and putting a stop to fat shaming. This includes public health advertisements; children and young people having access to workshops and lessons to help them understand the world they live in and how this affects their body image and a targeted campaign to remind us to be kinder to ourselves and appreciate all that we are and all we can do, not just how we look.

The Advisory Group on Good Body Image is not the first to recommend these things. A long line of excellent reports have highlighted what impacts on body image and have given clear recommendations on how body image can be improved. Many of these recommendations we repeat in this report as change has not taken place. The reasons for this are varied. Sometimes it is because the change being called for is complex, and sometimes it seems to be because bringing about change is

hard, or things just have not been done. Where possible we have tried to ensure that the recommendations we make are clearly linked into wider developments within Scotland and/or have a clear audience. As we see it, we are at a cross roads. The Scottish Government have a choice to make. They can get behind the recommendations in this report and bring about lasting change to support the development of good body image or enable the continuing trend of increasing poor body image and the mental health problems which often accompany it. We recognise that the Scottish Government cannot do this alone. Some of our recommendations require others to lead change. This includes regulatory bodies, UK Government, local authorities, public health departments and third sector organisations as well as parents, teachers, youth workers and young people themselves. We believe that a consortium led by the Scottish Government and taking forward our recommendations, and reporting on progress, makes a powerful statement and this is our first recommendation.

**Julie Cameron and Katie Reid,  
Co-Chairs Advisory Group on  
Healthy Body Image**

## 2. WHO WE ARE

**The Advisory Group on Good Body Image was established in August 2019 by request of the Scottish Government.**

This followed the publication of the Scottish Government Children and Young People’s Mental Health Team report “Exploring the reported worsening of mental wellbeing among adolescent girls in Scotland” and the Mental Health Foundation’s Body Image report which was launched as part of Mental Health Awareness Week in May 2019. The group was co-chaired by Julie Cameron, Head of Programmes with the Mental Health Foundation and Katie Reid, Youth Ambassador for BEAT – the UK’s Eating Disorder charity.

Membership of the group included representation from experts working in the field of eating disorders and/or body image as well as those with specialist knowledge of youth work, schools and equality

groups. This included people from the NHS, academia, mental health charities, children’s charities, youth organisations, Education Scotland and Scottish Government officials. Appendix A provides an overview of group members.

From August 2019 to February 2020 the group held six half-day meetings and one full day meeting. In addition to attendance from the core group, a range of organisations also provided contributions. This included organisations with a specific equalities lens and/or aligned remit. Outside of the core meeting, the co-chairs and other members also engaged with a range of organisations and individuals. Appendix B provides insight into the organisations and individuals that were engaged as part of the process.

## 3. OUR APPROACH

**What we were tasked to do:**

- **Identify a definition of what ‘healthy body image’ means that is relevant to every Scottish child and young person**
- **Develop options for how children and young people, relevant professionals and wider support networks can support healthy body image for children and young people**
- **Provide the Scottish Government with specific recommendations and advice for next steps and consider the need for wider public consultation on where action should be taken**

The Advisory Group worked to ensure that young people’s wellbeing was at the heart of our recommendations. We chose to keep the age bracket of children and young people undefined as we felt that the recommendations are likely to be relevant in the lives of a wide range of young people; including those over 18 and young children and their parents and carers. The Advisory Group also wanted to ensure that young people’s voices were heard throughout our exploration into the issues. Our limited time frame meant we were unable to engage with as many youth organisations as we may have liked. This said, our inputs from organisations that were core members of the group and others including; BEAT, CAPS Advocacy, Changing Faces, LGBT Youth Scotland

and the Scottish Youth Parliament report on Healthy Social Media Usage, have ensured we gained a different and valuable perspective on how children and young people from various backgrounds see the issue of body image.

Our group also brought a strong equalities lens to this work, exploring what additional issues may arise around body image for young people who are part of an equality group. This includes young people with disabilities and/or long-term health conditions, with disfigurements, young people from LGBT+ and black and minority ethnic communities, we considered gender differences and life experiences such as having a history of an eating disorder.

Our starting point was a recognition that

we all have different relationships with our bodies, which includes feeling good and not so good about how we look, what our bodies can do and how others view our bodies. The goal of loving your body was not felt to be a realistic one for many people. This was supported by some of the young people we met, who discussed the complex relationship they have with their body. Although loving their body felt like an unachievable goal, they felt accepting what their body could do and recognising the wider talents and abilities they have was a useful approach.

From the outset, the Advisory Group felt it important to take a public health approach to supporting good body image. This involves taking a whole population perspective and focusing on prevention, rather than concentrating solely on those at high risk or who may already have poor body image (though providing support for these groups remains very important). It also meant recognising that body image for children and young people is shaped by many complex factors, so prevention needs to look beyond the behaviours of individuals and take a systems-wide approach that considers the influence of health, education, social services, business, third sector, media and other relevant sectors. Crucial to the public health approach is the need to be informed by and add to the evidence base for the problem of interest. To this end, we were mindful of the wide range of excellent reports that provide insight into the risk factors that increase poor body image and the influences that support good

body image at the individual, interpersonal and cultural/societal level. We read and reflected on many reports into body image over the past 10 years that not only summarised the evidence but gave clear recommendations on the changes required at all levels. References to these reports are provided in Appendix C.

A common theme emerging throughout the work of the Advisory Group was the importance of building resilience to withstand the pressures from social media, advertising, and cultural norms that can lead young people to have a negative body image. Work on good body image should therefore cover both helping young people to understand what lies behind the images and messages and also work to build self-esteem through opportunities for young people to develop confidence and recognise their skills, abilities and worth. We recognise that this has to sit within wider information for parents and professionals as well as regulation and tighter controls to protect young people from undue pressure and/or access to images, unhelpful advertising and access to aesthetic procedures.

Our group believes that to have good body image one does not require to be any specific shape, size, colour, sexuality or gender, or be able bodied. However, we also understand that people who are under or over-weight are more likely to have negative body image. In addition people that exercise for health reasons rather than appearance are more likely to have good body image. We are clear

that shaming people because of how they look or what their body can or can't do is counterproductive to creating good body image. This isn't always reflected in public health messaging around healthy eating, physical activity or obesity. Fat shaming and weight stigma seem to be more socially acceptable than other types of stigma and discrimination and yet have no legal protection unlike other characteristics

such as race and gender. We recognise that people who experience stigma and discrimination due to other characteristics such as race, ethnicity, disability, gender or sexuality have additional risk factors around body image as a result of this. This is part of the complex picture of what affects self-esteem and self-worth and how that relates to body image.

**Recommendation One:**

**S**cottish Government to lead a consortium of organisations that will have responsibility for taking forward the actions that emerge from our recommendations. This group should have representation from young people, third sector, public sector, academia and the media and other key stakeholders such as social media influencers. This group should also publicly report progress on the recommendations.

## 4. DEFINITION & LANGUAGE

**The Advisory Group dedicated a lot of time to discussing the language we use when describing body image. Over the course of 6 months, we unpicked the language used and explored the pros and cons of different terms.**

In addition to the expertise among members of the Advisory Group, we explored this with the organisations Changing Faces and CAPS Advocacy who brought specific insights from young people living with disfigurements and those who have experience of an eating disorder. Alongside this we discussed language with a group of social media influencers and with children and young people via surveys carried out through BEAT school inputs and insights from Childline based on information available in their reports and threads on their website and online forums. We also explored what language is used to convey 'healthy' body image on Instagram and Twitter.

We identified that there is no consensus on the best language to use around body image. That many terms mean different things to different people or are associated with specific movements. Often children and young people consider

body image in a negative way, even when asked a positive question about what supports healthy body image.

Our approach to the recommendations has a strong equalities lens and due to this, the group felt it best to firmly place our agenda separate from that of anything alluding to weight.

### HEALTHY

Healthy body image is the term which the group started out with and upon reflection, after many valuable inputs and insights, it is one that we have now concluded should not be used to describe body image. Healthy, in its own right, means many different things to different people: healthy body/healthy mind/healthy eating/healthy weight; image. This can exclude young people who do not associate with being 'healthy' due to a disability, health condition or due to having a complex relationship with their body.

"What is healthy for me and what is healthy for you are most likely two very different things and that is not to say one is better than the other." (CAPS)

"Most of them will not see themselves as society's version of healthy, because they are not." (Changing Faces)

### POSITIVE

Our meeting with social media influencers provided valuable insight into the term 'positive' and how this fits within the body positive community. It was evident that the language of 'body positive' has specific meanings and interpretations within this community which although aligned into the agenda of this group is not the same. Due to this, we felt it important to keep this distinct from the work of this group.

CAPS Advocacy were also very helpful to the Advisory Group within this discussion, many of the CAPS team have experience or are experiencing an eating disorder and when speaking to them, it was clear that the term 'positive body image' didn't feel suitable. The young people described this as in a similar way that you wouldn't tell someone suffering from depression to just smile, you shouldn't tell someone struggling with their body image to love their body. The conversation very much reminded the Advisory Group that while we would love for everyone to feel positive about their bodies, for many this is an end point on a journey they may not have yet begun.

"Body positivity is very much the last

stepping stone in a large river of learning to accept yourself before you can love yourself." (CAPS, 2019)

### NEUTRAL

Neutral or body neutrality is feeling neither positive or negative about your body image but recognising it for what it is and what it can do. This, while summing up the nature of what we mean (e.g. you don't need to love your body all the time), seemed a somewhat complex term for children and young people to engage with.

### ACCEPTANCE / VALUE

Acceptance and value were two key words which frequently emerged in many conversations. Each input we had mentioned the fact that rather than place importance on liking or loving your body, it is better to recognise the strength it holds in how it is uniquely yours. However, as with 'neutral', we felt that body acceptance may be a complex term to use as a definition that would not resonate with all young people.

### GOOD BODY IMAGE

After numerous and long discussions, the Advisory Group agreed on the term 'good body image.' This was not an easy decision to make and was the last thing to be agreed. With this, we are aware that our definition will not please everyone as body image is a personal topic, however

from our six meetings, this terminology was the one best fitted to our findings. Good body image was chosen due to the positive connotations it holds, as although we don't want to tell people they must love their body all the time, it still has a certain hope and happiness attached. The definition breaks down what body image is, what good body image is, that we can change how we think and feel about our bodies and identifies the need to place value in our bodies.

## OUR DEFINITION

Body image is how we think and feel about our body. Good body image is accepting how our body looks and valuing what it can do, recognising that we are much more than what we look like. Having good body image does not mean loving your body all of the time. Everyone has body image and how we think and feel about our body can change.

There are lots of things in the world around us that can affect our body image and there are lots of things we can do to achieve a good body image.

### Recommendation Two:

The Scottish Government should adopt the language of good body image and use the definition developed by this Advisory Group. This includes within public health messaging and resources. The Government should also encourage others within the third sector and public sector to adopt this language and definition.

# 5. YOUNG PEOPLE HINTS & TIPS

**Our recommendations focus on the wider factors that influence how children and young people feel about their bodies and actions we believe that will improve this for the better.**

We also recognise that in addition to tackling these wider factors it is important to support children and young people to build resilience, so they are better able to cope with some of the pressures in society. This includes those that might be struggling with their body image. Although there are lots of factors in the world around us that can lead us to feeling bad about our bodies, there are small steps we can take to ensure we are building mental resilience. The following hints and tips summarise these.

## IT IS OKAY TO STRUGGLE WITH YOUR BODY IMAGE

Everybody, at some point, across all ages, has worries about their bodies. While we wish that everyone viewed their bodies in a positive way, we understand that this

isn't always possible. It is okay if you aren't happy with your body. It is likely that how you feel about it will change as you grow up and throughout your life, for good and bad. Self-acceptance is not a competition.

## YOU ARE IN CONTROL OF WHAT AND WHO YOU INTERACT WITH

Social media is an incredibly influential factor in how we see our bodies. Adverts like to show us a different 'ideal body' each week and this can often seem daunting if you don't fit that image. The reality of this is, these bodies are often photoshopped to an unrealistic standard and aren't there to make you feel good about yourself.

Understanding this and beginning to spot the signs behind media and advertising is a key step in beginning to accept your own

body. Just like real life, you are in control of who you speak to and what you choose to see. Unfollow anyone or anything that doesn't make you feel good about yourself, you are allowed to.

## TAKE TIME OFF SOCIAL MEDIA

One quick look at social media and three hours later you're watching someone who you don't know enjoying a beach holiday in the Bahamas. This could seem like an innocent passtime but it is unlikely to leave you feeling too good about yourself. Learn to use social media in a more healthy way. Try only spending a little time each day and when you feel yourself getting sucked in, put your phone down and do something that will make you feel better than looking at edited images of perfection.

## USE YOUR VOICE

The people around us don't always understand how the things they say can affect us and this can often lead to uncomfortable situations. However, these people might not understand that the way in which they are speaking is upsetting. Don't be afraid to use your voice to open up a conversation on body image. It might seem scary, but educating yourself and others about body image is a key way to normalise an all-too-common issue. You might help someone else in the process.

## YOU HAVE THE RIGHT TO LOVE YOUR BODY

Just as much as you have the right to education, to kindness and to have fun. Your body is deserving of love and no one should have the power to take that from you. What your body does for you, is unique to you and it's important to give it that value.

## SURROUND YOURSELF WITH SUPPORTIVE PEOPLE

Not everyone will understand body image, and that doesn't mean your thoughts on it aren't important. Find those people who support you and your thoughts and make use of them. This could be parents, carers, teachers, professionals or friends.

## MAKE USE OF SAFE SPACES

There are a number of online communities and support groups should you need to speak about any thoughts towards your body. **These include:**

**childline**  
ONLINE, ON THE PHONE, ANYTIME



**SAMARITANS**

# 6. MEDIA & ADVERTISING

**Exposure to images of idealised and unrealistic bodies through media, advertising and celebrity culture and the associated pressure to have an ideal body are well-recognised risk factors for poor or negative body image.**

**H**istorically, the pressure to conform to societal standards of beauty has been felt most by girls and women, but recently recently those of all genders have increasingly reported poor body image. To that end, NHS staff working in specialist steroid clinics informed us that many male patients attribute the desire to change their body through steroids to images and discussions they see in the media.

The pressure that comes from media, advertising and celebrity culture was highlighted in the 2012 report from the All Party Parliamentary Group on Body Image (APPG). One of its key recommendations was for advertisers and the fashion industry to diversify their depictions of beauty. This means including models with body shapes and sizes closer to the general population, higher visibility of people from black and minority ethnic backgrounds, more models with disabilities and other

visible differences.

Eight years since this report, significant change has not been achieved. Although pockets of good practice continue to emerge, such as body positivity advocacy and some diversity in advertising and retail, this is against the backdrop of a continuous focus on uniformly thin body shapes, and increasing pressure to conform.

This increased pressure to conform often comes from social media, and that "can encourage harmful behaviours to achieve 'results', including disordered eating and body shame", says one of the key findings from the 2019 report from the APPG on Social Media and Young People's Mental Health and Wellbeing Inquiry. The report also highlighted that 46% of girls and 38% of all young people reported that social media damaged their self-esteem. A similar impact was also highlighted within the 2019 Mental Health Foundation Body Image research report.

Much of social media’s impact emerges not only as a result of users communicating to one another but also users following celebrities and influencers. Influencers occupy this middle ground between ordinary people and celebrities, and often build their online status and income by engaging in various commercial activities, such as promoting third-party products or selling their own products or services (e.g. personal trainer, dietician). Most often such activities center around chasing the impossible thin ideal and promoting a dieting culture. This emphasizes the importance of clearer advertising standards when promoting products and services around weight and appearance, something that the APPG on Body Image recommended in 2012.

To this end we welcome the new policy announced by Instagram to restrict users under the age of 18 from seeing posts

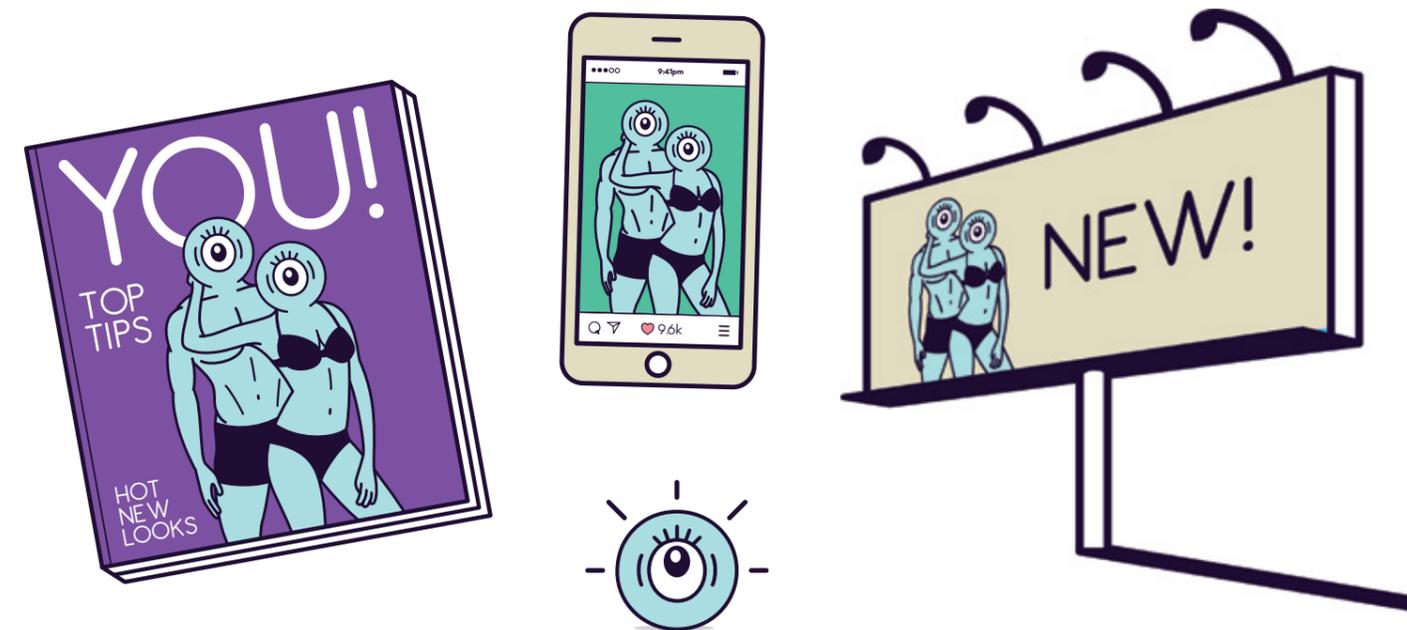
that promote products that promise rapid weight loss or ‘miraculous’ changes in shape. We further welcome the recent enforcement notice by the Committee of Advertising Practice (CAP) that the Advertising Standards Authority intends to take enforcement action towards companies, which advertise Botox on social media, as that is a prescription-only medicine, which cannot be advertised to the public. CAP has also recently advised for the socially responsible advertising of dermal fillers and efficacy claims for various other cosmetics products and procedures. Another positive development by CAP is the requirement towards influencers to label clearly promotional material online, which will help users differentiate between organic and promotional content and hopefully help them become more critical towards various claims made by influencers.

**Recommendation Three:**

- A.** Every opportunity to promote and celebrate diversity should be taken. This includes use of more diverse people within the entertainment (scripted and reality television), fashion and beauty industry, in print and online magazine and within government, the public and third sector.
- B.** Where government money is spent, there should be a commitment from organisations to use diverse images that reflect the Scottish population and challenge the narrow and stereotypical visions of beauty and capability that still prevail.
- C.** Continued restrictions on the advertising of cosmetic surgery, dieting and slimming aids are needed to prevent them from reaching children and young people online. The ASA should have clear regulation to ensure that all online platforms prevent under-18s from exposure to such advertising. This includes

restrictions on advertising of non-prescription only (POM) products. We also call on other digital companies to follow Instagram’s lead in restricting the advertising of cosmetic and dietary products to under-18s, with exploration of potential to expand this age group.

- D.** Effective restrictions on advertising and other content require strong enforcement. Therefore we support the call to action by the APPG on Social Media and Young People’s Mental Health and Wellbeing to establish a code of conduct for social media companies, with Ofcom as regulator, and to create a Social Media Health Alliance funded by a levy on profits of social companies.
- E.** ASA should work with social media platforms to ensure that clear and consistent information is provided regularly to users and the wider public on how they can report posts that breach current regulations. At the same time, the ASA should also make extra effort to be upfront about its regulations on dietary and cosmetic products and procedures and how the public can take action.
- F.** Restrictions on online behavioural advertising with under-18s should be implemented. This would also require more clarity on use of cookies and a user-friendly explanation on what data is collated online and how this can be turned off.
- G.** Social media influencers and celebrities should be regulated to label clearly any promotional content as such, following ASA/CAP guidance.



# 7. REGULATION & GUIDANCE

**This Advisory Group wants a society where children and young people are not unduly pressured by media, advertising, celebrity culture and their online experiences to look a certain way. We also want to ensure that if they feel this pressure, they cannot access ways to change how they look if under 18, and for everyone, without first having a meaningful discussion with a trained practitioner.**

Unfortunately, young people are not only exposed to adverts and images with unattainable body images but are presented with ways to change how they look; with aesthetic treatments and dieting pills portrayed as quick and risk free ‘fixes’. The phenomenon of the ‘reality TV’ look is a rising and worrying trend.

The Advisory Group welcomes that in 2017 it became a legal requirement in Scotland for independent clinics providing non-surgical treatments to register with Health Improvement Scotland and be open to a rolling programme of inspection. However we are concerned that the second phase, as recommended by the Scottish Cosmetic Interventions Expert group, to roll out this requirement to all aesthetic treatments, including

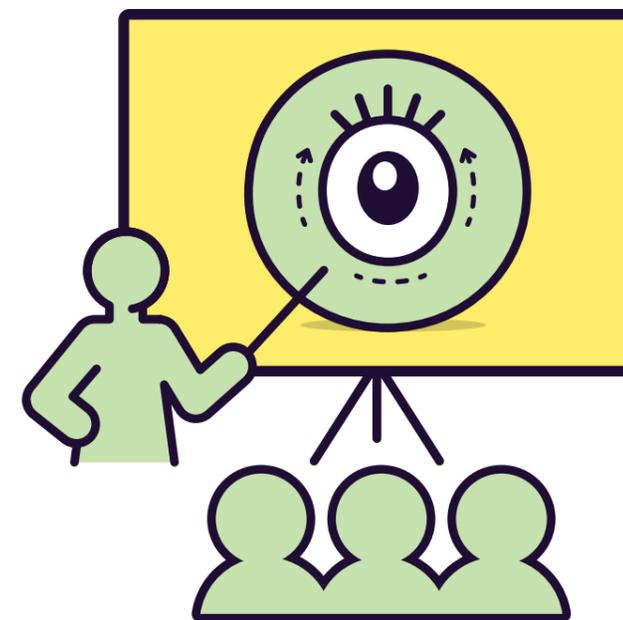
those performed by beauticians, beauty therapists and others, has not yet been implemented.

We are also concerned that there are no restrictions on the sale of dieting pills across the counter or online, though we welcome the fact that the companies Boots, Superdrug and Holland and Barratt have their own policies which restrict sales to under 18s.

We also see the fitness industry and personal trainers having a key role, not only in identifying individuals at risk but in supporting fitness-based messages which don’t shame or blame, but instead, promote good body image. As a result we would like to see standardised guidance on how to support and promote good body image in these settings.

## Recommendation Four:

- A. The Scottish Government should prioritise the rollout of regulation to all practitioners who perform aesthetic treatment, including beauticians and others.
- B. Introduction of age restrictions on all aesthetic treatments to under 18s unless there is a medical reason.
- C. Introduction of age restrictions on dieting pills over the counter and exploration to how their sale could be better regulated online.
- D. Development of good practice guidance and online training as part of regulatory requirements for all practitioners who provide aesthetic treatments. This would cover understanding restrictions on advertising of their services and consideration of language which facilitates good body image. Guidance would include supporting identification of body dysmorphia, knowing how to signpost individuals to support agencies if required, and consideration of ethical practice.
- E. Development of good practice guidance for the fitness industry to identify individuals ‘at risk’, including identification of the use of performance enhancing drugs, excessive dieting or over-exercise. Guidance should be inclusive of education on weight stigma and consideration of language and motivation which facilitates people’s engagement with sport and activity on a long term basis, while supporting good body image.



# 8. PUBLIC HEALTH MESSAGING & POLICY LINKS

**There were many highly useful inputs into the group on this topic, from group members and from external speakers working in aligned topic areas.**

**W**e had particularly productive discussions with those working on Diet, Physical Activity and Healthy Weight policy at Public Health Scotland, the third sector organisation Changing Faces, ambassadors from LGBT Youth Scotland, and the First Minister’s National Advisory Council on Women and Girls. We note that the Advisory Council are making body image one of their ‘deep dive’ topics in the coming year, and we welcome this acknowledgement of its importance. The group also reviewed existing public health body image campaigns and grassroots movements such as ‘This Girl Can’, ‘Be Real’ and ‘I Weigh’, and international examples including video resources from Healthy Tasmania. It was acknowledged that there is often a lack of robust evaluation of such campaigns, making it difficult to tell what aspects of them were most or least effective.

Through discussions with equalities and advocacy groups, the group identified a need to ensure any outputs or resources produced were inclusive of all children and young people. While it is often very useful to consider body image through a gendered lens in terms of how it affects people differently, we know that poor body image can affect all young people regardless of their age, gender, sexuality, ethnicity or health status. Therefore, we feel a national campaign on body image should be fully accessible to all, and not focus overtly on one gender or group of young people to the exclusion of others. As part of this, there is a need to use inclusive language throughout. This should include use of gender-neutral wording where possible and avoidance of examples or terms which may lead some young people to believe the advice is not for them e.g. describing ‘ideal’ or ‘healthy’

bodies may exclude those living with visible differences or disabilities.

The Advisory Group are clear there should be an uncoupling of the concept of body image and weight, and an acknowledgement that body image is about much more than whether someone is over- or underweight. However, weight is an area of public health policy where there can be an apparent conflict between the goal of promoting good body image and other public health aims. For example, at times public health messages around healthy eating, physical activity and weight are not always supportive of good body image, and can use language or promote ideas that imply blame or shame on individuals. Based on our discussions and review of existing evidence, we believe this conflict is not inevitable, and is in fact likely to impact negatively on both policy goals. It is now well established that weight stigma is not only damaging to body image and mental health but actually contributes to disordered eating, and therefore is unlikely to lead individuals to adopt healthier lifestyles which lead to weight loss. Therefore, there is a need

for the Scottish Government and others working in public health to ensure that their policies across these related areas interact in a complementary way without contradicting each other.

We believe public health policy should be less judgmental about overweight and obesity. This includes avoiding stigmatising language that uses shame or blame, and instead educating professionals and the public about the impact of weight bias and obesity stigma on physical and mental health. There is useful guidance available from the World Health Organisation on actions which could be taken at a national, regional and local level to tackle this. We are aware that Public Health Scotland’s Diet, Physical Activity and Healthy Weight team are already planning work in this area, including scoping the development of training materials for health professionals on conscious and unconscious weight bias and stigma, which we strongly support. The Scottish Government also has a wider responsibility to use language across all policy areas and publications that is not weight stigmatising.

## Recommendation Five:

**A.** The Scottish Government should develop a national campaign promoting good body image for all Scottish children and young people. This should draw on existing evidence where possible, and development should involve young people throughout the process. The campaign should acknowledge the wide range of actors and sectors which influence body image for young people (families, social media influencers, teachers etc.) e.g. ‘When you do \_\_\_\_\_, this is how you make me feel about myself’.

- B.** The national body image campaign should be piloted with a diverse group of young people before rollout, and there should be a pre-specified robust evaluation plan.
- C.** There should be easily-accessible, national online resources provided on body image for young people and others in their lives to be signposted to during and after the campaign e.g. on the NHS Inform website.
- D.** The Scottish Government should adopt and promote the World Health Organisation's written guidance on avoiding 'Weight bias and obesity stigma': ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0017/351026/WeightBias.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0017/351026/WeightBias.pdf?ua=1)).
- E.** There should be coherence across Scottish Government policy areas which overlap with body image – in particular those relating to obesity, physical activity, healthy eating and mental health – to ensure they enhance good body image and support mental health.
- F.** We would welcome the development and introduction of a mental health impact assessment which requires policymakers to consider the potential mental health impacts of all public policy, including body image as a component of this.
- G.** Public, private and third sector organisations in Scotland developing initiatives or campaigns which may impact on body image for children and young people should consider the framing of their messages to avoid damaging body image and self-esteem. For example, initiatives which encourage young people to take part in sport and physical activity should highlight that the benefits aren't about improving how you look, but feeling healthy and fit.
- H.** We support Public Health Scotland's Diet, Physical Activity and Healthy Weight team in their goal of developing communications guidance for avoiding weight-stigmatising language and training materials on this topic for relevant NHS professionals.



# 9. RELEVANT PROFESSIONALS IN YOUNG PEOPLE'S LIVES

**The Advisory Group had representation from a range of sectors including education, youth work and health professionals. We recognise the importance of consistent messages from professionals to young people around the development of good body image.**

**T**hose working in education have a unique and important role in shaping how children and young people feel about their bodies, whether that is as part of lessons or simply in the way that they interact with their students within schools, colleges and beyond. In addition, as discussed previously healthcare workers can be integral to supporting good body image in their interactions with children and young people, particularly by using non-stigmatising and non-judgemental language and being aware of weight bias. Youth work also provides excellent opportunities to engage with young

people around good body image and help people develop the resilience needed to cope with undermining factors such as bullying and social media expectations. Youth Workers in particular have an opportunity to build relationships with young people in informal settings in the ways the young people choose, around issues of importance to them. In Scotland youth work includes a broad range of activities, from traditional youth clubs, through to creative groups, sports and recreational groups, campaigns and more, all of which have an empowering relationship at their heart and work to agreed National Outcomes. Sadly, quality youth work opportunities are not available

to all young people, due to a significant reduction in resources to carry out youth work activities over the past decade.

As part of our work we did an initial exploration into what resources are available to support professionals. We were able to identify some good practice including resources available via national campaigns (DOVE self esteem), those developed by Girlguiding Scotland and specific resources available to schools (see section 9).

The Advisory Group acknowledges the importance of building opportunities for key professionals to develop their knowledge and understanding of how to develop good body image. We carried out an initial exploration to identify what is covered on mental health, and body image specifically, within pre-qualification teacher training and within youth work and community education courses. This wasn't exhaustive not least due to the

range of teaching areas aligned including physical activity, home economics, personal and social education as well as pastoral care. However what we did identify highlighted the ad-hoc nature of information and pre-qualification training on mental health and body image as part of teacher training and youth work courses within Scottish universities.

As a group we feel there is a need to have consistent skills and understanding among key professionals around the development of good body image. This includes teachers and youth workers but also a broader group of professionals involved in healthy weight services, active schools, those working with parents and/or who work directly with young people such as student support services, counsellors and school nurses. This may include professionals who work with young people who already have body image difficulties.

**Recommendation Six:**

- A.** Bringing together of Universities which have teaching and youth work courses to develop core modules on mental health, and body image within this, that should be part of pre-qualification training for teachers, health and social care professionals and youth workers. This should cover the risk and protective factors, use of language that avoids shaming or blaming individuals, importance of role modelling and avoidance of 'fat talk' and understanding advertising and societal pressures and their impact on young people.
- B.** Alignment of core skills on developing good body image (as per above) into new CPD training modules being developed for schools as part of the Mental Health in Schools Working Group. The working group should explore potential of this training to be offered beyond schools to key professionals in young people's lives.

- C.** Development of good practice guidance and training for frontline professionals targeting those in healthy weight services, parenting courses and health visitors to focus on use of language to avoid shaming and blaming, promoting good body image with young people and information for parents.
- D.** Development of guidance and training for those working with young people who already have body image difficulties on how to support development of good body image as well as evidence-based practice to support young people struggling with negative body image. This should include school counsellors and counsellors working in other settings.

# 10. SCHOOLS, HIGHER EDUCATION & FURTHER EDUCATION

**The Advisory Group welcome developments going on within schools and further education which teach young people about mental resilience, body image and mental health issues.**

**A**lthough our outreach to schools and professionals within education wasn't exhaustive the Advisory Group received valuable insight and input from Education Scotland, and via attendance at the Scottish Learning Festival and inputs from the Scottish Government Learning Directorate on mental health and relationship, sexual health and parenting resources.

We identified a number of good resources available that aim to reduce body image concerns and increase wellbeing. Many of these resources included lessons on media literacy, teaching on cultural, social norms and wider impacts to support young

people to explore how they feel about themselves and their body. In addition to broader lessons that support development of building self-esteem and self-worth. However many of these resources have not been evaluated or implemented at scale and many teaching staff may be unaware of them.

Within the Advisory Group it was felt that within schools there is a lack of timely and impactful training for staff to access as part of their CPD, or clear information on what resources around body image are good and how to implement and incorporate them into an already busy curriculum. The development of the SQA

Mental Health and Wellbeing Award available to schools and colleges was of particular interest to the group and we see this as a positive step towards achieving a healthier perspective of our bodies within the Scottish Curriculum. This said, the course is currently optional with no

specific CPD support for staff teaching it. Resources like the current developments being taken forward by The Mental Health in Schools Working Group and activities within the relationship, sexual health and parenting resources being updated were also fantastic to see.

## Recommendation Seven:

- A.** The development of good practice guidance, especially for pastoral care teams and those teaching PE and home economics, but useful for all staff to enable them to continue to implement a whole school approach that supports the development of good body image. This includes giving equal value to mental and physical health in school curriculum, ensuring that messaging around healthy eating and physical activity is focused on feeling good and keeping well rather than losing weight or building muscle, importance of avoiding language which shames or blames when discussing weight.
- B.** There is a need to support schools in their ability to use good resources within education settings to ensure the development of good practice in teaching when it comes to body image. Where resources exist they should be recognised, evaluated and promoted. This could include development of a knowledge hub where resources can be accessed. This should be aligned to the actions being taken forward by the Mental Health in Schools Working Group
- C.** Where there are campaigns within these environments, which focus upon promoting good body image, they should align their language with the Advisory Groups definition to avoid any blame, shame or confusing narrative.
- D.** Further and Higher Education should take a whole-system approach to body image and align their teaching bodies, well-being services, student unions and health facilities, such as gyms, within the university or college to ensure the support and development of good body image and help to identify and support anyone who may be struggling with their body image.

# 11. PARENTS, CARERS & FAMILIES

**Parents, carers and families are key influences in the lives of children and young people and this includes in the development of good body image.**

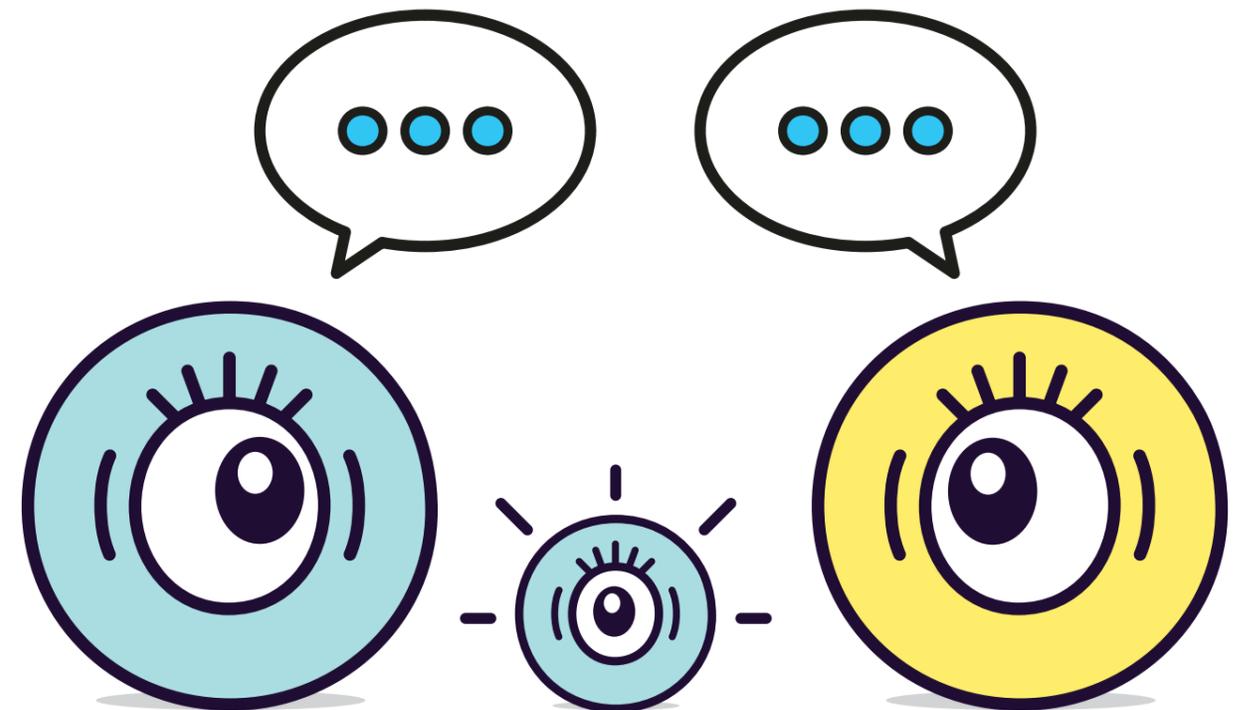
The way in which parents and close family members discuss weight around children and young people can have a significant impact upon how that individual will see themselves. Looking up to parents and carers as role models often comes through children and young people mirroring their behaviours, values and attitudes and this can either support or negate their view of their bodies. Our discussions have been highly influenced by inputs from Changing Faces, Childline, CAPS and our discussion with social media influencers. The key output from these was a request to ensure that recommendations for parents and carers are framed in such a way that does not make them feel bad about their role within the development of good body image, which was felt to be often the case with public health messaging directed to parents and carers.

As a group we were impressed by the lessons that can be learned from the body positive movement that are utilising podcasts, blogs and social media as a positive way to engage people in conversation about body image. We see these as a potential way in which to promote discussions with parents and carers about body image which is informative and engaging. Other suggestions included highlighting books which promote good body image that parents can read with their younger children.

After an initial exploration into resources available to parents of children from pre-birth to teenage years, specifically parenting resources provided by Scottish Government and public bodies, we identified a clear gap in information available to parents to support them in creating environments where good body image can grow.

## Recommendation Eight:

- A.** There is a significant gap in information available to parents around promoting good body image despite many parenting programmes existing. The Scottish Government should review and update their parental guidance to include sections on supporting the development of good body image. This should utilise existing platforms such as Parentclub as well as specific parenting programmes commissioned and/or supported by the Scottish Government.
- B.** All advice given to parents, carers and families should align with the definitions used by the Advisory Group in these recommendations.
- C.** A public health campaign should include hints and tips for parents which should provide information on interpersonal risk factors, appearance praise, weight and shape comments, fat talk. This could be linked to podcasts/social media to ensure it is accessible and framed in a friendly and supportive way.



# 12. RESEARCH, DATA & EVALUATION

**Over the past 30 years there has been a lot of research on things that impact young people’s body image that we can draw on to make evidence-based recommendations in this area.**

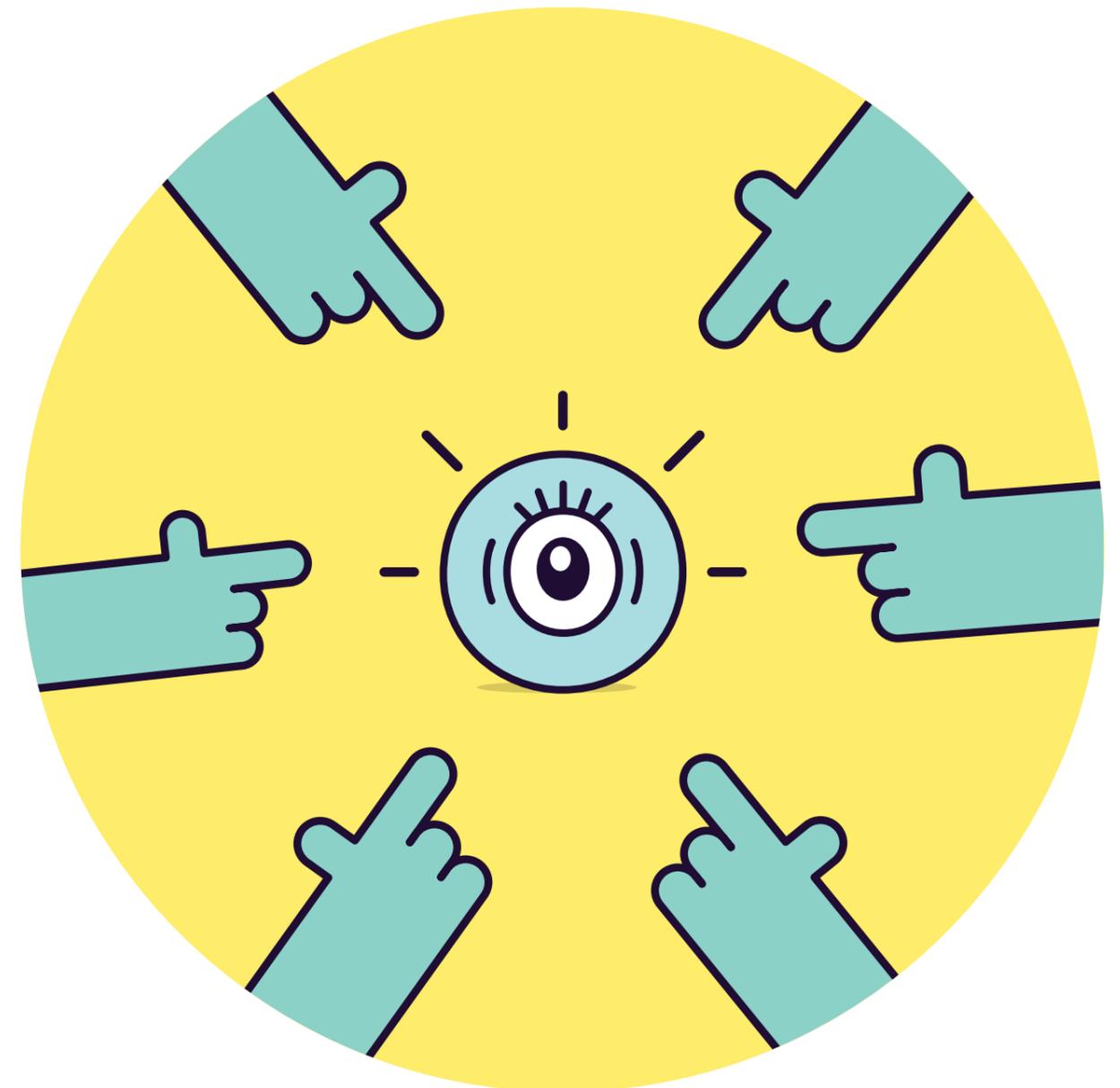
It is important that we are committed to collecting good quality data on body image in Scotland, both to be able to really understand the scale of the problem, and to understand the impact that campaigns and interventions may be having on the body image of young people. Whilst some national data are being

collected at the moment (e.g., through the Health Behaviour in School Aged Children study), these exclusively focus on young people’s perceptions of their weight, which is a very narrow conception of body image. Much of the academic research also focuses on very specific populations, such as predominantly White, teenage girls.

**Recommendation Nine:**

- A.** National youth surveys in Scotland should measure body image in a consistent way using questions that do not focus exclusively on young people’s perceptions of their body weight.
- B.** Schools should continue to accurately record appearance-based bullying, and these data should be made available to facilitate research on how rates of appearance-based bullying are changing over time.
- C.** Public health campaigns with the potential to inadvertently increase appearance-based stigma and discrimination (e.g., obesity campaigns) need to be fully monitored and evaluated, with funds made available to support this.

- D.** Any roll out of interventions designed to improve body image (e.g., school-based interventions) need to be accompanied by rigorous evaluation to determine their effectiveness, with funds made available to support this.
- E.** Research on body image should ensure engagement with diverse populations, including young people of different ethnicities, genders, sexualities, health status and socio-economic groups.



# APPENDIX A: WHO WE ARE

## CO-CHAIRS:

### Julie Cameron

Julie is the Head of Programmes with the Mental Health Foundation (MHF) in Scotland and Northern Ireland where she oversees national programmes and research studies.

The Mental Health Foundation has been the UK's leading charity for everyone's mental health. With prevention at the heart of what they do, they aim to find and address the sources of mental health problems so that people and communities can thrive.

Julie has over 20 years' experience in public mental health including as a Youth Worker, a Children's Mental Health Advocate, Health Improvement Practitioner and Research Consultant. Julie's unique experience and commitment to social justice brought an inclusive approach to the group meetings and a desire to ensure that the recommendations were informed by a wide range of perspectives.

### Katie Reid

Katie is a 4th year Drama and Performance Student at Queen Margaret University. Her role as co-chair came from her work

alongside BEAT where she has volunteered for two years as a youth ambassador.

Katie brought a lot of personal experience to the group, having previously struggled with an eating disorder in her early teens and after recovering wanted to put her energy into helping others who may be going through a similar fight.

## GROUP MEMBERS:

### Fariha Thomas

Fariha manages Youth Community Support Agency, a charity that works with Black and Minority Ethnic young people and provides counselling and wellbeing services as well as youthwork. Fariha brought to the group perspectives from a youthwork framework and from the experiences of diverse black and minority ethnic young people in relation to body image and how racism can impact on young people's sense of themselves, their place in society and body image.

### Fiona Duffy

Dr Fiona Duffy is a Consultant Clinical Psychologist in NHS Lothian CAMHS and

a Lecturer at the University of Edinburgh where she is part of the Eating Behaviours and Disorders Research Group. She specialises in the field of eating disorders in children and young people and has an interest in preventative school based body image programmes, particularly focusing on interpersonal interactions and communication of a thin "ideal" within our immediate relationships and society.

### Frances Duffy

Frances Duffy works with Education Scotland. She is a development officer in the Health and Wellbeing team supporting primary and secondary teachers with food and health education and other areas of health and wellbeing. She has many years of experience as a curricular leader of health and wellbeing in the secondary sector.

### Girlguiding Scotland

Girlguiding Scotland is the leading charity for girls and young women in Scotland, with around 50,000 young members. They build girls' confidence and raise their aspirations. They give them the chance to discover their full potential and encourage them to be a powerful force for good. They give them a space to have fun. Find out more at [www.girlguidingscotland.org.uk](http://www.girlguidingscotland.org.uk).

### Helen Forrest

Helen Forrest is the Chief Executive of Children's Health Scotland, the only charity in Scotland dedicated to informing, promoting and campaigning on the healthcare needs and rights of all children

and young people. The purpose of CHS is to ensure that children and young people get the healthcare and treatment they need.

Helen has brought the perspective of children and young people with long-term health conditions and how their body image relates to wider issues such as self-esteem, confidence, health status and general wellbeing.

### Helen Sharpe

Helen Sharpe is a lecturer in the School of Health in Social Science at the University of Edinburgh. She has conducted a wide range of research exploring what puts young people at risk of developing poor body image and on interventions that can help to promote good body image. In this group, Helen has brought an academic perspective, sharing theoretical models and research evidence from her own work and from the wider research community.

### Leanne Ferries

Leanne has worked for Childline for 11 years, with a background in Community Education and Social Services.

Childline is a free confidential service that provides support to children and young people up until their 19th birthday. The service operates 24 hours a day and young people can talk about anything.

Leanne was able to give examples of why young people contact Childline to talk about body image, the feelings that they have about this topic and the impact that this can have when they present with a negative body image.

## Petya Eckler

Dr Petya Eckler is a senior lecturer in Journalism, Media and Communication at University of Strathclyde. She works in the area of health communication and specifically on the role of social media in shaping young people's body image. She often partners with non-profit groups, clinicians and young people on spreading awareness about these issues. Dr Eckler contributed to the advisory group by sharing her expertise in media and communication as they relate to health and body image.

## Rachel Thomson

Dr. Rachel Thomson is a public health doctor who was on secondment to the Scottish Government when the group was formed and is now working at the University of Glasgow researching public mental health. She attended the group in a dual role, representing both the Scottish Government policy perspective on mental health, education, equalities

and substance use as they related to body image, and bringing her own public health perspective on body image from her work in the NHS and academia.

## Simita Kumar

Simita is part of the Type 2 Diabetes programme in the East of Scotland Region having joined the group as part of her previous role with Children's Health Scotland, where she worked primarily with children and young people (CYP) with long term health conditions.

Simita has ensured that the voice of children and young people who feel that they do not have the 'ideal' body due to use of steroids as part of their medical treatment, hair loss, disfigurement or disability is taken on board. She has given insight into the reality of many children and young people who are subject to bullying due to how they look which further has an impact on their self-esteem and self-confidence which in turn impacts on their body image.

# APPENDIX B: OVERVIEW OF INPUTS

## The following organisations provided inputs to the Advisory Group:

- Scottish Government learning directorate with a focus on the Relationships, Sexual Health and Parenthood resources and wider developments in mental health curriculum and support.
- Scottish Government Diet and Healthy Weight team
- Input from Changing Faces
- Input from young people from LGBT+ community
- Input from Con Lafferty (NHS Lothian Steroid Clinic - men's perspective)

## Members of the Advisory Group also attended :

- Half-day session exploring image manipulation apps in London with Mental Health Foundation and a wide range of stakeholders
- Session with young people with history of an eating disorder via CAPS Advocacy in Edinburgh
- Half-day session with Social Media Influencers including those from body positive movement.
- Scottish Learning Festival to identify resources and good practice
- Mental Health in Schools Working Group

In addition we engaged young people via BEAT school visits and survey, Childline (via specific thread on website chat and reports), Scottish Youth Parliament and Children's parliament (via survey results and attending mgt) and explored alignment

with other national groups including SHINE network, TRIUMPH and Advisory Group for Girls and Women, and discussion with educators leading on Mental Health and Wellbeing SVQ.

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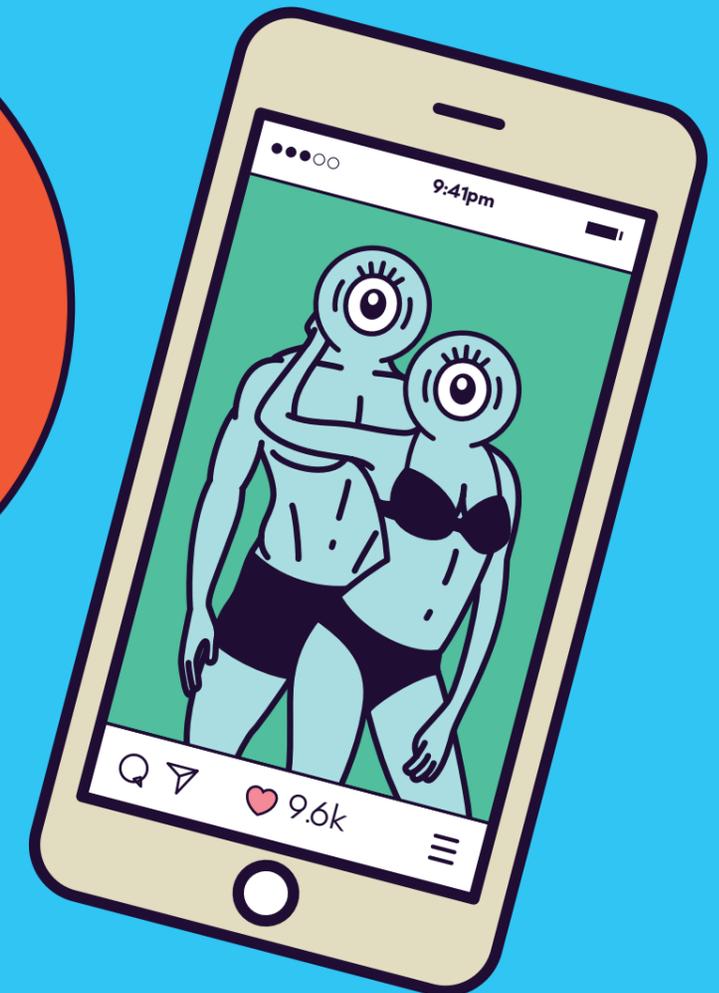
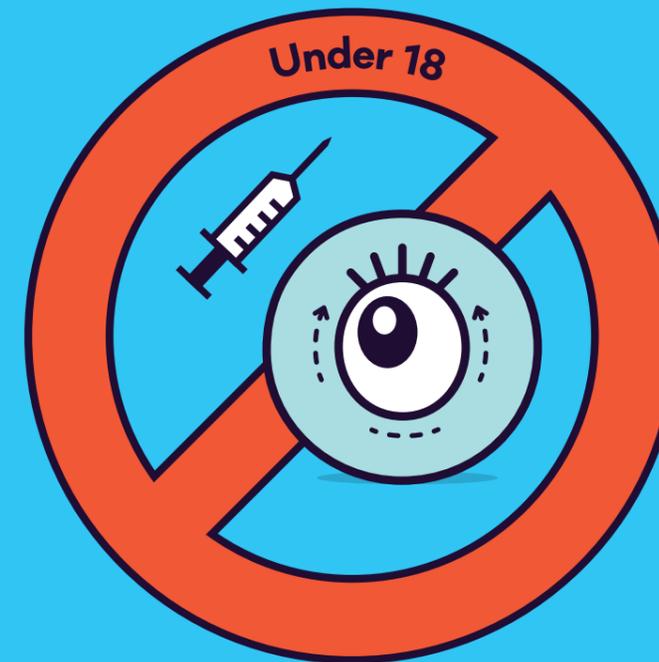
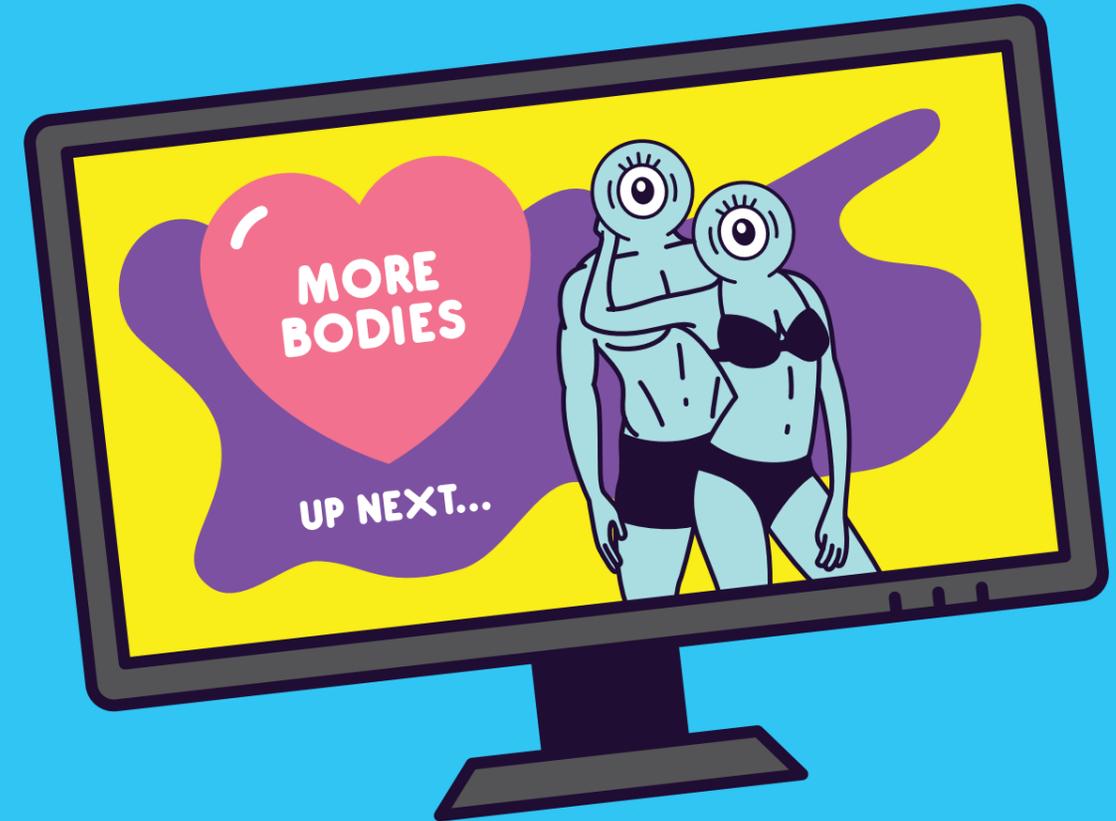
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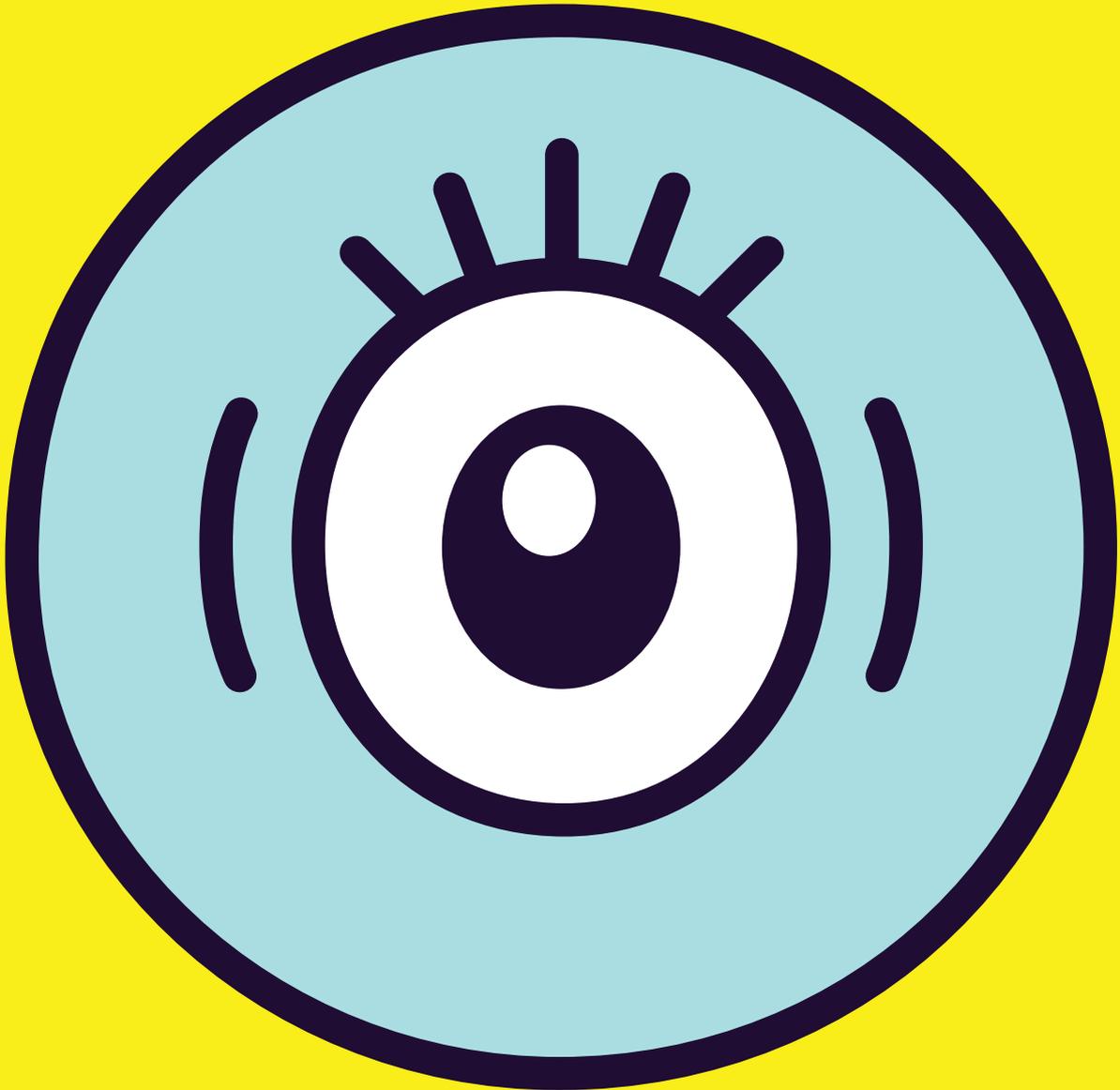
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