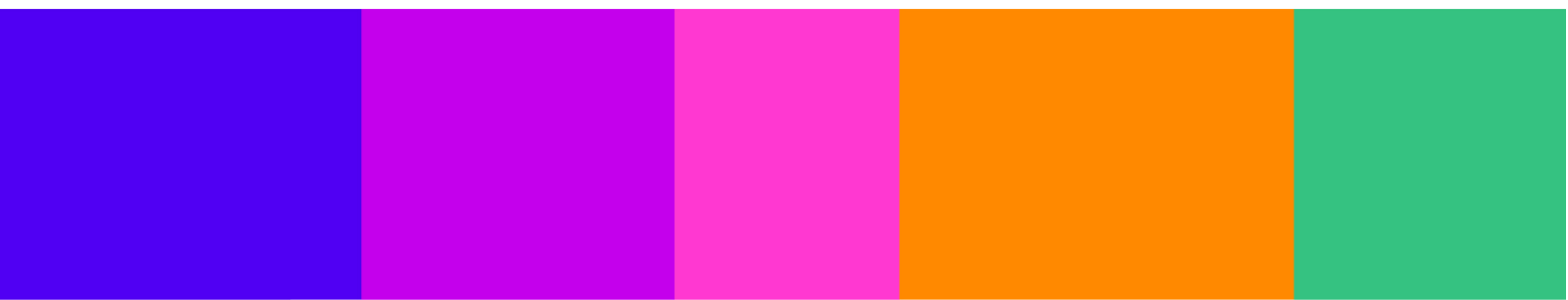




# Consultation response form

Please complete this form in full and return to [protectingchildren@ofcom.org.uk](mailto:protectingchildren@ofcom.org.uk).

<b>Consultation title</b>	Consultation: Protecting children from harms online
<b>Organisation name</b>	Health Professionals for Safer Screens



## Your response

Question	Your response
<p><b>Volume 2: Identifying the services children are using Children’s Access Assessments (Section 4).</b></p>	
<p><b>Do you agree with our proposals in relation to children’s access assessments, in particular the aspects below. Please provide evidence to support your view.</b></p> <ol style="list-style-type: none"> <li>1. Our proposal that service providers should only conclude that children are not normally able to access a service where they are using highly effective age assurance?</li> <li>2. Our proposed approach to the child user condition, including our proposed interpretation of “significant number of users who are children” and the factors that service providers consider in assessing whether the child user condition is met?</li> <li>3. Our proposed approach to the process for children’s access assessments?</li> </ol>	<p>Confidential? – N</p> <ol style="list-style-type: none"> <li>1. This in theory seems sound, but there will always be children that will not be identified through these age assurance techniques that we don’t know for sure even work. You are only identifying age assurance methods that have ‘the potential’ to meet your four criteria. Services can therefore not reliably ‘conclude that the service is not likely to be accessed by children’ and therefore it is not correct that they are then able to self-conclude that they don’t need to complete ‘stage 2: Is the child user condition met?’ These services should <b>all</b> assume that children, (especially those from deprived backgrounds who are accessing whatever appeals to them, for prolonged periods on unsupervised devices) can access their services, until iron clad age verification is proven to meet its potential. (<a href="#">Digital well-being on a budget August 2023. Internet Matters</a>)</li> <li>2. Ofcom itself has identified the fact that ‘occasional online activity is linked with fatal outcomes.’ One child who has died either partially or totally because of exposure to online harms is the one child we should be working to protect. No child should be left behind. Therefore, using the dialogue of a ‘significant number’ of users who are children completely disregards the most vulnerable children who are at risk of the most catastrophic of harms. Each and every child constitutes a ‘significant number.’ If ANY child is able to access that site then the ‘user condition’ should be met.</li> <li>3. This seems laborious (but possible) for those who are conscientious and a neglectful tick box exercise for those who aren’t. It is unlikely to be done properly by interested parties who seem to be relied upon to self ‘record the outcome’ of</li> </ol>

Question	Your response
	<p>their children’s access assessments. They can then self- conclude they meet the ‘child-user condition and do not need to record detailed evidence to back this conclusion.’ Who is going to be appraising and following up all these child access assessments? I suspect interested parties will see this as an arduous piece of bureaucracy without serious consequence if they don’t do it, as all that Ofcom has published is that they ‘might fine’ services in breach. This is hardly a deterrent, especially to the wealthiest of these companies.</p>
<p><b>Volume 3: The causes and impacts of online harm to children</b>  <b>Draft Children’s Register of Risk (Section 7)</b></p>	
<p><b>Proposed approach:</b></p> <p>4. Do you have any views on Ofcom’s assessment of the causes and impacts of online harms? Please provide evidence to support your answer.</p> <p>a. Do you think we have missed anything important in our analysis?</p> <p>5. Do you have any views about our interpretation of the links between risk factors and different kinds of content harmful to children? Please provide evidence to support your answer.</p> <p>6. Do you have any views on the age groups we recommended for assessing risk by age? Please provide evidence to support your answer.</p> <p>7. Do you have any views on our interpretation of non-designated content or our approach to identifying non-designated content? Please provide evidence to support your answer.</p> <p><b>Evidence gathering for future work:</b></p>	<p>Confidential? – N</p> <p>4. a) The addictive nature of these devices is a harm in itself. In the clinical world we are seeing this huge area of harm every day in practice as our cases below will testify.</p> <p>5. There doesn’t appear to be much about the links between children from deprived backgrounds and the increased risk of exposure to harmful content? <a href="#">Common Sense Media</a>.</p> <p>6. The age groups need to be carefully caveated as being a rough guide only and children need to be assessed as individuals for example a 14-year-old with ADHD living in a deprived setting is at much more risk of harm than a 14 year old who is neurotypical living in a privileged setting. Children in care or who have been in care are also much more at risk of harm. <a href="#">Education Select Committee Report</a></p> <p>7. Repeated exposure to non-designated content for excessive periods of time is a harm in itself. Ofcom need to confront and communicate this.</p>

Question	Your response
<p>8. Do you have any evidence relating to kinds of content that increase the risk of harm from Primary Priority, Priority or Non-designated Content, when viewed in combination (to be considered as part of cumulative harm)?</p>	<p>It is not just about the content it is about the length of use of these devices. Excessive screen use is being evidenced as impacting on all aspects of a child's physical and mental health.</p>
<p>9. Have you identified risks to children from GenAI content or applications on U2U or Search services?</p> <p>a) Please Provide any information about any risks identified</p>	<p>8. The extent of use constantly increases the risk of harm and exposure to risk of harm. Addictive use of these devices is by its very nature an illustration of the cumulative risk of harm.</p>
<p>10. Do you have any specific evidence relevant to our assessment of body image content and depressive content as kinds of non-designated content? Specifically, we are interested in:</p> <p>a) (i) specific examples of body image or depressive content linked to significant harms to children,</p> <p>b. (ii) evidence distinguishing body image or depressive content from existing categories of priority or primary priority content.</p> <p>11. Do you propose any other category of content that could meet the definition of NDC under the Act at this stage? Please provide evidence to support your answer.</p>	<p>10 ) A teenage psychotherapist of 20+ years' experience submitted the 5 cases below:</p> <p>She writes; 'These 5 cases are related to cripplingly high levels of anxiety in young people which were greatly exacerbated by excessive smartphone use, accessing a broad range of content from Instagram stories, TikTok reels, YouTube shorts and videos, Netflix films, video games, pornography and WhatsApp groups. In each of the cases, the frenetic and increasingly addictive viewing of content during the day (worse in the school holidays) until the moment the young person (YP) was in bed (and often repeatedly during the night) resulted in very poor sleep culminating in constant tiredness, muted focus, loss of motivation, irritability, low mood/ depression, an inability to think clearly and rationally, emotional overwhelm, increased reactivity, heightened levels of general fear and compromised capacities for self-regulation. Each of these young people below experienced panic attacks and low mood/anxiety to levels where they had been prescribed medication like setraline and fluoxetine.'</p> <p>YP 1, girl aged 16 years, felt a bit left out of her school social group, and started obsessively checking her WhatsApp group messages and Instagram to see what was happening in which she wasn't included. This exacerbated her feeling of not being popular or likeable ('what's wrong with me'), and to distract herself, she then started watching a lot of crime content on Netflix. This frightened her but the more she watched, the more she was drawn in, and the cycle ended up in her being in</p>

Question	Your response
	<p>a turmoil of fear and anxiety (couldn't be left alone even for a few minutes for fear of break ins etc). Medication didn't really help until she began therapy and we started dealing with phone usage, amongst other things. Initially very reluctant, she became more cooperative on this as she could start to see that her symptoms were improving with reduced usage generally, and with eliminating particular crime shows. She was able to come off the meds a couple of months later.</p> <p>YP2 boy aged 15 years. Agitated, distracted, unmotivated, unfocused, irritable, highly anxious, very poor body image and full of self-loathing. Constant use of phone, especially accessing of groups and content related to gender and pornography. Poor body image, bulking up with protein powder ('this what a cool guy looks like') and slowly starting to think he wasn't 'much of a man' and experimenting with the idea of changing gender. On medication for depression and anxiety. Reduced smartphone usage went a long way to bringing the depression and self-loathing under control.</p> <p>YP3, girl aged 15 years. Frenetic 'servicing' of her screen image on all platforms including Instagram and consumed with self-doubt and lack of self-confidence. Plummeting grades at school, increased anxiety worsened by constantly checking her own and others' profiles and stories. This culminated in panic attacks in any social situation (including going to school) and medication to help manage these. Persuading her to reduce her usage by very small degrees (the suggestion of any more caused her to panic and hyper ventilate) eventually resulted in lower anxiety levels. Once she could see the correlation, she started to police herself, even taking Instagram off her phone for a period.</p> <p>YP4, boy aged 14 years. Similar profile to YP1. As he withdrew into his smartphone world due to feeling left out at school, he became steadily more isolated from his peer group, eventually having such severe panic attacks that he was not willing to go to school. He had psychiatric assessments for ADHD, autism, and bipolar disorder, amongst other things. None of these were diagnosed.</p> <p>YP5, boy aged 16 years. Disappeared into a rabbit hole of</p>

Question	Your response
	<p>YouTube videos (often watching late into the night) ending up using most of his spare time watching something (usually inane, by his own admission) online. He became increasingly dependent on this as a comforter so that trying to pull him away from it or reduce his time resulted in a real torrent of anger and abuse. As this went on, he became more and more dysregulated emotionally and unable to contain his reactions, which meant getting into more trouble at school due to rudeness and anger tantrums. It was a long and slow process getting him to see that YouTube had become a comforter that he now felt he could not function without, hence his vitriolic reactions when it felt under threat.</p> <p>End of cases (we have more).</p> <p>It is important to note that those cases above are the lucky children who received structured and sustained help. Most children in this country do not receive this. CAMHS are completely oversubscribed and often unable to deliver care in a timely and complete way. There is an all-time low in parental satisfaction with CAMHS with no real signs of improvement in the near future. Extremely disappointingly a huge proportion of children referred to CAMHS are not accepted into the services and are often just sent letters with a list of apps to use to help (as GPs we get copies of these letters). Anyone can see how counterintuitive and unhelpful this is. Ofcom engaging with the reality of CAMHS is essential in this consultation, from <u>clinicians with caseloads</u>, not university social psychologists or similar. Speaking with a significant number of Consultant Child Psychiatrists, including those who specialise in eating disorders is an imperative part of this consultation.</p> <p>Using your definitions, non-designated content viewed repeatedly for example the ‘thigh gap’ craze or the Kylie Jenner lip craze has profound impacts on children, especially girls. In General Practice we are seeing a marked increase in young girls (mid to late teens) coming in wanting to discuss surgery to alter their genitalia or breasts having viewed excessive amounts of images online of the ‘perfect’ body or social media representations of what the ideal face or body should be. This is profoundly harmful and industries allowing this sort of content must consider themselves a risk to children’s mental health</p>

Question	Your response
	<p>and wellbeing. Viewing this sort of content repeatedly online is also profoundly impacting on young people’s ability to form healthy relationships and is impacting on feelings of loneliness and inadequacy. <a href="#">The Good Childhood Report 2023</a></p> <p>Relevant studies to support the harms of image based social media:</p> <ul style="list-style-type: none"> <li>- In 2023, eating disorders were identified in one in eight (12.5%) of 17-19 year olds, with rates four times higher in young women (20.8%) than young men (5.1%). Girls and young women are particularly affected by pressure to conform to the images of bodies they see on social media. Amanda Raffoul, an instructor at Harvard T.H. Chan School of Public Health and a researcher with Strategic Training Initiative for the Prevention of Eating Disorders, said, <i>“The more teenage girls are on social media and exposed to image-based social media in particular, the more likely they are to have poor body image”</i>.</li> <li>- A <a href="#">recent UCL study</a> corroborated the link between social media and eating disorders.</li> <li>- <a href="#">Study</a> to look at links between social media and development of body dysmorphic disorder and attitudes towards cosmetic surgery.</li> </ul>
<b>Draft Guidance on Content Harmful to Children (Section 8)</b>	
<p>12. Do you agree with our proposed approach, including the level of specificity of examples given and the proposal to include contextual information for services to consider?</p> <p>13. Do you have further evidence that can support the guidance provided on different kinds of content harmful to children?</p> <p>14. For each of the harms discussed, are there additional categories of content that Ofcom</p> <p>a) should consider to be harmful or</p>	<p>Confidential? – Y / N</p>

Question	Your response
<p>b) consider not to be harmful or</p> <p>c) where our current proposals should be reconsidered?</p>	
<p><b>Volume 4: How should services assess the risk of online harms?</b></p> <p><b>Governance and Accountability (Section 11)</b></p>	
<p>15. Do you agree with the proposed governance measures to be included in the Children’s Safety Codes?</p> <p>a) Please confirm which proposed measure your views relate to and explain your views and provide any arguments and supporting evidence.</p> <p>b) If you responded to our Illegal Harms Consultation and this is relevant to your response here, please signpost to the relevant parts of your prior response.</p> <p>16. Do you agree with our assumption that the proposed governance measures for Children’s Safety Codes could be implemented through the same process as the equivalent draft Illegal Content Codes?</p>	<p>Confidential? – N</p> <p>15 a) The governance recommendations seem excellent and sensible but who is going to regularly check that these are being met? There seems to be a lot of reliance of internal process and adequate schedules of delegation to ensure all elements are met and regularly reviewed. In the context of the poor treatment and dysregulation that ensued around an employee calling out the child safety processes within an organisation being grotesquely inadequate (site Meta whistleblower ), there needs to be robust advice around speaking out / whistleblowing otherwise certain elements that you promote, ‘have an internal monitoring and assurance function to provide independent assurance that measures are effective,’ will simply not be carried out correctly.</p>
<p><b>Children’s Risk Assessment Guidance and Children’s Risk Profiles’ (Section 12)</b></p>	
<p>17. What do you think about our proposals in relation to the Children’s Risk Assessment Guidance?</p> <p>a) Please provide underlying arguments and evidence of efficacy or risks that support your view.</p>	<p>Confidential? – Y / N</p>



Question	Your response
<p>18. What do you think about our proposals in relation to the Children’s Risk Profiles for Content Harmful to Children?</p> <p>a) Please provide underlying arguments and evidence of efficacy or risks that support your view.</p> <p>Specifically, we welcome evidence from regulated services on the following:</p> <p>19. Do you think the four-step risk assessment process and the Children’s Risk Profiles are useful models to help services understand the risks that their services pose to children and comply with their child risk assessment obligations under the Act?</p> <p>20. Are there any specific aspects of the children’s risk assessment duties that you consider need additional guidance beyond what we have proposed in our draft?</p> <p>21. Are the Children’s Risk Profiles sufficiently clear and do you think the information provided on risk factors will help you understand the risks on your service?</p> <p>a) If you have comments or input related to the links between different kinds of content harmful to children and risk factors, please refer to Volume 3: Causes and Impacts of Harms to Children Online which includes the draft Children’s Register of Risks.</p>	
<p><b>Volume 5 – What should services do to mitigate the risk of online harms</b></p> <p><b>Our proposals for the Children’s Safety Codes (Section 13)</b></p>	

Question	Your response
<p><b>Proposed measures</b></p> <p>22. Do you agree with our proposed package of measures for the first Children’s Safety Codes?</p> <p>a) If not, please explain why.</p> <p><b>Evidence gathering for future work.</b></p> <p>23. Do you currently employ measures or have additional evidence in the areas we have set out for future consideration?</p> <p>a) If so, please provide evidence of the impact, effectiveness and cost of such measures, including any results from trialling or testing of measures.</p> <p>24. Are there other areas in which we should consider potential future measures for the Children’s Safety Codes?</p> <p>a) If so, please explain why and provide supporting evidence.</p>	<p>Confidential? – Y / N</p>

**Developing the Children’s Safety Codes: Our framework (Section 14)**

25. Do you agree with our approach to developing the proposed measures for the

Children’s Safety Codes?

a) If not, please explain why.

26. Do you agree with our approach and proposed changes to the draft Illegal Content Codes to further protect children and accommodate for potential synergies in how systems and processes manage both content harmful to children and illegal content?

a) Please explain your views.

27. Do you agree that most measures should apply to services that are either large services or smaller services that present a medium or high level of risk to children?

28. Do you agree with our definition of ‘large’ and with how we apply this in our recommendations?

29. Do you agree with our definition of ‘multi-risk’ and with how we apply this in our recommendations?

30. Do you agree with the proposed measures that we recommend for all services, even those that are small and low-risk?

Confidential? – Y / N

**Age assurance measures (Section 15)**

31. Do you agree with our proposal to recommend the use of highly effective age assurance to support Measures AA1-6? Please provide any information or evidence to support your views.

Confidential? – Y / N

<p>a) Are there any cases in which HEAA may not be appropriate and proportionate?</p> <p>b) In this case, are there alternative approaches to age assurance which would be better suited?</p> <p>32. Do you agree with the scope of the services captured by AA1-6?</p> <p>33. Do you have any information or evidence on different ways that services could use highly effective age assurance to meet the outcome that children are prevented from encountering identified PPC, or protected from encountering identified PC under Measures AA3 and AA4, respectively?</p> <p>34. Do you have any comments on our assessment of the implications of the proposed Measures AA1-6 on children, adults or services?</p> <p>a) Please provide any supporting information or evidence in support of your views.</p> <p>35. Do you have any information or evidence on other ways that services could consider different age groups when using age assurance to protect children in age groups judged to be at risk of harm from encountering PC?</p>	
<p><b>Content moderation U2U (Section 16)</b></p>	
<p>36. Do you agree with our proposals? Please provide the underlying arguments and evidence that support your views.</p> <p>37. Do you agree with the proposed addition of Measure 4G to the Illegal Content Codes?</p> <p>a) Please provide any arguments and supporting evidence.</p>	<p>Confidential? – Y / N</p>

**Search moderation (Section 17)**

38. Do you agree with our proposals?  
Please provide the underlying arguments and evidence that support your views.

39. Are there additional steps that services take to protect children from the harms set out in the Act?

a) If so, how effective are they?

40. Regarding Measure SM2, do you agree that it is proportionate to preclude users believed to be a child from turning the safe search settings off?

The use of Generative AI (GenAI), see Introduction to Volume 5, to facilitate search is an emerging development, which may include where search services have integrated GenAI into their functionalities, as well as where standalone GenAI services perform search functions. There is currently limited evidence on how the use of GenAI in search services may affect the implementation of the safety measures as set out in this code. We welcome further evidence from stakeholders on the following questions and please provide arguments and evidence to support your views:

41. Do you consider that it is technically feasible to apply the proposed code measures in respect of GenAI functionalities which are likely to perform or be integrated into search functions?

42. What additional search moderation measures might be applicable where GenAI performs or is integrated into search functions?

Confidential? – Y / N

**User reporting and complaints (Section 18)**

43. Do you agree with the proposed user reporting measures to be included in the draft Children’s Safety Codes?

a) Please confirm which proposed measure your views relate to and explain your views and provide any arguments and supporting evidence.

b) If you responded to our Illegal Harms Consultation and this is relevant to your response here, please signpost to the relevant parts of your prior response.

44. Do you agree with our proposals to apply each of Measures UR2 (e) and UR3 (b) to all services likely to be accessed by children for all types of complaints?

a) Please confirm which proposed measure your views relate to and explain your views and provide any arguments and supporting evidence.

b) If you responded to our Illegal Harms Consultation and this is relevant to your response here, please signpost to the relevant parts of your prior response.

45. Do you agree with the inclusion of the proposed changes to Measures UR2 and UR3 in the Illegal Content Codes (Measures 5B and 5C)?

a) Please provide any arguments and supporting evidence.

Confidential? – Y / N

**Terms of service and publicly available statements (Section 19)**

46. Do you agree with the proposed Terms of Service / Publicly Available Statements measures to be included in the Children’s Safety Codes?

a) Please confirm which proposed measures your views relate to and provide any arguments and supporting evidence.

b) If you responded to our illegal harms consultation and this is relevant to your response here, please signpost to the relevant parts of your prior response.

47. Can you identify any further characteristics that may improve the clarity and accessibility of terms and statements for children?

48. Do you agree with the proposed addition of Measure 6AA to the Illegal Content Codes?

a) Please provide any arguments and supporting evidence.

Confidential? – Y / N

**Recommender systems (Section 20)**

49. Do you agree with the proposed recommender systems measures to be included in the Children’s Safety Codes?

a) Please confirm which proposed measure your views relate to and provide any arguments and supporting evidence.

b) If you responded to our illegal harms consultation and this is relevant to your response here, please signpost to the relevant parts of your prior response.

Confidential? – Y / N

50. Are there any intervention points in the design of recommender systems that we have not considered here that could effectively prevent children from being recommended primary priority content and protect children from encountering priority and non-designated content?

51. Is there any evidence that suggests recommender systems are a risk factor associated with bullying? If so, please provide this in response to Measures RS2 and RS3 proposed in this chapter.

52. We plan to include in our RS2 and RS3, that services limit the prominence of content that we are proposing to be classified as non-designated content (NDC), namely depressive content and body image content. This is subject to our consultation on the classification of these content categories as NDC. Do you agree with this proposal? Please provide the underlying arguments and evidence of the relevance of this content to Measures RS2 and RS3.

- Please provide the underlying arguments and evidence of the relevance of this content to Measures RS2 and RS3.

**User support (Section 21)**

53. Do you agree with the proposed user support measures to be included in the Children’s Safety Codes?

a) Please confirm which proposed measure your views relate to and provide any arguments and supporting evidence.

b) If you responded to our Illegal harms consultation and this is relevant to your response here, please signpost

Confidential? – Y / N



to the relevant parts of your prior response.	
<b>Search features, functionalities and user support (Section 22)</b>	
<p>54. Do you agree with our proposals? Please provide underlying arguments and evidence to support your views.</p> <p>55. Do you have additional evidence relating to children’s use of search services and the impact of search functionalities on children’s behaviour?</p> <p>56. Are there additional steps that you take to protect children from harms as set out in the Act?</p> <p>a) If so, how effective are they?</p> <p>As referenced in the Overview of Codes, Section 13 and Section 17, the use of GenAI to facilitate search is an emerging development and there is currently limited evidence on how the use of GenAI in search services may affect the implementation of the safety measures as set out in this section. We welcome further evidence from stakeholders on the following questions and please provide arguments and evidence to support your views:</p> <p>57. Do you consider that it is technically feasible to apply the proposed codes measures in respect of GenAI functionalities which are likely to perform or be integrated into search functions? Please provide arguments and evidence to support your views.</p>	Confidential? – Y / N

**Combined Impact Assessment (Section 23)**

58. Do you agree that our package of proposed measures is proportionate, taking into account the impact on children's safety online as well as the implications on different kinds of services?

Confidential? – Y / N

**Statutory tests (Section 24)**

59. Do you agree that our proposals, in particular our proposed recommendations for the draft Children's Safety Codes, are appropriate in the light of the matters to which we must have regard?

a) If not, please explain why.

Confidential? – Y / N

**Annexes**

**Impact Assessments (Annex A14)**

60. In relation to our equality impact assessment, do you agree that some of our proposals would have a positive impact on certain groups?

61. In relation to our Welsh language assessment, do you agree that our proposals are likely to have positive, or more positive impacts on opportunities to use Welsh and treating Welsh no less favourably than English?

a) If you disagree, please explain why, including how you consider these proposals could be revised to have positive effects or more positive effects, or no adverse effects or fewer adverse effects on opportunities to use Welsh and treating Welsh no less favourably than English.

Confidential? – Y / N

Please complete this form in full and return to [protectingchildren@ofcom.org.uk](mailto:protectingchildren@ofcom.org.uk).