

# **Model Health Certificates: Feasibility Study**

Final Report to the British Fashion Council

15 August 2008

## **Overview of Feasibility Study**

1. Context of Feasibility Study	p. 3
2. Key Findings: Model Certificates in Principle	p. 7
3. Key Findings: Model Health Certificates in Practice	p. 10
4. Summary of Key Findings and Recommendations	p. 17
5. Attachment A: Number of Consultations	p. 19
6. Attachment B: Voluntary Pilot	p. 20
<b>7. Conclusion</b>	<b>p. 22</b>

## 1. Context of Feasibility Study

**“Fashioning a Healthy Future” published in September 2007 by the British Fashion Council’s Model Health Inquiry recommended that model health certificates should be introduced as a requirement for models participating in London Fashion Week.**

### Recommendation 3

- “From September 2008, models participating in LFW should provide a medical certificate attesting to their good health from doctors with expertise in recognising eating disorders.”
- “Models will be responsible for organising and paying for the necessary medical assessments but agencies would be required to check certificates before taking individuals on to their books.”
- “The experience of Milan in introducing medical tests for catwalk models starting this autumn should be carefully monitored in order to develop effective procedures for London. Issues that will need to be considered in light of Milan’s experience include the establishment of an accredited list of medical experts, including international experts, the checking and monitoring of certificates and the organisation of assessments for international models who arrive with short notice ahead of shows.”

### Rationale

- “Models are members of a profession which is at a high risk of eating disorders.”
- “The panel’s expert advisors on eating disorders stated that BMI is not an accurate method of determining health, particularly in a physically atypical group, which models represent, and its very use may worsen eating disorders among models.”
- “Panel favoured the alternative approach based on medical assessments which would provide a more accurate method of determining physical and psychological health.”
- “The medical assessment should be completed by a specialist in the field of eating disorders, as identification of eating disorders and engaging that individual in the process of change has proven problematic for non-specialists.”

In ‘Fashioning a Healthy Future’ the Inquiry set out that the health certification approach should be *“developed in collaboration with other international fashion centres and in co-operation with major model agencies based outside the UK. This will provide effective assessment but not disadvantage LFW by setting up barriers that will discourage international models from appearing in this country.”*

The British Fashion Council wrote to organisers of New York, Milan and Paris fashion weeks asking to open discussions on creating a universal model health certificate for all four fashion capitals. All three felt that they are appropriately tackling the issue in their own cities.

The British Fashion Council in discussions with the London Development Agency then agreed to commission a study to assess the feasibility of implementing mandatory model health certificates for models working at London Fashion Week.

Approach to Feasibility Study: May to July 2008



- Workshop with key members of the Model Health Enquiry Panel
- Further discussions with Dr Key, appointed medical representative
- Discussions with BEAT<sup>1</sup> and the Hale Clinic<sup>2</sup>
- Extensive interviews with model agents, show producers and casting agents<sup>3</sup>
- Response from Equity, representing professional interests of models
- Review of profile and income of LFW models
- Self-completed questionnaires from catwalk models at LFW<sup>3</sup>
- Voluntary pilot of medical assessments<sup>4</sup>

1. BEAT is the leading UK charity for people with eating disorders  
2. Hale Clinic is a centre for conventional and complementary medicine  
3. See attachment A for number of consultations; 4. See attachment B for voluntary pilot

**The proposed medical approach for issuing a model health certificate is based on recommendations by the Royal College of Psychiatrists.**

- The appointed medical representative on the Model Health Inquiry Panel, defined the medical standards for issuing mandatory model health certificates in line with recommendations by the Royal College of Psychiatrists
- At a workshop to discuss feasibility of mandatory certification, Panel members debated alternative medical approaches. It was recommended that no alternative should be accepted as the Royal College of Psychiatrists defined medical standards are grounded in evidence-based research
- Medical opinions can differ about the appropriate medical approach, some of which have been explored; BEAT as the leading UK charity for people with eating disorders confirmed that the Royal College of Psychiatrist has the most credibility in the UK and internationally
- However, the focus of the feasibility study was to assess whether model health certificates can work in practice rather than to reach consensus on the preferred medical approach

**The proposed medical approach adopts the following definition for a medical assessment to issue a model health certificate:**

<b>What assessment is required?</b>	<ul style="list-style-type: none"> <li>• Full medical assessment needs to consist of physical assessment, blood tests, ECG, clinical assessment and lifestyle questionnaire as recommended by the Royal College of Psychiatrists. Expected time required is 1-1.5 hours.</li> </ul>
<b>Who carries out the assessment?</b>	<ul style="list-style-type: none"> <li>• Assessment needs to be conducted by a specialist in eating disorders as “identification of eating disorders and engaging that individual in the process of change has proven problematic for non-specialists”.</li> </ul>
<b>What is the cost?</b>	<ul style="list-style-type: none"> <li>• Cost is estimated between £250 to £500 in the UK.</li> </ul>
<b>Who would bear the cost?</b>	<ul style="list-style-type: none"> <li>• The Model Health Inquiry report stated that models would pay for the assessment. There is no obvious body that might fund assessment.</li> </ul>
<b>How often would it be conducted?</b>	<ul style="list-style-type: none"> <li>• Assessment is likely to be conducted on an annual basis given the scope, time commitment and costs associated with certification.</li> </ul>
<b>What are the consequences?</b>	<ul style="list-style-type: none"> <li>• The assessment will result in a “fit to work” decision for models participating in LFW. According to our appointed medical expert on the panel, most models would pass – even if they had an eating disorder. “The value of the test lies in the opportunity it gives to an ‘at risk’ group to start addressing any disorder with a qualified professional.”</li> </ul>

**Although model agents, show producers and casting agents were receptive to sharing their views, models were extremely reluctant to participate.**

<b>Multiple attempts to reach models...</b>	<b>...But significant barriers</b>
<ol style="list-style-type: none"> <li>1. First request by email to 15 model agents (including 14 relevant members of AMA<sup>1</sup>), asking them to share views and to help identify models that could be approached</li> <li>2. Second request in person to 12 model agents that agreed to be interviewed face-to-face</li> <li>3. Third request by phone and email to 8 model agents that supply most of LFW models</li> <li>4. Parallel request to Equity to identify relevant members that could be approached</li> <li>5. Additional efforts by panel member, to identify models that could be approached</li> </ol>	<ul style="list-style-type: none"> <li>• Minimal access to models outside of UK model agents</li> <li>• Reluctance of models to be associated with a controversial subject</li> <li>• Concern among models about confidentiality and potential implications for their image and future bookings</li> <li>• Unwillingness of models to be subjected to these tests</li> <li>• Logistical challenge of scheduling tests given lead time and travel schedules</li> </ul>

1. 14 relevant members of Association of Model Agents (AMA) excluding agents representing children and glamour models

**As result, only 12 models completed questionnaire (from 15 model agents representing UK model community) and 4 models volunteered for a pilot**

## 2. Key Findings: Model Health Certificate in Principle

**Model health certificates have been widely rejected in principle by those consulted, with perceptions of discrimination against models with or without eating disorders.**

The Issue: “Discriminatory”	Illustrative Quotes
<ul style="list-style-type: none"> <li>• Models would be required to prove their fitness to work unlike workers in most other industries and indeed unlike all other workers at LFW (although some industries require occupational health assessments)</li> <li>• Most questioned whether a non-regulatory body such as the BFC should censor models</li> <li>• Many questioned the legality of a mandatory requirement for self-employed models and a “fit to work” decision with the cost to be borne by the model</li> </ul>	<ul style="list-style-type: none"> <li>• <i>“No other industry has to have a health accreditation.”</i></li> <li>• <i>“Discriminating against people with eating disorders.”</i></li> <li>• <i>“Institutionalised bullying of young girls without a voice.”</i></li> <li>• <i>“Humiliating to be weighed and measured to prove able to work.”</i></li> <li>• <i>“Infringement of models’ rights.”</i></li> <li>• <i>“Grounds for discrimination.”</i></li> <li>• <i>“Breach of liberties.”</i></li> <li>• <i>“Civil rights issue.”</i></li> <li>• <i>“Basic denial of human rights.”</i></li> <li>• <i>“Assumes guilty until proven innocent.”</i></li> <li>• <i>“Burden of proof on models.”</i></li> </ul>

**Many of those consulted also strongly objected to the recommended medical approach which includes questions that are perceived as intimidating and intrusive.**

The Issue: “Inappropriate Questions”	Illustrative Quotes
<p>A model health certificate requires an ECG, blood tests, physical assessment, clinical assessment and lifestyle questionnaire which includes the following questions that are considered valid by some recommended medical practitioners to identify causes of eating disorders:</p> <ul style="list-style-type: none"> <li>• Have you received treatment for an emotional or psychiatric problem?</li> <li>• Have you ever binged? Have you ever made yourself sick? Do you vomit after binge eating?</li> <li>• Please tick any of the following that apply to you: excessive alcohol use, shoplifted/stolen, in trouble with the police, escort work, prostitution, used cannabis, used other street or recreational drugs, self-harmed, taken an overdose or attempted suicide in another way.</li> <li>• In what ways (if you were) were you disciplined or punished by your parents?</li> <li>• Have you ever had an unwanted sexual experience or intercourse? Have you ever felt that you have been sexually abused?</li> </ul>	<ul style="list-style-type: none"> <li>• <i>“Models will be unwilling to be subjected to these tests.”</i></li> <li>• <i>“Intrusive psychiatric testing.”</i></li> <li>• <i>“Makes models defensive.”</i></li> <li>• <i>“Intimidating experience.”</i></li> <li>• <i>“Intrusive questions that made me feel defensive.”</i></li> <li>• <i>“Important to connect with practitioner on sensitive issues.”</i></li> </ul>

Source: assessment for model health certificate conducted by a member of the Royal College of Psychiatrists

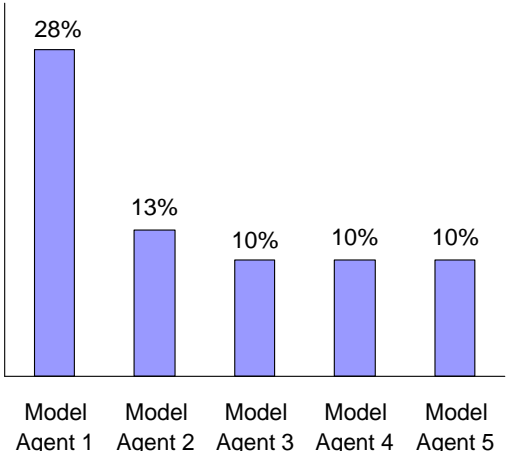
Many of those consulted challenged whether the incidence of eating disorders among models is high enough to justify introducing a mandatory requirement for all catwalk models at London Fashion Week.

The Issue: “Limited Problem”	Illustrative Quotes
<ul style="list-style-type: none"> <li>The Model Health Inquiry report stated that models share characteristics of other “at risk” occupations such as athletes, classical ballet dancers and jockeys, in which rates of eating disorders have been recorded up to 40%</li> <li>There is no scientific evidence specifically to show that models have significantly higher incidence of eating disorders than the general population</li> <li>UK model agents claim that models with eating disorders are rare in their professional experience</li> </ul>	<ul style="list-style-type: none"> <li><i>“Targeting a small minority.”</i></li> <li><i>“Debatable whether real problem.”</i></li> <li><i>“Questionable whether at risk population.”</i></li> <li><i>“Negative accusation without any evidence.”</i></li> <li><i>“No scientific evidence that higher incidence among models.”</i></li> <li><i>“Models are scouted for being naturally thin – we don’t scout models and tell them to lose weight.”</i></li> <li><i>“Eating badly during Fashion Week but not an eating disorder.”</i></li> <li><i>“Responding to media perception rather than reality.”</i></li> </ul>

Some questioned the narrow focus on eating disorders as catwalk models face a wider range of health issues associated with their profession.

The Issue: “Narrow Focus”	Illustrative Quotes
<ul style="list-style-type: none"> <li>Proposed physical and clinical tests focus on diagnosing eating disorders rather than assessing model health or model wellbeing more broadly</li> <li>Models face specific health issues associated with their travel schedule and working conditions such as nutrition, fatigue and stress</li> <li>Models find it more engaging to explore how they can be healthy rather than to prove that they do not have an eating disorder</li> </ul>	<ul style="list-style-type: none"> <li><i>“Misleading positioning – it’s an eating disorders certificate, not a health certificate.”</i></li> <li><i>“Focus is on eating disorders, not health.”</i></li> <li><i>“Needs a more balanced focus.”</i></li> <li><i>“Carrots not sticks.”</i></li> <li><i>“Advocate strong positives, not negatives.”</i></li> </ul>

Others questioned the relevance of model health certificates for all models working in London when catwalk models only account for a small proportion (typically 10% of models on the books of UK agents).

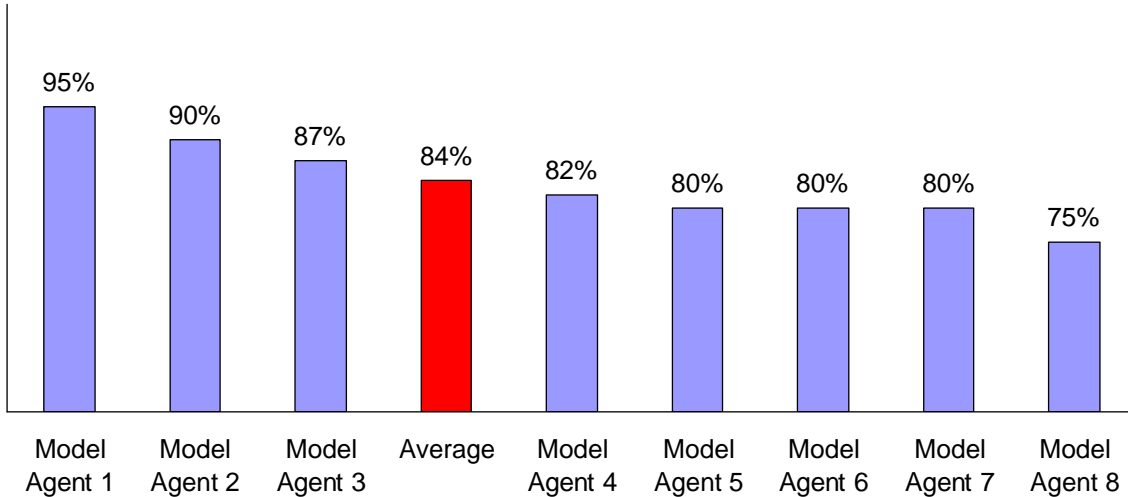
The Issue: "Relevance for All Models"	Illustrative Quotes												
<p>Proportion of Models on UK Agents' Books who are Catwalk Models</p>  <table border="1" data-bbox="183 560 694 1008"> <caption>Proportion of Models on UK Agents' Books who are Catwalk Models</caption> <thead> <tr> <th>Model Agent</th> <th>Proportion (%)</th> </tr> </thead> <tbody> <tr> <td>Model Agent 1</td> <td>28%</td> </tr> <tr> <td>Model Agent 2</td> <td>13%</td> </tr> <tr> <td>Model Agent 3</td> <td>10%</td> </tr> <tr> <td>Model Agent 4</td> <td>10%</td> </tr> <tr> <td>Model Agent 5</td> <td>10%</td> </tr> </tbody> </table>	Model Agent	Proportion (%)	Model Agent 1	28%	Model Agent 2	13%	Model Agent 3	10%	Model Agent 4	10%	Model Agent 5	10%	<ul style="list-style-type: none"> <li>• <i>"Catwalk models are less than 10% of my girls."</i></li> <li>• <i>"LFW only accounts for 5-7% of my revenue."</i></li> <li>• <i>"LFW takes a lot of effort but represent less than 1% of my sales."</i></li> </ul>
Model Agent	Proportion (%)												
Model Agent 1	28%												
Model Agent 2	13%												
Model Agent 3	10%												
Model Agent 4	10%												
Model Agent 5	10%												

Note: 8 model agents contacted who supply most of LFW models of which 5 responded

### 3. Key Findings: Model Health Certificate in Practice

**Catwalk models participating in London Fashion Week are primarily from overseas.**

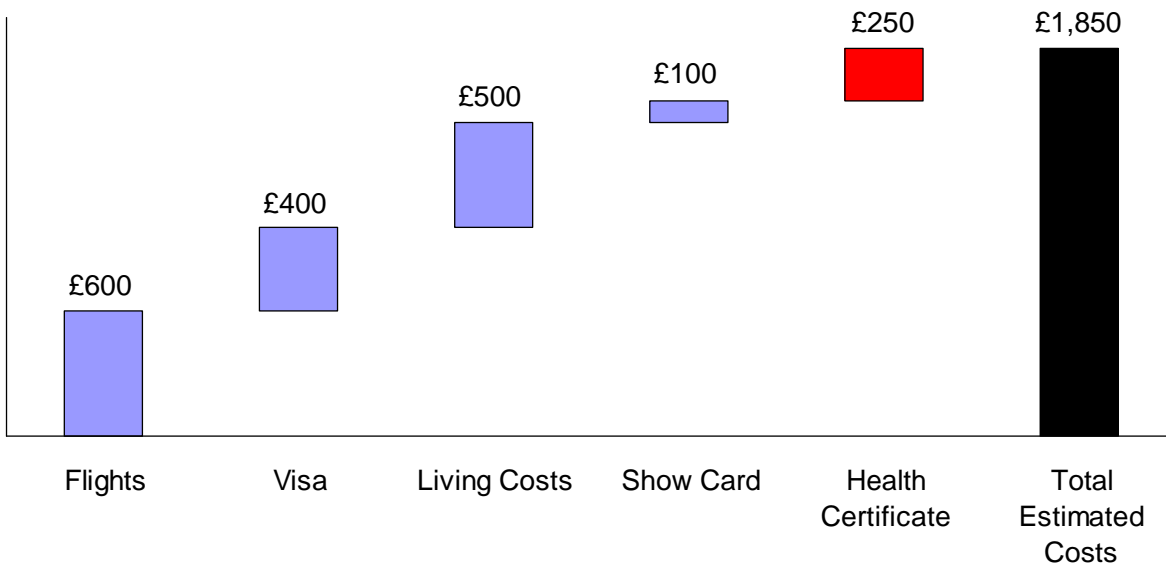
Estimated Proportion of Models Participating at LFW Who Are Not UK Based



Note: 8 model agents contacted who supply most of LFW models of which 8 responded

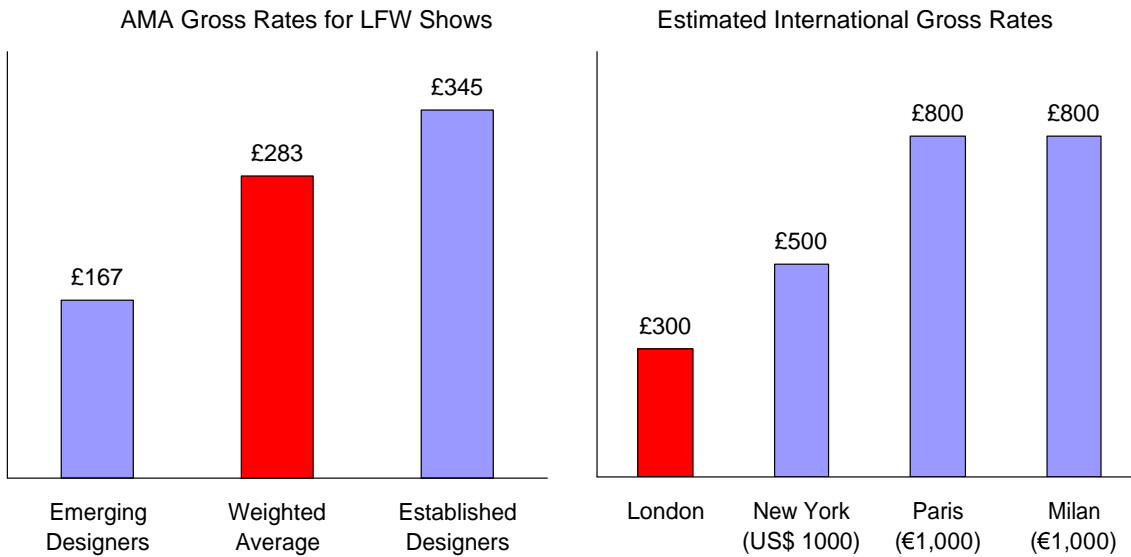
**International catwalk models or the model agents who subsidise them incur costs mostly in advance of LFW; model health certificates would add a significant expense.**

Minimum Estimated Costs for International Model Attending LFW (excluding taxes)



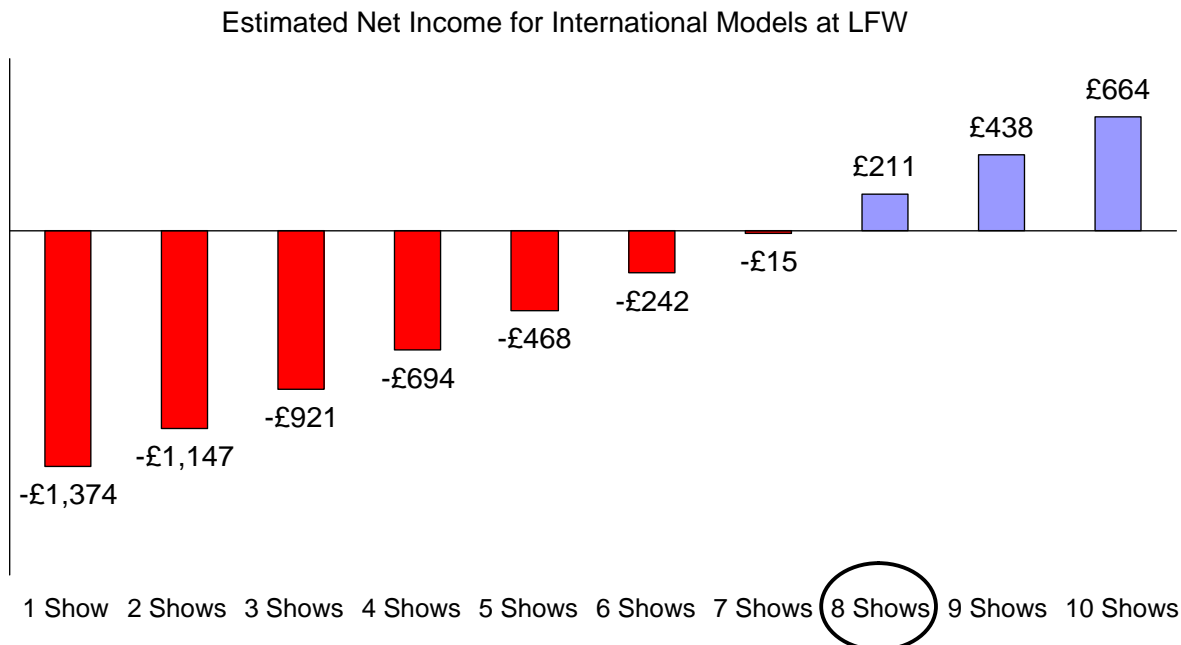
Note: estimated range for flights (£600-£1200), visa (£0-£500), living costs (£500-£2000) and certificate (£250-£500)

**Catwalk models are paid less at London Fashion Week than other fashion capitals as it promotes emerging designers rather than focuses on the largest global fashion brands that pay higher rates for models.**



Note: AMA rates £100 (designer 1st show), £155 (2nd show), £245 (3rd show) and £345 (4th or more show)  
 Note: designer 1st, 2nd and 3rd shows (35% of LFW)  
 Source: Association of Model Agents (AMA) and UK model agents

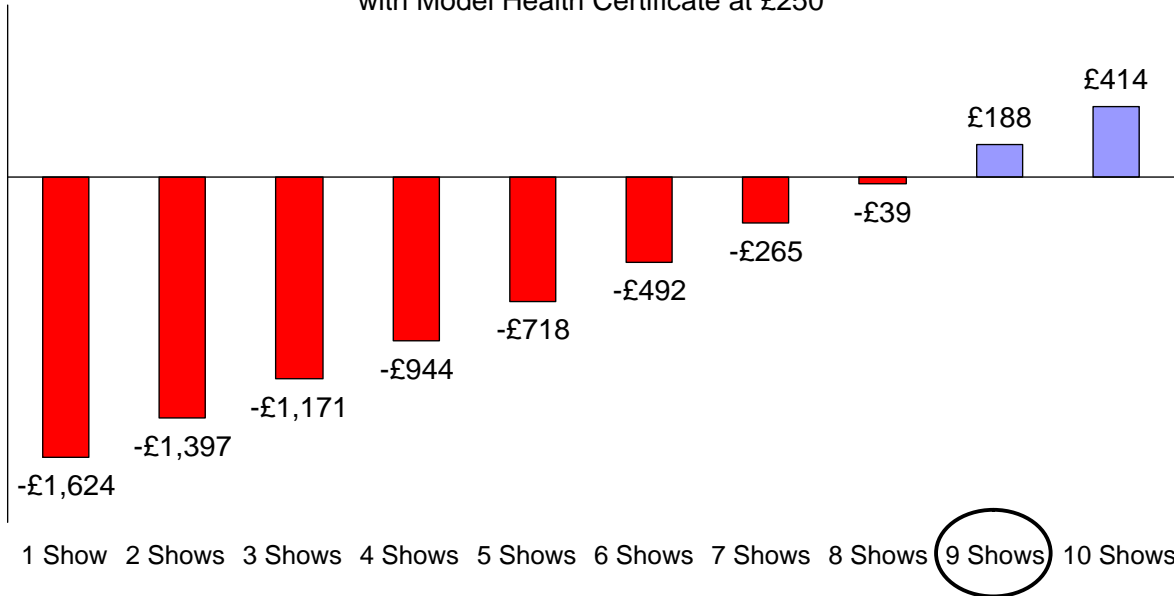
**With London's relatively low rates, international catwalk models are only likely to make money if they are cast in 8 shows or more.**



Note: assume average rate £283, tax 20%, flight £600, visa £400, weekly living costs £500 and show card £100  
 Source: UK model agents

**If models are expected to pay for model health certificates with an estimated cost of £250 to £500, international catwalk models would have to be cast in 9 to 10 shows to make any money.**

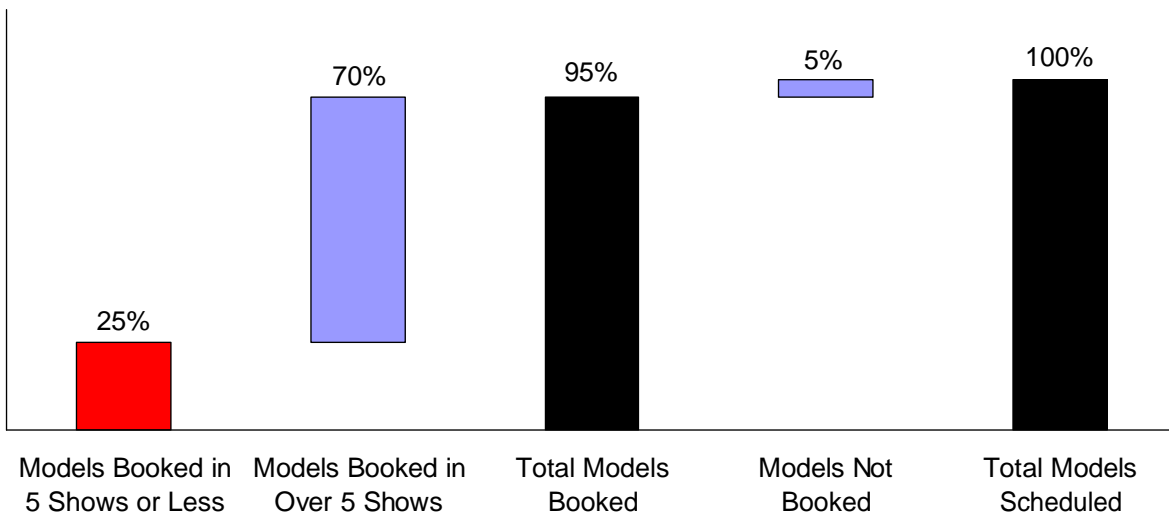
Estimated Net Income for International Models at LFW with Model Health Certificate at £250



Note: assume average rate £283, tax 20%, flight £600, visa £400, weekly living costs £500, show card £100 and health certificate £250  
 Source: UK model agents

**However, a high proportion of catwalk models are only cast in 5 shows or less, making London Fashion Week even less economically attractive for models and the UK model agents who subsidise their costs in advance.**

Estimated Proportion of Models Booked at LFW

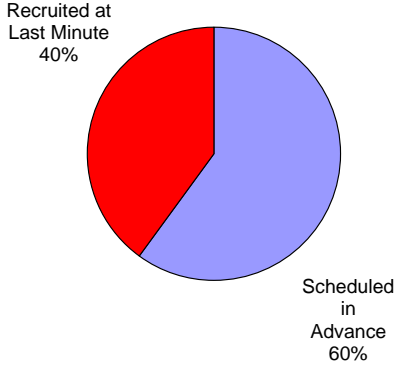


Source: UK model agents

**Cost is the single biggest practical issue that was raised by those consulted, with models unwilling to pay for a mandatory assessment and model agents unwilling to subsidise additional costs for attending London Fashion Week.**

Illustrative Quotes: Model Industry	Illustrative Quotes: Models
<ul style="list-style-type: none"> <li>• <i>“Cost main practical problem.”</i></li> <li>• <i>“Battery of tests and costs will deter models.”</i></li> <li>• <i>“Unfair burden on models – catwalk models not scale income.”</i></li> <li>• <i>“Costs not worth some models or agencies participating in LFW.”</i></li> <li>• <i>“Many girls don’t even cover their agency costs for LFW.”</i></li> <li>• <i>“Stops bringing some girls in as agencies bear the burden.”</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>“Hard enough making any money at LFW.”</i></li> <li>• <i>“If models have to pay, it should definitely not be compulsory. Rip off!”</i></li> <li>• <i>“No, if I had to pay. Yes, if somebody else paid.”</i></li> <li>• <i>“Absolutely not. I consider myself adult enough to make my own assessment.”</i></li> <li>• <i>“No to LFW. I feel quite strong on this as shows here pay so little.”</i></li> <li>• <i>“If mandatory, models should not have to foot the bill.”</i></li> <li>• <i>“Not willing to pay for this assessment, but willing to pay for another health service.”</i></li> <li>• <i>“I think the idea is wonderful but the cost is far too high...it costs a fortune to stay and live and eat in London already.”</i></li> <li>• <i>“It’s unreasonably priced and I can assume a lot of models wouldn’t be willing to pay this amount.”</i></li> <li>• <i>“It seems unfair to have models pay. Instead I would say 500 pounds should be added to their rates if they book a show, or something along those lines.”</i></li> </ul>

**International catwalk models will also be unwilling to take and pay for tests when their attendance at London Fashion Week is so unpredictable.**

Estimated Proportion of Models Recruited in Advance versus Last Minute	Illustrative Quotes
 <p>Recruited at Last Minute 40%</p> <p>Scheduled in Advance 60%</p>	<ul style="list-style-type: none"> <li>• <i>“It’s a lottery who will come to LFW.”</i></li> <li>• <i>“Model agencies don’t even know until the model is on the plane.”</i></li> <li>• <i>“Scheduled girls drop out, unscheduled girls recruited.”</i></li> <li>• <i>“Everything is last minute.”</i></li> <li>• <i>“Agencies always call at the last minute to tell who is coming.”</i></li> <li>• <i>“Don’t know if models are going to do show until day before.”</i></li> </ul>

As a less economically secure Fashion Week, London is particularly vulnerable to models declining to attend when none of the other 3 major fashion capitals intend to introduce or enforce a similar requirement.

<p><b>New York Fashion Week</b></p>	<ul style="list-style-type: none"> <li>• The Council of Fashion Designers of America (CFDA) formed a health initiative in Jan 2007</li> <li>• The stated objective of the initiative was “about awareness and education, not policing”</li> <li>• The CFDA launched a campaign of health awareness</li> <li>• <b>The CFDA does not intend to introduce mandatory or voluntary health certificates</b></li> </ul>
<p><b>Milan Fashion Week</b></p>	<ul style="list-style-type: none"> <li>• Camera Nazionale della Moda Italiana agreed a self-regulation manifesto in Dec 2006</li> <li>• Manifesto requires models to provide medical certificates attesting that they are healthy</li> <li>• Anecdotal evidence suggests that medical certificates are not being checked</li> <li>• <b>Camera Moda has expressed intent but not enforced mandatory health certificates</b></li> </ul>
<p><b>Paris Fashion Week</b></p>	<ul style="list-style-type: none"> <li>• Government regulation that models working in France be employed by French agencies</li> <li>• New legislation against promoting “excessive thinness that risk death or endanger health”</li> <li>• Health Ministry voluntary charter against publishing images of “extreme thinness”</li> <li>• <b>The implications of the new legislation on Paris Fashion Week are unclear</b></li> </ul>

Therefore, mandatory model health certificates as currently defined jeopardise the future of London Fashion Week by making it less appealing for models, designers, buyers and the press.

Risks to London Fashion Week	Illustrative Quotes
<pre> graph TD     A[Less Attractive Economics] --&gt; B[Flight of Int'l Buyers &amp; Press]     B --&gt; C[Flight of UK Designers]     C --&gt; D[Non Attendance of Int'l Models]     D --&gt; A         </pre>	<ul style="list-style-type: none"> <li>• <i>“More and more barriers – models won’t come.”</i></li> <li>• <i>“Girls won’t entertain coming to London.”</i></li> <li>• <i>“If there is one way to kill LFW, this is it.”</i></li> <li>• <i>“You may as well close LFW.”</i></li> <li>• <i>“Clinically insane to enforce.”</i></li> <li>• <i>“LFW is the poor relation.”</i></li> <li>• <i>“More red tape – LFW will disappear.”</i></li> <li>• <i>“LFW won’t be taken seriously.”</i></li> <li>• <i>“LFW would be a laughing stock.”</i></li> <li>• <i>“If no other cities do it, LFW will die.”</i></li> </ul>

Finally, mandatory model health certificates pose risks to the models themselves without a process to follow up with models diagnosed with eating disorders.

Risks to Models	Illustrative Quotes
<ul style="list-style-type: none"> <li>• Model health certificates is likely to be an annual assessment without a process to follow up with models diagnosed with eating disorders</li> <li>• Eating disorders are complex conditions that require both physical and psychological treatment from a number of different professionals over time, with an average of 6 years to recover<sup>1</sup></li> <li>• UK models have a choice between NHS treatment with access to a mental health specialist or private treatment; international models would need to seek medical help in their home countries</li> <li>• Proposed physical and psychological tests could also add more pressure to the most vulnerable models (younger models, new faces and those suffering from any eating disorders)</li> </ul>	<ul style="list-style-type: none"> <li>• <i>“Eating disorders require aftercare and a support structure.”</i></li> <li>• <i>“The process of taking the test is more detrimental to models than not having the test.”</i></li> <li>• <i>“Unnecessary pressure on new faces who are most vulnerable.”</i></li> <li>• <i>“Defeats purpose to promote health for models.”</i></li> <li>• <i>“Daunting for younger models.”</i></li> <li>• <i>“Destructive for younger models.”</i></li> </ul>

1. Source: BEAT

Other objections were raised that alone were less substantial but combined with other issues challenged whether model health certificates could work in practice.

Issues Raised	Sub-Issues
<b>1. Challenging MHC in Principle</b>	<ul style="list-style-type: none"> <li>• Discrimination of models</li> <li>• Inappropriate medical questions</li> <li>• Limited problem of eating disorders among models</li> <li>• Narrow focus on eating disorders</li> <li>• Limited relevance to most models working in the UK</li> <li>• Relative importance of eating disorders</li> </ul>
<b>2. Introducing MHC in Practice</b>	<ul style="list-style-type: none"> <li>• High costs of assessment</li> <li>• Unpredictable attendance at LFW</li> <li>• Complexity of, and time required for, assessment</li> <li>• Unclear consequences for models</li> <li>• Potential breach of confidentiality</li> </ul>
<b>3. Achieving Consistent Standards in Practice</b>	<ul style="list-style-type: none"> <li>• Variable health awareness and access to doctors</li> <li>• Variable standards of practitioners across countries</li> <li>• Variable results depending on timing of tests</li> <li>• Inconsistent standards for fashion shows in the UK</li> </ul>
<b>4. Enforcing MHC in Practice</b>	<ul style="list-style-type: none"> <li>• Limited interactions with catwalk models outside of LFW</li> <li>• Unclear consequences for UK model agents</li> <li>• Potential “black market” for model health certificates</li> </ul>
<b>5. Raising Risks for Models and UK Fashion Industry</b>	<ul style="list-style-type: none"> <li>• Potential risks for models</li> <li>• Potential risks for LFW</li> <li>• Potential risks for BFC</li> <li>• Potential risks for UK model agencies</li> </ul>

#### 4. Summary of Key Findings and Recommendations

**In summary, the feasibility study identified insurmountable barriers to introducing a mandatory Model Health Certificate in its current proposed form at LFW:**

- **“Objections in Principle”:** Most of those consulted - UK model agents, show producers, casting agents and catwalk models themselves - were passionate in their perceptions that the proposed assessment for mandatory model health certificates would be discriminatory, ask inappropriate questions, narrowly focus on eating disorders and be relevant only to a small minority of models working in the UK. Many also questioned the scale of eating disorders among models to justify a mandatory requirement for all models.
- **“Barriers in Practice”:** The proposed assessment for mandatory model health certificates would be uneconomic and impractical for most catwalk models given their current profile (mostly from overseas and often cast at the last minute), high cost of assessment and long lead time for booking tests. Introducing mandatory certification is highly likely to jeopardise London Fashion Week and potentially poses risks for the models themselves without a process to follow up with those diagnosed with eating disorders.

If it were the case that models and the UK model industry were keen in principle, there might be sufficient motivation to overcome the practical barriers. Alternatively, if the cost was low and lead times were short, it might be possible to enforce implementation despite widespread misgivings about the principle.

But it is clear that the combination of both the objections in principle and barriers in practice make the current proposal unfeasible and any attempt to implement the Model Health Certificate in this particular form would be certain to fail.

**Mandatory model health certificates could work under the right conditions which would require the right leadership, sufficient resources and more time to implement.**

Perceived Conditions for Success

- A different “look and feel” for mandatory model health certificates including a broader focus on model health and less intrusive medical approach
- An appropriate medical process which not only identifies a potential problem but provides appropriate medical support post diagnosis
- Consistent certification and standards across major fashion capitals
- Sufficient funding of any mandatory health assessment
- Credible leadership to introduce and enforce mandatory health certification

**Although those consulted were not receptive to model health certificates as currently defined, many expressed support of improving model health and making practical changes.**

Illustrative Quotes: Improving Model Health

- “The intention of promoting model health and model welfare is right”
- “It is in the professional interests of models and in the commercial interests of the industry”
- “Accept recommendation to promote model health within environment that models work in”
- “Very open to recommendations about model health but would rather work on practical solutions”
- “There are easier, more constructive and more proactive ways to deal with model health”
- “There are other more immediate issues to be addressed first”
- “Take little steps first, with higher odds of success”
- “There are simple, doable solutions – bite size that have consequences”
- “Invest in better things – models biggest complaint is backstage food”

**Other ways to promote model health should be explored that are perceived as better and easier to make happen.**

Suggestions to Improve Model Health

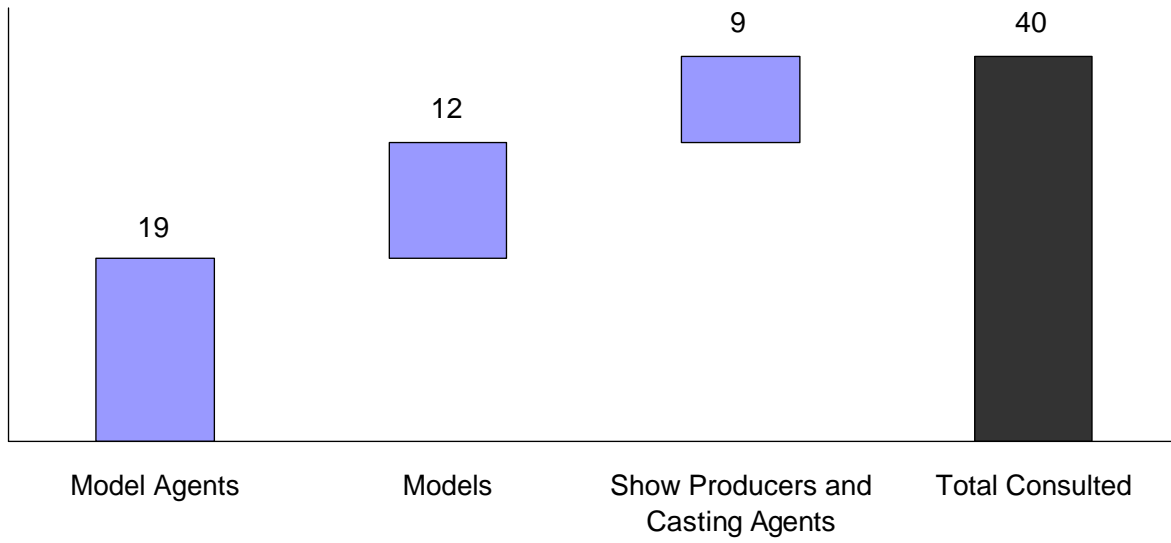
1. Raise awareness about model health issues (particularly among designers)
2. Facilitate general access to health professionals (e.g. doctors, nutritionists, personal trainers)
3. Offer voluntary health assessments
4. Create a voluntary package of health information, advice and services
5. Offer health information, advice and services onsite at London Fashion Week
6. Offer health information, advice and support online via AMA website
7. Healthy backstage environment with proper provision of food (quantity, quality, choice)
8. Guidelines for castings and fittings (acceptable hours, food & drink, temperature, safety)

**The Association of Model Agents (AMA) is perceived as the industry body that is best placed to lead efforts on model health initiatives.**

Illustrative Quotes: Perceptions of AMA

- “Introducing new standards from the people who have the closest relationship with models”
- “It’s just common sense that UK model agents need to manage their own models”
- “Responsibilities should lie with the agencies – not the models”
- “Burden should be on agencies and designers – shared responsibility and consequences”
- “The BFC should focus on supporting UK design – the AMA should look after the models”
- “Somebody rather than the BFC should look after models”
- “AMA has the opportunity to make a difference. As an industry, we need to do something.”
- “AMA should take lead including a code of practice”
- “AMA needs to have more legs but funding an issue”

## 5. Attachment A: Number of Consultations



Note: 15 model agents representing UK model community with multiple people consulted at a model agent in some cases

## 6. Attachment B: Voluntary Pilot

Description of Pilot	Number of Participants
<ul style="list-style-type: none"> <li>• <b>Voluntary participation</b> of catwalk models attending LFW</li> <li>• <b>Full medical assessment</b> as recommended by the Royal College of Psychiatrists</li> <li>• Assessment conducted by a recommended <b>medical practitioner</b> from Royal College of Psychiatrists</li> <li>• Results to be <b>totally confidential</b> between participant and medical practitioner with no consequences on future bookings</li> <li>• <b>Costs of assessment</b> and any travel expenses to be funded by BFC</li> </ul>	<ul style="list-style-type: none"> <li>• 4 models volunteered to participate in pilot from 15 model agents representing UK model industry</li> <li>• 1 model has completed recommended assessment to date</li> <li>• 1 BFC representative has completed recommended assessment to date</li> <li>• 1 model declined to take the test on hearing the nature of questioning</li> <li>• 2 models were unable to make appointments to see clinicians during the two month time frame set</li> </ul>

### Communications to Recruit Models

#### Introduction to the Pilot

- As you may know, the Model Health Inquiry recommended last year a list of initiatives to improve the working lives of models, including recommendations to safeguard the health of models (e.g. model health assessment, health education and awareness programme, a healthy backstage environment and The Model Sanctuary at London Fashion Week).
- The British Fashion Council is now exploring how these recommendations might work in practice. One of the more complex suggestions was that models participating in London Fashion Week should have a medical assessment attesting to their good health from doctors with expertise in model health issues including eating disorders. This would ensure that models get the best possible information, advice and support about looking after their health and wellbeing.

#### Description of the Pilot

- To explore this further, the British Fashion Council has decided to run a small pilot on model health assessment during June and July. We are looking for 10 volunteers to take part. If you volunteer:
- You would have a 1 to 1 ½ hour professional health assessment, including physical assessment, blood test, ECG and lifestyle interview. The assessment would take place with a recommended specialist that you can choose based on the most convenient location. The assessment will be free of charge (typical costs are £250+), with reimbursement of any travel expenses.
- The results of the health assessment will be totally confidential between you and the medical professional, with no consequences of any sort on future bookings. Your name and views will also be treated in total confidence. Any final report will not associate individual models with the pilot nor attribute any statement to an individual model.
- After the assessment, we would ask you to either fill out a short questionnaire or have a chat with us about what you found helpful about the assessment so that we can review how practical this would be to apply more broadly.
- Please see the attachment for more details of the process and a list of recommended specialists. We very much hope that you will volunteer despite the time commitments as these health assessments could be very important in changing the approach to model health.

### Short Questionnaire for Models

- “London Fashion Week is exploring whether to introduce mandatory model health certificates that require catwalk models to take a medical assessment that would help them identify any eating disorders and potentially other health issues. Models would have to pay for the assessment (estimated between £250 to £500). What are your thoughts about this proposal, including any benefits and concerns? All responses are totally confidential. Many thanks for your time.”

### In Depth Questionnaire for Models

1. How many years have you been a catwalk model?
2. In which country are you primarily based?
3. Did you find the health assessment beneficial? Why or why not?
4. Would you be willing to invest 1-1.5 hours of your time again to take tests?
5. Would you be willing to pay for it?
6. What concerns do you have, if any?
7. Would you attend LFW if assessment is mandatory?
8. Any other thoughts?

### Key Findings on the Process

- UK model agents found it challenging to identify international catwalk models who are intending to participate at LFW 2008 and willing to be approached
- Most models resisted participating in voluntary pilot despite medical assessment being confidential and funded by the BFC
- Some models were willing to participate in voluntary pilot but could not book an appointment within the 2 month window given their unpredictable travel schedule
- Some models were initially willing to participate in voluntary pilot but subsequently declined after learning about the nature of the assessment and the questions being asked
- Booking an appointment with practitioners at the Royal College of Psychiatrists took longer than expected given response times to repeated requests

### Key Findings on Issues Raised

The Issue: “Inappropriate Questions”	Illustrative Quotes
<ul style="list-style-type: none"> <li>• A model health certificate requires an ECG, blood tests, physical assessment, clinical assessment and lifestyle questionnaire</li> <li>• A lifestyle questionnaire was either sent in advance of the assessment to be completed by the participant or used in person during the assessment</li> <li>• The questionnaire included questions that were perceived as intrusive including those exploring potential sources of eating disorders (e.g. alcohol abuse, drug abuse, sexual abuse, prostitution, self-harming, relationship with parents)</li> </ul>	<ul style="list-style-type: none"> <li>• <i>“Intimidating experience”</i></li> <li>• <i>“Intrusive questions that made me feel defensive”</i></li> <li>• <i>“Important to connect with practitioner on sensitive issues”</i></li> </ul>

## **7. Conclusion**

From the evidence presented, Model Health Certificates in their currently proposed format would not work and could be counterproductive.