

# The ugly side of beauty: improving the safety of cosmetic treatments in England

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## Chartered Institute of Environmental Health (CIEH)

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CIEH is the professional body for environmental health representing over 7,000 members in the public, private and third sectors. Building on its rich heritage, CIEH ensures the highest standards of professional competence in its members, in the belief that through environmental health people's health can be improved.

## Institute of Licensing (IoL)

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The IoL is the professional body for licensing practitioners across the UK. A registered charity (No. 4884548), the IoL membership comprises practitioners from regulatory, industry and legal fields. The IoL exists for its members in pursuit of its stated objectives and operates both regionally and nationally across the UK with established regions covering England, Wales, Northern Ireland, and members in Scotland.



# Introduction

## Reviewing the current regulation of cosmetic treatments

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This is the second of two reports on the regulation of cosmetic treatments. The first report, [A fragmented picture: regulation of cosmetic treatments in the UK](#), brings together information on the prevalence, public awareness and existing regulation of these treatments across the UK. This report reveals the findings of our survey of regulators – Environmental Health Practitioners (EHPs) and Licensing Practitioners (LPs) – who are jointly responsible for regulating cosmetic treatments on behalf of local authorities.

By shedding light on the views of professionals working on the front-line of regulating these treatments, we hope to raise awareness of the problems with the current regulations. This report also sets out our recommendations for changes needed to ensure that these treatments operate in the safest way possible and so that regulators have adequate enforcement powers to protect public health.

## What are cosmetic treatments?

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Cosmetic treatments are carried out for non-medical reasons, usually for aesthetic purposes. These treatments can include anything from the more extreme and rarer cases of body modification techniques to common beauty treatments being offered on the high street, such as lip fillers, semi-permanent make up, piercings and other injectables.

No official data is collected on how many treatments result in infections or damage, but we know this does happen regularly. We expect that there is a lot of under-reporting and split reporting, where members of the public are unsure of where best to report problems.

## How are cosmetic treatments regulated by local authorities in England?

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EHPs and LPs working at the local authority level inspect, register and licence premises where cosmetic treatments are carried out. They also take enforcement action where hygiene and infection control provisions are deficient or inadequate. Read our first report for more information on how these treatments are regulated in England and across the UK.

## Methodology

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EHPs and LPs were recruited on a voluntary basis to participate in this research through an online survey.

The survey was open during September 2019 and was open to professionals working in England only. Respondents were asked a combination of multiple choice and open-ended questions. Of the 258 professionals who responded to our survey, 193 are involved in an environmental health capacity and 41 in a licensing capacity. A further 24 respondents selected 'Other', but these largely consisted of professionals working in both environmental health and licensing.

## Key findings

Our findings reveal that local authorities are currently using a wide range of legislation to regulate the beauty and aesthetic industry. Adopted powers and standards vary significantly between local authorities and regions, making the regulatory system complicated for regulators and practitioners to navigate.

The most commonly used legislation to regulate special treatments is the Local Government (Miscellaneous Provisions) Act 1982 (79%), which allows for the registration of practitioners and premises providing certain cosmetic treatments. However, respondents also reported using other legislation such as the Health and Safety at Work etc Act 1974 (74%), the Health Protection Regulations 2010 (30%), as well as local byelaws (55%) and Acts of Parliament (5%). The latter allows some local authorities to licence treatments and set local licensing conditions

## A licensing scheme for England

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There is a deep dissatisfaction among regulators with the existing legislation available to regulate cosmetic treatments. Respondents told us that registration schemes are flawed and requirements are too inconsistent between local authorities. We found overwhelming support for the introduction of an England-wide licensing scheme rather than registration, which 90% of respondents agree could improve the regulatory system. A national licensing scheme would simplify and strengthen the powers for local authorities to regulate this sector. Respondents told us that every local authority should use the same legislation and all practitioners and premises should be required to meet standard conditions to obtain a licence to operate.

Local authorities require a stronger range of enforcement powers directly linked to legislation, including powers to refuse and revoke licences and to immediately stop unsafe practices. Respondents also highlight the need for more frequent, risk-based inspections so enforcement officers can continue to monitor standards. To ensure legislation is easy to enforce, local authority regulators also need clear guidance and practical training on the different treatments and the risks involved. We found significant support for the development of effective standards to help regulators working at the local authority level, which 82% of respondents agreed could improve the regulatory system.

A major flaw with the existing legislation available to local authorities is that it only covers a very limited range of treatments, meaning many newer, riskier treatments are unregulated. Respondents told us that new legislation must be “future proof” to keep up with the rapidly growing number of treatments available on the market. To ensure regulation can keep up with new developments, 82% of respondents agreed that greater flexibility for more treatments to be added to the regulatory regime could improve the regulatory system.

## Recommendations

The Department of Health and Social Care (DHSC) should bring in legislation to require mandatory licensing of all cosmetic treatments, which pose a risk to public health. This legislation should allow for new treatments to be easily added to ensure that the legislation keeps up with new treatments coming onto the market.

The DHSC should commission the development of a standard set of licence conditions for all treatments. These standard conditions should be developed by an independent central Government appointed body, incorporating best practice and expertise, and adopted by local authorities.

## Hygiene, infection control and training

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Poor hygiene practices and knowledge of infection control is a serious cause for concern among regulators. For example, respondents reported investigating cases of poor practice regarding sterilisation of equipment, premise standards, cleaning practices and personal hygiene, which can lead to serious cases of infections in clients. To improve understanding of the risks involved, 86% of respondents agree that a new requirement for all practitioners to complete a set infection control course could improve the regulatory system.

The responses indicated that there are wide disparities in the length and quality of training courses. For example, some training courses can be completed in just a few days before practitioners begin performing treatments on clients unsupervised and some trainers are providing inaccurate advice to trainees on infection control. Respondents also reported examples of individuals offering treatments to clients without any evidence of training or qualifications at all. To ensure all practitioners are suitably qualified, all practitioners should be required to complete a regulated qualification as a licence condition. We found significant support for the introduction of a minimum accredited education standard for all practitioners, which 81% of respondents agree could improve the regulatory system.

### Recommendations

The DHSC should introduce a new requirement for all practitioners to have completed a stand-alone Level 2 hygiene and infection control course as a licence condition.

The DSHC and Health Education England (HEE) should lead the development of official guidance to outline the training requirements for different treatments. This guidance should work together with a national licensing scheme and should be enforceable.

## Other concerns

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Another issue highlighted by respondents concerns faulty equipment being imported from abroad. Use of inferior equipment is extremely dangerous and respondents report receiving complaints about serious burns caused by faulty lasers, which are not regulated by most local authorities. A clear national reporting mechanism should be introduced to help verify the safety of imported products.

Many of the most serious complaints received by local authorities relate to practitioners who carry out cosmetic treatments from domestic premises or on a mobile basis. However, regulators tell us local authorities have limited powers to take action where they hear reports of unsafe remote working. To address these concerns, 71% of respondents agree that the inclusion of mobile practitioners within the regulatory regime could improve the regulatory system.

We have also heard from regulators who have received complaints about semi-surgical procedures or body modifications being performed by non-medical persons. These procedures are extremely dangerous and can result in serious harm to clients who choose to undergo them. Extreme body modifications, including cutting or removing skin or body parts should be banned by the Government so that the law is clear on this.

Respondents reported receiving complaints about underage clients receiving treatments but age restricted legislation currently only applies to tattoos and sunbeds. We found an appetite among respondents for tighter age-restriction legislation for invasive treatments. For example, 80% of respondents strongly agreed that England should follow Wales by making it an offence to perform an intimate piercing on a child (under the age of 18 years old).

Raising public awareness about the risks of different treatments and how to make a complaint should also be a priority. Regulators told us that members of the public are often unaware that local authorities have powers to

investigate complaints and some suspect that problems are not always being reported. We are concerned that the combination of low levels of public awareness and largely reactive enforcement could mean that instances of malpractice are going unchecked. To shed light on the scale, extent and costs of the problems, the Government should collect and monitor data on the prevalence of treatments and the complications.

### Recommendations

- The DHSC should bring in new legislation to enable local authorities to take action on mobile practitioners of cosmetic treatments.
- The DHSC should ban extreme body modifications by a non-medical professional, which includes cutting or removing skin or body parts.
- The DHSC should introduce legal age limits for all invasive cosmetic treatments.
- The DHSC should establish a clear national reporting mechanism set up to help verification of the safety of imported products used in cosmetic treatments.
- The DHSC should collect and monitor data on the prevalence of treatments, adverse events and costs to the NHS as a result of cosmetic treatments.
- The DHSC should carry out an integrated public awareness campaign, including the development of clear resources and information, to ensure that members of the public are equipped with the knowledge they need to keep themselves safe.



# Detailed findings

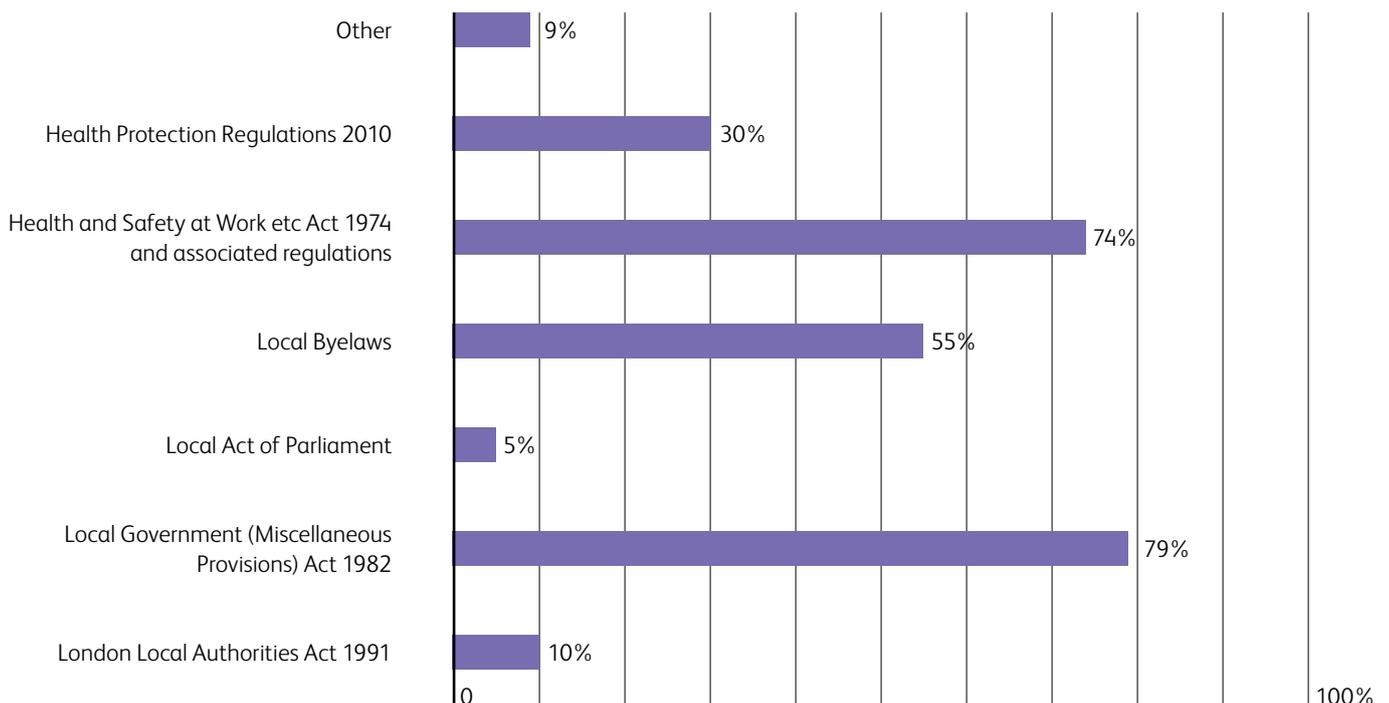
## Current legislation

In practice, local authorities use a wide range of legislation to regulate cosmetic treatments and there is significant local variation. We asked survey participants to tell us which legislation their local authority uses to regulate special treatments. The most commonly used legislation is the Local Government (Miscellaneous Provisions) Act 1982 (79%), followed closely by the Health and Safety at Work etc Act 1974 (74%). Respondents also reported using powers under the

Health Protection Regulations 2010 (30%). Our findings show there is considerable local variation in powers used, with respondents reporting to use Local Byelaws (55%) and powers under a Local Act of Parliament (5%). 10% of respondents report using the London Local Authorities Act 1991, reflecting the availability of additional powers in London boroughs.

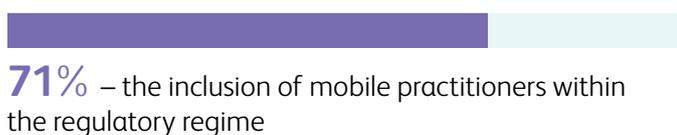
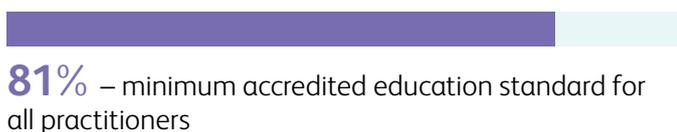
There are also discrepancies between which procedures local authorities are registering under the Local Government (Miscellaneous Provisions) Act 1982, with some reporting to register additional treatments such as microneedling or derma rolling. In the absence of other powers, this shows that regulators are adapting existing legislation in order to cover some of the newer invasive treatments and further demonstrates the lack of consistency between local authorities.

## Which legislation does your local authority use to regulate special treatments?



## How can the regulatory system be improved?

We asked respondents to our survey, if they do not believe that current arrangements for regulating special treatments are very effective, what measures could improve the regulatory system. We listed different policy ideas and asked respondents to select those, which they believe might make the regulatory system more effective. Among the 258 respondents to our survey, we found very high levels of support for the following:



## A licensing scheme for England

Respondents to our survey told us that the current system of regulation is too fragmented and requirements vary too much between local authorities. A majority favoured an England-wide licensing scheme for special treatments rather than registration, a measure which 90% of respondents agreed could improve the regulatory system.

**90%**

agreed that the introduction of an England-wide licensing scheme for special treatments rather than registration could improve the regulatory system.

Regulators suggested that licensing would provide a greater level of public protection than registration because practitioners and premises would be required to meet a set of licence conditions to operate. These conditions could include minimum requirements on training, competence, equipment, premises and hygiene standards. To ensure consistent standards across all local authorities, respondents suggest that licence conditions should be set nationally.

“ At present special treatments are a registerable activity for which registration cannot be refused. This needs to move to a licensing system whereby a licence can only be granted after defined standards have been achieved and where a licence can be suspended or revoked if required.”

“ A robust licensing scheme with clear national conditions for consistency and clear sanctions for non-compliance is essential.”

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Respondents also highlighted that any new legislation should be accompanied by clear guidance for local authority regulators. The development of effective standards to help regulators working at the local authority level has a high level of support, with 82% of respondents agreeing this could improve the regulatory system. In addition to clear standards, respondents also emphasised the importance of practical training to equip enforcement officers with knowledge of the different treatments and the risks involved.

**82%**

agreed that the development of effective standards to help regulators working at the local authority could improve the regulatory system.

“ There needs to be more stringent regulations and standards with clear guidance for local authorities.”

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“ Training for enforcement officers and continued CPD to keep up with the new treatments offered.”

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Respondents expressed concern that, in most of England, local authority enforcement officers only have powers to inspect premises on initial registration or on receipt of complaints or other intelligence. Respondents told us that premises should be inspected more frequently to enable regulators to continue to monitor

compliance. Some respondents suggested this could be achieved through a risk-rating or hygiene rating scheme. Regulators also told us they need a stronger and clearer range of enforcement powers, directly linked to the legislation, including powers to revoke licences and immediately stop unsafe practices. Some respondents also highlighted the need for greater penalties for unlicensed practitioners.

“ There needs to be a renewable licence so we can continue to monitor standards. Currently we issue one-off registration so unless we receive complaints the operative may never be inspected again.”

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“ A strict licensing scheme with set conditions for both practitioner and premises, with a risk-based inspection programme similar to the food hygiene rating scheme.”

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**82%**

agreed that flexibility for more treatments to be added to the regulatory regime could improve the regulatory system.

Regulators told us the existing legislation is out of date as only a very limited number of treatments can be registered or licensed. New legislation must be flexible so it can keep up with the ever-expanding range of technologies and treatments being offered to the public. The introduction of a measure for greater flexibility for more treatments to be added to the regulatory regime has significant support among regulators, with 82% of respondents to our survey agreeing it could improve the regulatory system.

“ The legislation needs to be more up to date to include the very wide and ever-growing special treatments and beauty procedures.”

“ The beauty industry is evolving constantly with new technologies and techniques; the legislation is stuck in the 1980s. It needs the agility to adapt and add new skin piercing techniques as they emerge onto the beauty market. It is very worrying in particular that no one is regulating botulinum toxins or dermal fillers.”

### Recommendations

The DHSC should bring in legislation to require mandatory licensing of all cosmetic treatments, which pose a risk to public health. This legislation should allow for new treatments to be easily added to ensure that the legislation keeps up with new treatments coming onto the market.

The DHSC should commission the development of a standard set of licence conditions for all treatments. These standard conditions should be developed by an independent central body incorporating best practice and expertise and adopted by local authorities.



## Hygiene, infection control and training

The responses indicated that poor infection control practices are a major cause for concern for regulators. When inspecting premises, respondents reported finding a general lack of knowledge and awareness of infection control among practitioners. Common problems include practitioners re-using single-use equipment, reusing equipment without proper sterilisation and using inferior products for disinfection. The responses indicated these issues are not specific to certain cosmetic treatments, with respondents describing poor practices in premises offering a range of different treatments.

**86%**

agreed that a new requirement for all practitioners to complete a set infection control and hygiene training course could improve the regulatory system.

“ There is a general lack of knowledge of infection control. This is particularly apparent when people are confusing cleaning with sterilising. With the recent popularity of microblading we have also noticed re-usable handles being used where a premise has no effective way of sterilising them.”

“ Items are being re-used that should be single use or decontaminated, demonstrating a total lack of any knowledge on infection control.”

Respondents also reported problems with poor personal hygiene practices. For example, practitioners not washing hands before carrying out procedures, not using hot water to wash hands and not wearing or changing personal protective equipment between clients. Regulators also reported examples of poor premises standards, including unclean premises, with no effective systems in place to ensure treatment environments are kept clean and sterile. Respondents told us that they have inspected premises, which lack appropriate facilities, floorplans or furnishings to carry out treatments safely. Lack of adequate handwashing facilities and poor waste management were frequently mentioned as causes for concern, as were carpets and soft furnishings in treatment areas.

“ General cleanliness and storage were poor – items visibly dirty and dust everywhere. Client couch visibly dirty, no couch roll. Visibly dirty hand wash sinks and drain aperture, used water draining into dirty bucket inside cupboard below sink. Dirty kidney dishes containing piercing items – difficult to ascertain whether items were used or unused.”

“ The most serious complaint we have received was in relation to a premise offering botulinum toxins. The complainant detailed the sharps bin was overflowing, needles left lying around and put in general waste. Use of fillers – leaving remainder of filler tube around, products not labelled and used for other customers.”

“ No suitable hand wash facilities...using a WC sink for hand washing. Dirty premises...not using suitable disinfectant for high risk surfaces. Conducting micropigmentation in tatty back rooms of premises that were also being used as staff kitchen/rest room with a poor standard of repair and cleanliness. Towels and soft furnishings used on a client bed, demonstrating a general poor understanding of infection risks and control measures.”

Poor hygiene and infection control practices present a major risk for members of the public undergoing these treatments. Many respondents reported receiving complaints from members of the public who have suffered an infection as a result of undergoing a cosmetic procedure. While in some cases, infections associated with cosmetic treatments are mild, respondents to our survey also described instances of severe infections, resulting in hospitalisation and even surgery.

“ An infection of the cartilage resulted in a client spending time in a high dependency unit.”

“ A cluster of Pseudomonas infections with a suspected link to upper ear piercings at a premise. Several individuals attended A&E as a result and one individual lost the top of their ear.”

“ Jewellery was inserted without the correct sterilisation resulting in hospitalisation.”

“ Outbreak of Pseudomonas aeruginosa at body piercer. Several people required surgery following the infection.”

Respondents suggested another problem relates to failures to keep proper records, conduct risk assessments and medical checks before performing procedures on clients. For example, practitioners failing to conduct adequate patch tests of products or take questionnaires about clients' medical histories to check for potential negative reactions. As a result, respondents reported receiving complaints about clients who have had severe allergic reactions, burns and infections.

“ A patch test for eyebrow dye was only done five minutes before the treatment. The woman suffered an allergic reaction to the henna the following day and needed a hospital visit.”

“ An allergic reaction as no client medical history was taken. The client spent time in hospital.”

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“ I have an outstanding prosecution for a salon which has burnt two people during an eyebrow wax - the first one was caused as the practitioner was not qualified and had never received any training. No client consultations were taking place, no patch testing for both wax and dye, no risk assessments, no procedures.”

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The responses indicated that the training and competence of practitioners is a major cause of concern for regulators. In the absence of mandatory requirements, respondents reported examples of individuals performing treatments without any formal training or qualifications. Furthermore, even where practitioners have qualifications, the responses indicate there are huge disparities in the length and quality of training courses. We have heard particularly concerning reports about courses being completed in less than a week before practitioners begin performing treatments on clients without supervision.

**81%**

agreed that the introduction of a minimum accredited education standard for all practitioners could improve the regulatory system.

“ Some people can attend a one or two-day microblading course and get a certificate whereas others have to undertake much more stringent training in order to be considered competent enough to undertake the treatment.”

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“ I am not comfortable with operators who've done a three-day course being able to register and practice unsupervised immediately (which they have to do for the case studies).”

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“ Training schools need to have a set programme that have the same set standards - I see differing competency with beauticians depending on where they took their courses.”

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Respondents also expressed concern about the lack of regulation of training providers. Currently anyone can set themselves up as a trainer, regardless of whether they are qualified or competent. As a result, regulators report finding practitioners who are following inaccurate or incorrect advice from trainers regarding sterilisation, hygiene and client safety.

“ Practitioners are given conflicting information from those they receive training from regarding hygiene, registration and safe practices. For example, they are told by trainers that they do not need to clean and sterilise equipment used for microblading/semi-permanent make up.”

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“ Practitioners were re-using microblading hand tool pieces without sterilisation, having been told by the trainer that wiping with alcohol wipe between clients was sufficient.”

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Respondents told us that new legislation must include measures to ensure all practitioners are suitably qualified. The introduction of a minimum accredited education standard for all practitioners has significant support, with 81% of respondents in agreement that it could improve the regulatory system. Clear official

guidance on the minimum training and qualifications standards for different treatments would help regulators ensure that practitioners are qualified to carry out procedures safely. All practitioners should be required to meet these minimum standards as a licence condition. Respondents also highlighted the need to regulate training providers to ensure they meet the required standards.

In addition, to address concerns about hygiene and infection control, all practitioners should be required to hold a stand-alone Level 2 infection control qualification as a licence condition. Among respondents there was very high support for this measure, with 86% agreeing that a requirement to complete a set infection control and hygiene training course for all practitioners could improve the regulatory system. Standard licence conditions on the safety and cleanliness of equipment and the suitability and cleanliness of the premises could also help drive up standards.

### Recommendations

The DHSC should introduce a new requirement for all practitioners to have completed a stand-alone Level 2 hygiene and infection control course as a licence condition.

The DSHC and HEE should lead the development of official guidance to outline the training requirements for different treatments. This guidance should work together with a national licensing scheme and should be enforceable.

## Other concerns

### Home-based or mobile practitioners

Regulators told us that some of the most serious complaints received by local authorities concern practitioners operating on a mobile basis or from domestic premises. Of particular concern are unregistered tattooists or 'scratchers'. Examples of these complaints include a tattoo artist cleaning blunt instruments in a private bathroom and a home-based tattooist reusing inks and needles.

**71%**

agreed that the inclusion of mobile practitioners within the regulatory regime could improve the regulatory system.

“ Unregistered mobile and home-based tattooists ('scratchers') are advertising on Facebook, without any address/contact numbers. Our local authority does not use private messaging on social media for enforcement purposes or book 'test purchase' treatments to investigate unregistered operators and so the unknown trading whereabouts of such individuals can be left unchallenged. This is a concern when scratchers are trading in circumstances where it is more difficult to maintain and put in place effective measures for infection control.”

“ We prosecuted a home tattooist who had been reusing needles and inks so the risk to the public was really high. It was very difficult to deal with as this was a domestic address and therefore required use of additional legislation to prosecute.”

The Health & Safety Executive (HSE) is the health and safety enforcing authority for mobile and home-based practitioners, so local authorities have even fewer powers to take action to stop unsafe practices. Regulators have told us that HSE is very unlikely to investigate any complaints against a practitioner, creating further discrepancies in enforcement. We found significant support for the introduction of greater powers to regulate these practitioners, with 71% of agreeing that the inclusion of mobile practitioners within the regulatory regime could improve the regulatory system.

### Recommendation

The DHSC should bring in new legislation to enable local authorities to take action on mobile practitioners of cosmetic treatments.



## Unsafe equipment

Respondents expressed concern that many practitioners are importing equipment from abroad without proper guarantees for their sterility and safety. Some respondents described how using inferior or faulty equipment to perform procedures can have severe consequences, including infections and burns. We heard particularly alarming stories related to lasers, which are not currently regulated by local authorities in most of England.

“ Facial burns following use of a laser with fake CE markings (which had been bought in good faith).”

“ Complainant alleges he has received third degree burns on both upper arms following a laser tattoo removal procedure carried out using an ND YAG Laser. The laser was imported from China through eBay by the operator and he had no formal training at the time of carrying out the procedure.”

Sometimes, there are obvious red flags to suggest these products are unsafe, but regulators told us it can sometimes be difficult to assess whether imported equipment is safe to use, as inferior products can be sold with fake paperwork and certificates of conformity. To help regulators and practitioners verify the safety and legitimacy of imported products, a clear national reporting mechanism should be established.

### Recommendation

The DHSC should establish a clear national reporting mechanism set up to help verification of the safety of imported products used in cosmetic treatments.

## Body modification

Some respondents reported receiving complaints relating to practitioners performing extreme, semi-surgical procedures or body modifications. Semi-surgical procedures performed by non-medical persons are extremely dangerous and can result in serious harm to clients who choose to undergo them, especially where practitioners lack basic, medical, infection control and hygiene knowledge. Respondents told us, when they receive complaints of these procedures it can be difficult for them to take effective enforcement action. However, a recent ruling on the case involving ‘Dr Evil’ has clarified the question of whether someone can consent to such a level of grievous bodily harm. Non-medical persons are unable to carry out accurate psychological assessments to assess whether someone has a condition known as body dysmorphia.

“ A complainant alleged she was injected with anaesthetic in her earlobe before having it sewn up by a body modifier/tattooist. He was not medically trained, and his social media feeds showed he offered this service regularly. The complainant had a heart condition and alleged that he did not ask for any medical history beforehand. As body modification is not covered by the legislation, I had to involve H&S and the police, both of whom took no further action.”

“ We had a body modification complaint and our byelaws did not cover it and the police did not want to know. There was nothing we could do and because he wasn’t registered anywhere, we couldn’t take action.”

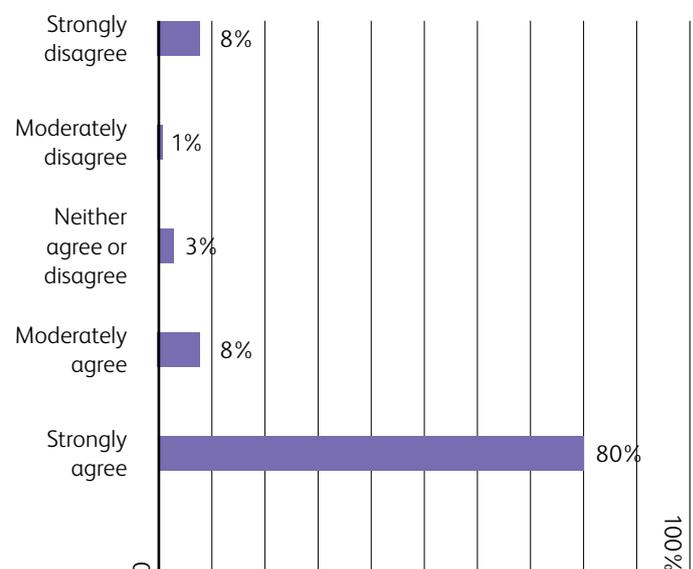
### Recommendation

The DHSC should ban extreme body modifications by a non-medical professional, which includes cutting or removing skin or body parts.

## Young and vulnerable people

Another key concern for regulators concerns young and vulnerable people undergoing invasive treatments, without proper checks or permissions. The Public Health (Wales) Act 2017 Part 5 makes it an offence to perform or make arrangements to perform an intimate piercing on a child (under the age of 18 years old). When we asked respondents to our survey whether a similar reform should be introduced in England, 80% strongly agreed that it should, suggesting there is an appetite among regulators for new legislation to provide greater protections for young people undergoing invasive cosmetic procedures.

The Public Health (Wales) Act 2017 Part 5 makes it an offence to perform or make arrangements to perform an intimate piercing on a child (under the age of 18 years old). Please indicate whether you agree or disagree that this reform should be introduced.



While it is illegal for anyone under the age of 18 to have a tattoo or use a sun bed, similar age-restricted legislation is not in place for all treatments. In the absence of legislation, young and vulnerable people are dependent on practitioners to offer consultations to assess whether their client is able to provide informed consent. The responses indicate that there are problems with treatments being performed on underage clients. This suggests there is a need for new age-restricted legislation to cover all invasive treatments to provide stronger safeguards for young people.

“ We have received complaints of cosmetic treatments being carried out underage.”

“ A young person with autism got a tongue piercing without parental consent (under 16 years of age). Without age restricted legislation, no action can be taken by enforcers.”

### Recommendation

The DHSC should introduce legal age limits for all invasive cosmetic procedures.



## Public awareness and underreporting

Respondents told us there is limited awareness among the public that local authorities have powers to deal with complaints regarding cosmetic treatment premises. Many respondents reported receiving few complaints from members of the public but suspect this is a sign that people do not know who to complain to, rather than a lack of issues to complain about.

The lack of awareness among members of the public about who to complain to is particularly concerning given the limited powers available to most local authorities to regularly inspect these premises. If members of the public do not make complaints, opportunities to identify and stop unsafe practices may be missed.

“ Talking to operators and staff there is little knowledge that local authorities are involved with this type of work. People are surprised that we have a function in this area and mostly we get complaints about underage tattooing or non-registered tattoo artists working from home where enforcement is almost impossible.”

“ We have recorded relatively few complaints in relation to this area. However, the ones that we have received give serious cause for concern. A general lack of awareness may be part of the reason we receive relatively few complaints.”

“ We have received very few actual complaints in relation to special treatments. I strongly suspect that a lack of awareness in business and consumers about safe practice and regulation goes some way to explaining this.”

To address problems of underreporting, there needs to be an integrated public awareness campaign to ensure that members of the public know where to complain to.

This should include the development of clear resources and information to equip the public with knowledge of the risks of different treatments and how to keep themselves safe. To shed light on the scale, extent and costs of the problems, the Government should collect and monitor data on the prevalence of different treatments and the complications.

### Recommendations

The DHSC should carry out an integrated public awareness campaign, including the development of clear resources and information, to ensure that members of the public are equipped with the knowledge they need to keep themselves safe.

The DHSC should collect and monitor data on prevalence of treatments, adverse events and costs to the NHS as a result of cosmetic treatments.



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